

**WICKLOW COUNTY COUNCIL**  
**APPLICATION FOR PERMISSION TO RESIDE IN COUNCIL DWELLING**

File Ref: \_\_\_\_\_

Rent \_\_\_\_\_

**Explanatory Memorandum**

1. Please read form carefully and answer all questions fully, ensuring all necessary documentation as listed below is returned.
2. Please submit the following documents with your application form:
  - a) Copy **BIRTH CERTIFICATE** in respect of all persons listed on the application form.
  - b) Copy **MARRIAGE CERTIFICATE** (if applicable)
  - c) Proof of **PPS number for all persons listed on application form**  
e.g. copy doctors card/public service card
  - d) **INCOME FOR ALL (CURRENT HOUSEHOLD MEMBERS & APPLICANT)**
    - 3 most recent payslips/P60 PAYE Tax Certificate for the previous tax year – if self employed please submit Revenue Self Assessment
    - Confirmation from Dept. of Family & Social Protection of the benefit, amount and address at which you receive your payment.
    - Full details of all other sources of income to be documented.
    - Certification by Inspector of Taxes on attached form (page 6)
3. Please sign page 4 – this allows us to carry out Garda Checks on applicants who are seeking permission to reside
4. Have you, or any other person listed on this application form, ever been investigated or convicted in respect of matters relating to anti-social behaviour, drug or public order offences? Yes ☐ No ☐
5. Do you, or any other person listed on this application form, currently have charges pending in respect of matters relating to anti-social behaviour, drug or public order offences? Yes ☐ No ☐
6. Attention is directed to the provisions of Section 4, 61 and 64 of the Housing Act, 1966. Please note that under the provisions of the foregoing sections, any person who is required under these sections to state any matter or thing and either fails to state matter or thing within the period specified under this section, or when stating such matter or thing, make a statement in writing which, to his/her knowledge, is false or misleading in a material respect shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding one thousand pounds. An applicant may be excluded from consideration if he/she supplies false information or withholds relevant information.
7. Please note that information contained in this form may be disclosed to Health Boards and Voluntary Housing bodies within the terms of Section 15 of the Housing (Miscellaneous Provisions) Act, 1997.

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ALL QUESTIONS **MUST** BE ANSWERED

1. **NAME OF APPLICANT (1)** \_\_\_\_\_ **DATE OF BIRTH (1)** \_\_\_\_\_  
**PPS NO (1)** \_\_\_\_\_ **PHONE (1)** \_\_\_\_\_  
**NAME OF TENANT (2)** \_\_\_\_\_ **DATE OF BIRTH (2)** \_\_\_\_\_  
**PPS NO (2)** \_\_\_\_\_ **PHONE (1)** \_\_\_\_\_
2. **CURRENT ADDRESS** \_\_\_\_\_
3. **MARITAL STATUS** \_\_\_\_\_  
(if separated, a copy of legal separation agreement to be submitted).
4. What is your relationship to the tenant of the Council dwelling (Question 1 above) in which you wish to reside?  
\_\_\_\_\_
5. Are you currently on Wicklow Co Council housing list or any other housing list if so please provide reference number \_\_\_\_\_.
6. Please state **ADDRESS & RENT ACT NO** of Council dwelling for which permission to reside is being sought.  
\_\_\_\_\_
7. **Particulars of all occupants in the house and their incomes, including the Applicant.**

Name	Date of Birth	Relationship to To Applicant	Indicate in each case if resident at same address as at Question 2 above		Total income per week	Source of Income	If employed name and address of employer

All incomes, whether salary, wages, pensions or social welfare payments must be stated. If there is no other source of income other than the applicant, the word NIL must be inserted in the space provided. Blank spaces are not acceptable.

- 7(a). Were you ever a tenant/tenant purchaser/prospective joint tenant/purchaser of this Council or any other Local Authority? If so, give details including addresses and dates:  
\_\_\_\_\_

- (b). If you are or have you ever been the **owner of any house, shop, land, etc. - give details hereunder**  
\_\_\_\_\_

- (c) Are you at present negotiating the purchase of any property (e.g. through Building Society or Bank etc.)? - If so please give details:

\_\_\_\_\_

8. Please state all places of residence and exact periods of time spent in chronological order at each address for the last 5 years. Exact reasons for leaving addresses must be stated.

**APPLICANT**

Address	Exact Periods of Residence		Reasons for Leaving Address(es)
	From	To	

9. If your Permission to Reside is granted and you are currently in receipt of Social Housing Supports i.e., HAP or Rent Supplement, please provide proof that this payment has ceased.

\_\_\_\_\_

*I CERTIFY THAT I HAVE READ THE EXPLANATORY MEMORANDUM AND THAT ALL QUESTIONS HAVE BEEN ANSWERED FULLY AND THAT THE PARTICULARS GIVEN ARE TRUE AND THAT THE DOCUMENTS SOUGHT ARE SUPPLIED HEREWITH.*

**SIGNATURE OF APPLICANT(S)** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE OF APPLICANT(S)** \_\_\_\_\_

**DATE** \_\_\_\_\_

*I CONFIRM THAT I AM IN AGREEMENT TO THE ABOVE PERSON APPLYING FOR PERMISSION TO RESIDE AT*

\_\_\_\_\_

**SIGNATURE OF TENANT(S)** \_\_\_\_\_

**DATE** \_\_\_\_\_

**N.B.** *I hereby undertake to inform the Wicklow County Council of any changes which may occur in my income since the date of my application. Failure to inform the Council of any changes may exclude me from being considered for permission to reside.*

**SIGNATURE OF APPLICANT(S)** \_\_\_\_\_

**WICKLOW COUNTY COUNCIL**

County Buildings  
Wicklow  
Co. Wicklow

I, \_\_\_\_\_ of \_\_\_\_\_

(**Date of Birth** \_\_\_\_\_) hereby authorise Wicklow County Council to request the provision by An Garda Siochana of any information relevant/ required for Estate Management purposes.

I further authorise the Garda Siochana to supply Wicklow County Council with this information.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## **APPLICATION FOR PERMISSION TO RESIDE**

Please read the following information relating to the collection and use of your personal data and the declaration carefully. The declaration should only be signed and dated if you are entirely satisfied that you understand all of the information presented in this form. Please note that an application for social housing support can only be accepted when the application has been completed, and this declaration has been signed.

### **Collection and Use of Personal Data**

ALL data supplied by you when completing this form (including any personal data you submit) will be used for the purposes of assessing and administering your application for Permission to Reside. The law allows this local authority in certain circumstances to share your data with other public bodies. For example, we may share your data with the Central Statistics Office under the Statistics Act 1993. The data supplied by you when completing this application may be shared with the Local Government Management Agency (LGMA) and The Housing Agency in order to fulfil a statutory requirement to provide an annual Summary of Social Housing Assessments, including the production at a national level of statistical reports that inform policy and future planning in terms of the national housing need.

In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain information from other organisations. These include another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to current or prospective occupants of, or applicants for, local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.

Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly set out in Wicklow County Council's Privacy Statement which is available at <https://www.wicklow.ie/LivingYour-Council/Governance/Privacy-Policy>

If you have any questions about your rights under GDPR, you can contact the Data Protection Officer, [dpo@wicklowcoco.ie](mailto:dpo@wicklowcoco.ie) or you may also contact the Data Protection Commission (DPC).

For more information, please contact Tel: 0404 20100 Email: [customerservice@wicklowcoco.ie](mailto:customerservice@wicklowcoco.ie)

## **Section C:**

### **CERTIFICATE OF EMPLOYMENT AND EARNINGS**

**TO BE COMPLETED BY ALL TENANTS/OCCUPANTS IN EMPLOYMENT**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

PPS No.: \_\_\_\_\_ Address: \_\_\_\_\_

**Note: This section must be completed, signed and stamped by the employer**

The following are the details of the weekly gross income received by the above named:

Date employment commenced: \_\_\_\_\_ Frequency of payment: \_\_\_\_\_

Basic Pay: \_\_\_\_\_

Other payments (including shift allowance and overtime): \_\_\_\_\_

Statutory deductions:

PAYE deducted: \_\_\_\_\_ Universal Social Charge deducted: \_\_\_\_\_

Gross Pay: \_\_\_\_\_

**I hereby certify that the details of earnings as set out above are correct.**

Employer's name: \_\_\_\_\_

Employers Official Stamp

Authorised signatory: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of employer: \_\_\_\_\_

Signature of employee: \_\_\_\_\_

**\*Please also provide a copy of three recent consecutive payslips or a P60**

**\*\*If you are self employed you must submit your most recent audited accounts or most recent Notice of Assessment.**

## **Section D:**

### **INCOME RECEIVED FROM THE DEPARTMENT OF SOCIAL PROTECTION**

**To be used if a tenant and/or an occupant is in receipt of any form of social welfare payment including: State Pension, Illness Benefit, Disability Allowance, One Parent Family Payment, Jobseeker's Benefit / Allowance, Working Family Payment (previously FIS), Carer's Benefit / Allowance and Back to Work Scheme**

Name: \_\_\_\_\_ PPS Number: \_\_\_\_\_

Type of payment: \_\_\_\_\_

Basic rate: \_\_\_\_\_

Adult dependent amount (if any): \_\_\_\_\_ Child dependent amount (if any): \_\_\_\_\_

Living Alone allowance: \_\_\_\_\_ Fuel Allowance: \_\_\_\_\_

**Total pay:** \_\_\_\_\_

Name: \_\_\_\_\_ PPS Number: \_\_\_\_\_

Type of payment: \_\_\_\_\_

Basic rate: \_\_\_\_\_

Adult dependent amount (if any): \_\_\_\_\_ Child dependent amount (if any): \_\_\_\_\_

Living Alone allowance: \_\_\_\_\_ Fuel Allowance: \_\_\_\_\_

**Total pay:** \_\_\_\_\_

**Do you currently pay your rent through the household budget? i.e. directly from your social welfare:**

Yes ☐ No ☐

**Please submit and attach the following for each recipient:**

*If paid in Post Office – Most recent Social Welfare slips*

*If paid in Bank – Most recent Bank Statement*

**NB:** If on temporary payment please supply letter from Social Welfare