

WICKLOW COUNTY COUNCIL SOCIAL HOUSING SUPPORTS CHANGE IN CIRCUMSTANCES FORM

Reference No.: _____

Received: _____

County
Buildings
Wicklow

Co Wicklow

Telefón: 0404 20100

E-Mail:
housingapplications@wicklowcoco.ie

Aras An
Chontae

Cill Mhantáin



This form should only be complete for changes to existing applications

Please complete the form in full and sign declaration on Page 10

Please submit income details together with relevant documentation where necessary as per checklist on Page 11

Instructions for completion of this form:

<p>Change of Address (Page 4)</p> <p>Please attach</p> <ol style="list-style-type: none"> 1. Proof of New Address, 2. Copy of new lease, 3. Confirmation of rent paid and rent supplement received (where appropriate) <p><i>If you have moved into a family home or shared accommodation, please provide details of all persons residing in the house with you.</i></p>	<p>Adding a Child: (Page 5)</p> <p>Please supply proof of PPSN and a copy of the birth certificate when returning this form</p> <p>Where you have access arrangements in place for your children, please provide copy of court order (where appropriate) and/or an affidavit signed in the presence of practising solicitor with the other parent confirming access arrangements and their telephone number.</p>
<p>Remove a Member of the Household (Page 6)</p> <p>Please fill in all details on page and submit proof of new address for person being removed</p>	<p>Change in Medical Circumstances (page 9)</p> <p>Please submit the updated HMD1 with this form</p>
<p>Change in Preference Areas (Page 8)</p> <p>Please choose a maximum of 3 areas It should be noted that you are committed to these areas of choice for a period of 12 months</p>	<p>Change in Social Housing Support Type (Page 8)</p> <p>Please tick the appropriate box</p>
<p>Change in Income: (Page 7)</p> <p>Income details <u>must</u> be submitted with this form</p>	<p>Addition of an adult member of your household</p> <p>Please request a social housing support application form housingapplications@wicklowcoco.ie</p>

Income details must be submitted for all applicants

Valid proof of income

1. **Employed:** Documentary evidence of the preceding 12 months' income through a combination of the following: -
 - The previous years' Statement of Liability and Employment Detail Summary
 - Proof of the household's current income, e.g. payslips or a summary of your pay and tax details which can be found on your Revenue Online Services
2. **Self-Employed:**
 - A minimum of 2 years accounts with an Auditor's Report in the form of a Chapter 4
3. **Social Welfare Income:**
 - A recent statement from the Department of Social Protection detailing all welfare payments received and commencement date of receipt of such payments. If a household is in receipt of social welfare for less than 12 months, a Statement of Liability for the preceding year and, where applicable, payslips for the intervening period must also be provided.

Housing authorities must assess the accommodation needs of Travellers under Section 6 and 7 of the Housing (Traveller Accommodation) Act, 1998. This information is requested for that purpose only and will not be used or have any impact on your eligibility for social housing support.

Do you identify as an Irish Traveller?

Yes

☐

No

☐

Prefer not to say

☐

Do you require accommodation which is adapted for disabled access

Yes

☐

No

☐

PERSONAL DETAILS OF EXISTING APPLICANTS ONLY [TICK IF JOINT APPLICATION] ☐

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable)

PLEASE STATE

APPLICANT

APPLICANT 2: SPOUSE/PARTNER

P.P.S. Number

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--	--	--	--	--	--	--	--	--	--

First name(s)

--

--

Surname

--

--

Telephone/Mobile No.

--

--

Date of Birth [dd/mm/yy]

--

--

E-mail address

--

--

If you wish to receive
Information by e-mail,
Please tick

--

NATIONALITY DETAILS

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable)

PLEASE STATE

APPLICANT

APPLICANT 2: SPOUSE/PARTNER

Country of Birth

--

--

Usual language spoken

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Citizen status

<input type="checkbox"/> Irish	<input type="checkbox"/> Other EEA	<input type="checkbox"/> Non-EEA
--------------------------------	------------------------------------	----------------------------------

<input type="checkbox"/> Irish	<input type="checkbox"/> Other EEA	<input type="checkbox"/> Non-EEA
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Basis of stay in Ireland

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Date of entry to Ireland

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Please provide any other information which you might consider relevant to your application.
(if you need more space, attach another page)

CURRENT ACCOMMODATION

Last address:

	EIRCODE
--	---------

Current address:

	EIRCODE
--	---------

Date moved:

What type of accommodation do you live in at present?
(please tick the box below which describes your current accommodation)

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Direct Provision Centre | <input type="checkbox"/> Hostel | <input type="checkbox"/> None/other |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Flat | <input type="checkbox"/> House | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Caravan | <input type="checkbox"/> Group Housing | <input type="checkbox"/> Institution | <input type="checkbox"/> Refuge |
| <input type="checkbox"/> Cottage | <input type="checkbox"/> Halting Bay | <input type="checkbox"/> Maisonette | <input type="checkbox"/> Sheltered |
| <input type="checkbox"/> Day House | <input type="checkbox"/> Hospital | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Transitional accommodation |

Please indicate the facilities available to your household in its current accommodation

- | | | | |
|--|--|---|---------------------------------|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Living Room | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Toilet |
| <input type="checkbox"/> Central Heating | <input type="checkbox"/> Water supply - COLD | <input type="checkbox"/> Water supply - HOT | |

How many bedrooms are there in your current property? (please write in number)	
Do you share some rooms with another household i.e. persons not on this form? (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please write in what rooms you have to share.	

If you are renting, please write in when your tenancy started or when you moved in (DD/MM/YY)	
How much rent do you pay weekly?	€
How much rent supplement do you receive each week (if any)?	€
Are you in arrears of rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state the amount of arrears	€
Have you received a notice of termination	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state reason	

ADDING OTHER HOUSEHOLD MEMBERS YOUR HOUSING APPLICATION

OTHER HOUSEHOLD MEMBER 1

P.P.S. Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	<input type="text"/>
First name(s)	<input type="text"/>	Marital status	<input type="text"/>
Surname	<input type="text"/>	Mother's birth surname	<input type="text"/>
Birth surname (if different)	<input type="text"/>	Relationship to applicant	<input type="text"/>
Date of Birth [DD/MM/YY] _ _ / _ _ / _ _		Country of birth <input type="text"/>	
Nationality	<input type="text"/>	Citizenship Status: <input type="checkbox"/> Irish <input type="checkbox"/> Other EEA <input type="checkbox"/> Non-EEA *Attach proof of Citizenship	
Date of entry to Ireland: (DD/MM/YY) _ _ / _ _ / _ _			
Current address	<input type="text"/>		
Eircode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

EMPLOYMENT STATUS

Employed (full-time or part – time)	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Participating in Government employment scheme
Unemployed (receiving social welfare)	<input type="checkbox"/> Pensioner/Retired	<input type="checkbox"/> Homemaker (Looking after family with no income)
One-Parent Family Payment	<input type="checkbox"/> Student	<input type="checkbox"/>
Other, please specify	<input type="text"/>	Weekly net income € <input type="text"/>

Note:

1. Please submit PPSN and Birth Certificate for each New Child added to your Housing Application.
2. Where appropriate please submit proof of their income, if any.

TO REMOVE A HOUSEHOLD MEMBER FROM YOUR HOUSING APPLICATION

OTHER HOUSEHOLD MEMBER

<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Gender <input type="text"/>
First name(s) <input type="text"/>	Surname <input type="text"/>
Relationship to applicant <input type="text"/>	Phone number <input type="text"/>
Date of Birth [DD/MM/YY] _ _ / _ _ / _ _	

Please submit household members' new address

Note:

1. Where a joint applicant/household member is being removed from the housing application, a signed letter from that person stating that they consent to being removed must be submitted with this form.
2. Where the Joint Applicant being removed is still in need of Social Housing Support, they must complete a new application form. Please contact the Housing Application Team at housingapplications@wicklowcoco.ie to request a new application form for social housing supports
3. Proof of new address is required (e.g. Social Welfare/Revenue letter, Utility bill, Lease agreement)
4. An affidavit signed in the presence of a practising solicitor by both parents/legal guardians for access arrangements to their children is required

EMPLOYMENT DETAILS

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

Name (1)			
Date of Birth		PPSN	
Employment/Education status <i>(please tick the box which applies to this person)</i>			
<input type="checkbox"/> Employed (full-time or part-time)	<input type="checkbox"/> Unemployed (receiving social welfare payment)	<input type="checkbox"/> Homemaker (looking after home/family with no income)	
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired	<input type="checkbox"/> Student	
<input type="checkbox"/> Participating in a state employment scheme (e.g. SOLAS scheme)	<input type="checkbox"/> One Parent Family		
Other, please specify:			

Name (2)			
Date of Birth			
Employment/Education status <i>(please tick the box which applies to this person)</i>			
<input type="checkbox"/> Employed (full-time or part-time)	<input type="checkbox"/> Unemployed (receiving social welfare payment)	<input type="checkbox"/> Homemaker (looking after home/family with no income)	
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner/Retired	<input type="checkbox"/> Student	
<input type="checkbox"/> Participating in a state employment scheme (e.g. SOLAS scheme)	<input type="checkbox"/> One Parent Family		
Other, please specify:			

Income details *(please fill out the following WEEKLY net income)*

Please submit evidence of income (see page 11 for required documentation). Further information may be requested, and we will contact you as quickly as possible.

Income types (per week)	You	Joint Applicant
Employment income	€	€
Self – employment income	€	€
Social welfare income	€	€
Social Welfare payment types <i>(please write in the payments received e.g. Job Seeker's Allowance)</i>		
Maintenance received	€	€
Any other income	€	€

HOUSING REQUIREMENTS

Please indicate type of social housing support for which you are now applying:

Approved housing body (AHB)

☐

Rental Local Authority Accommodation

☐

Housing Assistance Payment (HAP)

☐

Traveller group housing

☐

Rental Accommodation Scheme (RAS)

☐

Traveller halting site bay

☐

Wheelchair Accessible Accommodation

☐

AREAS OF CHOICE

Please select 3 areas from the list below where you would accept an offer of accommodation

Please note that listing of areas of choice on the application form is not a priority listing, i.e. all areas of choice specified on the form are deemed to be of equal priority.

[It should be noted that you are committed to these areas of choice for a period of 12 months].

1

2

3

Arklow Town	Bray Town Centre	Newtownmountkennedy
Arklow Rural/Thomastown	Carnew	Rathdangan
Ashford	Conary	Rathdrum
Avoca	Delgany	Rathnew
Aughrim	Donard	Redcross
Blessington	Dunlavin	Roundwood
Baltinglass	Enniskerry	Shillelagh
Barndarrig	Glenealy	Stratford
Ballinaclesh	Greystones	Tinahely
Ballyconnell	Kilcoole	Wicklow Town
Ballycoogue	Kilmacanogue	
Bray North	Kirakee	
Bray South	Laragh	
	Newcastle	

PART 7 – APPLICATION FOR ACCOMMODATION ON MEDICAL OR DISABILITY GROUNDS

In support of your application on medical grounds, please provide the following details:

Name[s] of household members with a new medical condition or disability.

The nature of the medical condition or disability and noting whether the condition is degenerative:

A completed HMD1 form must be submitted in support of your application. This form can be requested by emailing housingapplications@wicklowcoco.ie

Where applicable, the type of accommodation [e.g. ground floor], and any specific adaptations required for the medical condition/disability: [Occupational therapist's report to be submitted in support of application]

Please note the complete HMD1 form must be complete by two different healthcare professionals. (e.g. A GP and a consultant, a GP and a public health nurse, a consultant and a social worker)

PLEASE SEND COMPLETED FORMS TO:

SOCIAL DEVELOPMENT (HOUSING & COMMUNITY)

WICKLOW COUNTY COUNCIL

COUNTY BUILDINGS

WICKLOW TOWN

A67FW96

APPLICATION FOR SOCIAL HOUSING SUPPORT DECLARATION

Please read this declaration carefully and sign and date it when you are satisfied that you understand it.

Please note that an application will only be accepted when this declaration has been signed.

Collection and Use of Data

The housing authority will use the data which you have supplied to assess and administer your housing application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The housing authority may, in conjunction with the Department of the Environment, Heritage & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs.

The housing authority may, for the purpose of its functions under the Housing Acts of 1966 - 2009, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, The Department for Social Protection, the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and any other person the authority considers may be engaged in anti-social behaviour.

Declaration

I/We declare that the information and particulars given by me/us on this application are true and correct.

I/we undertake to notify the Housing Authority of any change in my/our household circumstances (e.g. address, household composition, employment, medical conditions etc.)

I/We also authorise the housing authority to make whatever enquiries it considers necessary to verify details of my/our application.

I/We am/are aware that the furnishing of false or misleading information is an offence liable to prosecution.

Signed: [Applicant]

Date:

[dd/mm/yy] _ _ / _ _ / _ _

Signed: [Applicant 2:
Spouse/Partner]

Date:

[dd/mm/yy] _ _ / _ _ / _ _

CHECKLIST FOR APPLICANTS

Please ensure that your application includes the following original documentation [an official translation into Irish or English is required, where appropriate]:

Fully completed form [including signed declarations] ☐

Birth certificates for all new household members to be added ☐

PPS Numbers for all new household members to be added ☐

Marriage certificates for all applicants, where applicable ☐

Proof of current address [utility bill, lease or rental statement] – for both spouse/partner, if address has changed ☐

Proof of citizenship or leave to remain in Ireland ☐

[Where applicable, evidence of having a Stamp 4 Immigration Stamp Endorsement on a passport for a period of 5 years should be provided.] ☐

Employed: income evidence for all applicable residents of the preceding 12 months

- The previous years' Statement of Liability and Employment Detail Summary (available from your Revenue Online Services) ☐
- Proof of the household's current income, e.g. payslips or a summary of your pay and tax details which can be also found on your Revenue Online Services ☐

Self-Employed:

- A minimum of 2 years accounts with an Auditor's Report in the form of a Chapter 4 ☐

Social Welfare Income:

- A recent statement from the Department of Social Protection detailing all welfare payments received and commencement date of receipt of such payments. If a household is in receipt of social welfare for less than 12 months, a Statement of Liability for the preceding year and, where applicable, payslips for the intervening period must also be provided. ☐

Copy of separation/divorce agreement for both applicants, where applicable

- The agreement must identify ☐
 - The extent of maintenance being received or paid by the applicant
 - Overnight access for children

If there is no separation/divorce agreement, an affidavit signed by both parties in the presence of a practising solicitor must state

- That there is no formal separation agreement ☐
- That there are no court proceedings pending under the family law legislation ☐
- The position in relation to maintenance and other payments ☐
- Overnight access arrangements for children ☐

If you or any member of your household previously owned land/property, documentation/affidavit should be provided as to how the proceeds from the sale of the land/property were disposed of ☐

If you or any member of your household was previously a local authority tenant, please provide a letter from the local authority where you or the household member resided setting out details in relation to the previous tenancy. This letter should include term of tenancy, reason for leaving, arrears, etc. ☐

If applying for support based on medical grounds, please enclose completed HMD1 form completed by by two different healthcare professionals. (e.g. A GP and a consultant, a GP and a public health nurse, a consultant and a social worker) ☐

Example

PLEASE STATE

APPLICANT

APPLICANT 2: SPOUSE/PARTNER

P.P.S. Number

1	2	3	4	5	6	7	A	B
---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	A	B
---	---	---	---	---	---	---	---	---

First name(s)

JOHN

JANE

Surname

SMITH

SMITH

Telephone/Mobile No.

0850000000

0850000000

Date of Birth [dd/mm/yy]

01/01/1900

01/01/1900

E-mail address

john@email.ie

jane@email.ie

If you wish to receive
Information by e-mail,
Please tick

☐

Example

PLEASE STATE

APPLICANT

APPLICANT 2: SPOUSE/PARTNER

Country of Birth

England

Nigeria

Usual language spoken

English

English

Citizen status

☐ Irish ☐ Other EEA ☐ Non-EEA

☐ Irish ☐ Other EEA ☐ Non-EEA

Basis of stay in Ireland

CTA

Stamp 4

Date of entry to Ireland

01/01/1900

01/01/1900

Please provide any other information which you might consider relevant to your application.
(if you need more space, attach another page)