

Application Form for an Affordable Home



Comhairle Contae Thiobraid Árann Thuaidh
North Tipperary County Council

**Housing Section
North Tipperary County Council
Civic Offices
Limerick Road
Nenagh
Co. Tipperary**

Tel: (067) 44862

APPLICATION FORM FOR AN AFFORDABLE HOME

Section 1 – Personal Details					
Applicant A			Applicant B		
First Name:		Surname:	First Name:		Surname:
Date of Birth:		PPS No:	Date of Birth:		PPS No:
DD / MM / YYYY			DD / MM / YYYY		
<input type="checkbox"/> Female <input type="checkbox"/> Male			<input type="checkbox"/> Female <input type="checkbox"/> Male		
Current Address:			Current Address:		
_____			_____		
_____			_____		
Daytime Phone:		Mobile / Home Phone:	Daytime Phone:		Mobile / Home Phone:
Nationality:			Nationality:		
Email:			Email:		
Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> About to Marry <input type="checkbox"/> Other	Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> About to Marry <input type="checkbox"/> Other

Section 2 - Confirmation of Eligibility				
Eligibility Criteria	Applicant A		Applicant B	
Have you ever owned or had an interest in any property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give address and please state the special circumstances that apply that make you eligible for an affordable home.				
I have an indefinite right to remain in Ireland (either through nationality or refugee status).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not a citizen of the European Union, you must submit evidence of entitlement to reside in Ireland (Stamp 4)				
I am in full time permanent employment for at least six months (required for at least one applicant)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 3 – Additional Information				
	Applicant A		Applicant B	
Are you a Tenant of a Local Authority or Voluntary/Co-Operative Body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Tenant Purchaser of a Local Authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied to a Local Authority for Social Housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	To what Local Authority did you apply?:		To what Local Authority did you apply?:	

Section 4 – Financial & Employment Details				
	Applicant A		Applicant B	
Occupation:				
Number of years in full time employment:				
Employer:				
Employer's address:				
Date of Commencement of present employment:	DD / MM / YYYY		DD / MM / YYYY	
If current employment has been less than one year, state name and address of previous employer:				
Gross Annual Income for previous tax year (enclose P60, P21)	€ _____		€ _____	
Current Annual Income (enclose four most recent payslips). See note below if self-employed:	€ _____		€ _____	
SELF-EMPLOYED: If you are self-employed, you must submit an Agreed Tax Assessment (signed and stamped by the Inspector of Taxes) together with Certified Audited Accounts for the tax year immediately preceding the date of application, together with Current Projected Income for the coming 12 months.				
Do you have savings at a bank, building society, or credit union?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Accumulated savings:	€ _____		€ _____	
Do you have any outstanding loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Loan Balance:	€ _____		€ _____	
Repayment Amount:	€ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	€ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly

Section 5 - Accommodation Details			
Applicant A		Applicant B	
Years living at current address:		Years living at current address:	
Please provide details of where you have lived for the past 5 years or more.			
Previous Address 1 <i>(if applicable)</i> :		Previous Address 1 <i>(if applicable)</i> :	
Years lived at previous address:		Years lived at previous address:	
Previous Address 2 <i>(if applicable)</i> :		Previous Address 2 <i>(if applicable)</i> :	
Years lived at previous address:		Years lived at previous address:	
Previous Address 3 <i>(if applicable)</i> :		Previous Address 3 <i>(if applicable)</i> :	
Years lived at previous address:		Years lived at previous address:	

Section 6 - Dependents		
Name	Date of Birth	PPS Number
1.	DD / MM / YYYY	
2.	DD / MM / YYYY	
3.	DD / MM / YYYY	
4.	DD / MM / YYYY	
5.	DD / MM / YYYY	

Section 7 – You must submit the following items with this application

- €30 Application Fee
- A copy of a **Birth Certificate** or **Passport** for each applicant
- A copy of **Marriage Certificate** (if applicable)
- Certificate of earnings** or other official statements of earnings (i.e. P60, P21)
- Copies of 4 most recent **payslips** (*for both applicants if applicable*)
- If you are **self-employed**, you must submit an **Agreed Tax Assessment** (signed and stamped by the Inspector of Taxes) together with **Certified Audited Accounts** for the tax year immediately preceding the date of application, together with Current Projected Income for the coming 12 months.
- If you are **not** a citizen of the European Union, you must submit evidence of entitlement to reside in Ireland (Stamp 4).
- FORM HPL1 attached** - this form must be completed by the **Revenue Commissioners** on behalf of the applicant(s). Please contact them for details of your nearest office.
- DOCUMENTARY EVIDENCE OF A **RECENT REGULAR SAVINGS RECORD** FOR A PERIOD OF **THREE CONSECUTIVE MONTHS** MUST BE SUBMITTED WITH EACH APPLICATION. THIS WILL REFLECT YOUR ABILITY TO MEET THE REPAYMENTS ON AN AFFORDABLE HOME LOAN

Please note that any spouse must be included on the application as a joint applicant

Section 8 – Declaration

I/We declare that the information given in this form is correct to the best of my/our knowledge and belief.

I/We hereby authorise the relevant local authority to make any official inquiries necessary to process this application.

I/We understand that acceptance of this application form does not imply an acceptance by the Local Authority of your eligibility for an affordable home.

Applicant A		Applicant B	
Signed:	_____	Signed:	_____
Date:	_____	Date:	_____

Submit this completed application form to:

The Housing Section,
North Tipperary County Council,
Civic Offices,
Limerick Road,
Nenagh,
Co. Tipperary

HPL1 Form / First Applicant

THIS FORM MUST BE COMPLETED BY **THE REVENUE COMMISSIONERS** AND RETURNED WITH EVERY APPLICATION

YOUR FULL NAME (BLOCK LETTERS)	<input type="text"/>
PREVIOUS NAME (IF ANY)	<input type="text"/>
PRESENT ADDRESS	<input type="text"/>
PREVIOUS ADDRESS (IF ANY)	<input type="text"/>
PPS NUMBER (PRSI NUMBER)	<input type="text"/>

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED

DATE

OFFICIAL STAMP

HPL1 Form / Second Applicant

THIS FORM MUST BE COMPLETED BY **THE REVENUE COMMISSIONERS** AND RETURNED WITH EVERY APPLICATION

YOUR FULL NAME (BLOCK LETTERS)	<input type="text"/>
PREVIOUS NAME (IF ANY)	<input type="text"/>
PRESENT ADDRESS	<input type="text"/>
PREVIOUS ADDRESS (IF ANY)	<input type="text"/>
PPS NUMBER (PRSI NUMBER)	<input type="text"/>

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED

DATE

OFFICIAL STAMP

OFFICE USE ONLY

Date Application Received: