

APPLICATION FOR HOUSING ACCOMMODATION



CAVAN COUNTY COUNCIL

Comhairle Chontae an Chabháin

IMPORTANT -

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

1. If you are unsure about how to answer any of the questions, please ask an officer in the Housing Section of your Local Authority to help you.
2. Please complete **Parts A,B,C,D,E and F** of this form and sign the declaration at the end. **If you are applying for housing on medical grounds please also complete Part G.**
3. When filling out this form, please make sure to write clearly so that your application can be processed as quickly as possible.
4. Make sure you have answered all of the questions fully where these are relevant to you. If you do not, you might not get the correct priority for housing or else we may have to return the form to you and it would delay your application.
5. Be sure of your answers and do not give false or misleading information. The local authority may request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Síochána, the Minister for Social and Family Affairs, a Health Board or a Voluntary Housing Body approved for the purposes of Section 6 of the Housing (Miscellaneous Provisions) Act, 1992, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and of any other person the authority considers may be engaged in anti-social behaviour.
6. You must supply the relevant supporting documentation so that your application can be processed quickly. Please use the checklist provided to make sure you have supplied everything which will be needed to consider your application.
7. Any change in the details given, particularly any change of address, should be notified to the local authority immediately so that your file can be updated.

Postal Address:

CENTRAL ADMINISTRATION DEPARTMENT

Cavan County Council

(Comhairle Chontae an Chabháin)

Courthouse

(Teach Na Cúirte)

Cavan

(An Cabhán)

Ph: 049-437 2170

Fax: 049-437 2735

Web address: www.cavancoco.ie

Email: info@cavancoco.ie

APPLICATION FOR HOUSING ACCOMMODATION

Checklist - Please make sure you supply all of the documents listed below which are relevant to your application. Tick the appropriate box.	If you have supplied it	If this does not apply to you	Office Use Only: Received or n/a
Birth Certificate(s) for each child listed on the application			
Proof that you live at your current address (i.e. gas/electricity bill)			
Tenancy Agreement if you are living in private rented accommodation			
Copy of any notice to quit			
Copy of any court order to leave your accommodation			
Copy of Access/ Custody documentation if you have any children but are not living with the children's other parent.			
Certificate of Income for you and all other income earners on this application.			
Copy of Child Benefit book showing name and address and benefit number and amount of payment.			
Copy of Passport, driving licence or other documentation which contains a photo of the applicant and joint applicant (if any)			
Occupational Therapist's Report if specific adaptations are needed due to disability			
Doctor's / Consultant's report for each person with a serious physical or intellectual medical condition / disability			
Evidence of a clear rent account			
Evidence of entitlement to reside in Ireland if you are a non EU citizen			

Please indicate comments/reasons for not supplying certain required documents

PART A - DETAILS OF MAIN APPLICANT AND JOINT APPLICANT (IF ANY)

DETAILS	YOU	JOINT APPLICANT
<p>Title: (Mr / Mrs / Ms / Miss)</p> <p>First Name:</p> <p>Surname:</p> <p>PPS number: (This is available from the Department of Social and Family Affairs. Tel no: 049-436 8960)</p> <p>Date of Birth:</p> <p>Gender: Please tick the box</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p style="text-align: center; margin-top: 10px;"> dd mm yyyy </p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> </div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p style="text-align: center; margin-top: 10px;"> dd mm yyyy </p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> </div>
<p>Home Address: (Please note that you will need to supply a utility bill as proof of address e.g. gas, electricity, waste charges bill)</p>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<p>Contact Address: (if different to home address)</p>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<p>Phone Numbers: (if any)</p>	<p>HOME</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>WORK</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>MOBILE</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<p>HOME</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>WORK</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>MOBILE</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<p>Email address: (if any)</p>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<p>Marital Status: Please tick the box</p>	<p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Cohabiting (i.e.living together but not married)</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Cohabiting (i.e.living together but not married)</p> <p><input type="checkbox"/> Other</p>

PART A - DETAILS OF MAIN APPLICANT AND JOINT APPLICANT (IF ANY)

Continued from Overleaf

DETAILS	YOU	JOINT APPLICANT
Relationship of joint applicant to the main applicant? (e.g. husband, wife, brother, daughter etc.)	n/a	
What is your citizenship status? Please tick the box	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen
If you are not an Irish citizen, what country were you born in?		
If you are a Non EU Citizen, on what basis are you staying in Ireland? Please tick the box	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland
If you are a Non EU Citizen, when did you first enter Ireland?	dd mm yyyy <input type="text"/> <input type="text"/> <input type="text"/>	dd mm yyyy <input type="text"/> <input type="text"/> <input type="text"/>
What language do you usually speak?		
Please indicate your employment status Please tick the box	<input type="checkbox"/> Employed (full time or part time) <input type="checkbox"/> Self employed <input type="checkbox"/> Employed in back to work / FÁS scheme <input type="checkbox"/> Unemployed (and receiving social community / welfare benefit) <input type="checkbox"/> Pensioner / Retired <input type="checkbox"/> Lone parent support only <input type="checkbox"/> Homemaker (no income) <input type="checkbox"/> Other	<input type="checkbox"/> Employed (full time or part time) <input type="checkbox"/> Self employed <input type="checkbox"/> Employed in back to work / FÁS scheme <input type="checkbox"/> Unemployed (and receiving social community / welfare benefit) <input type="checkbox"/> Pensioner / Retired <input type="checkbox"/> Lone parent support only <input type="checkbox"/> Homemaker (no income) <input type="checkbox"/> Other

PART B - DETAILS OF ANY CHILDREN/DEPENDENTS WHO WILL BE LIVING WITH YOU IF YOU ARE HOUSED BY US

Note: If there are more than 2 other people who will live with you, please fill out additional pages - these are available from the housing office.

DETAILS	CHILD/DEPENDENT	CHILD/DEPENDENT
First Name: Surname: PPS number: (This is available from the Department of Social and Family Affairs. Tel no: 049-436 8960)	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <div style="display: flex; justify-content: space-around;"> dd mm yyyy </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <div style="display: flex; justify-content: space-around;"> dd mm yyyy </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Is this person living with you ? If no please indicate address where this person is residing	YES <input type="checkbox"/> NO <input type="checkbox"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/>
What is the relationship of each person to the main applicant? (e.g son, daughter etc.)	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
What is the citizenship status of this person? Please tick the box	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU Citizen
If this person is not an Irish citizen, what country was this person born in?	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
If this person is a Non EU Citizen, on what basis is this person staying in Ireland? Please tick the box	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain in Ireland
If this person is a Non EU Citizen, when did this person first enter Ireland?	<div style="display: flex; justify-content: space-around;"> dd mm yyyy </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>	<div style="display: flex; justify-content: space-around;"> dd mm yyyy </div> <div style="display: flex; justify-content: space-around;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>

PART B - DETAILS OF ANY CHILDREN/DEPENDENTS WHO WILL BE LIVING WITH YOU IF YOU ARE HOUSED BY US

Continued from Overleaf

DETAILS	CHILD/DEPENDENT	CHILD/DEPENDENT
What language does this person usually speak?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Is this person going to school or college? <small>Please tick the box</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If this person is at school or college, please give the name and address of the school or college	Name of School or College: <input style="width: 100%; height: 20px;" type="text"/> Address of School or College: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Name of School or College: <input style="width: 100%; height: 20px;" type="text"/> Address of School or College: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
If this person is working please state:	Occupation: <input style="width: 100%; height: 20px;" type="text"/> Address of Employer: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Occupation: <input style="width: 100%; height: 20px;" type="text"/> Address of Employer: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>

PART C - CURRENT ACCOMMODATION

1. Where are you living now? Please tick the box

- | | |
|--|--|
| <input type="checkbox"/> In accommodation that you own | <input type="checkbox"/> In local authority rented accommodation |
| <input type="checkbox"/> With parents | <input type="checkbox"/> In voluntary housing |
| <input type="checkbox"/> With other relatives | <input type="checkbox"/> In co-operative housing |
| <input type="checkbox"/> With friends | <input type="checkbox"/> In emergency accommodation |
| <input type="checkbox"/> In private rented accommodation (with SWA Rent Supplement) | <input type="checkbox"/> Sleeping Rough (no accommodation) |
| <input type="checkbox"/> In private rented accommodation (without SWA Rent Supplement) | <input type="checkbox"/> Other |

2. What type of accommodation are you in now? Please tick the box

- | | | |
|--|--|---|
| <input type="checkbox"/> House / Cottage | <input type="checkbox"/> Day House | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Apartment / Flat | <input type="checkbox"/> Group Housing | <input type="checkbox"/> Hostel |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Halting Bay | <input type="checkbox"/> Hospital / Institution |
| <input type="checkbox"/> Caravan / Mobile Home | <input type="checkbox"/> Tigin | <input type="checkbox"/> Refuge |
| | | <input type="checkbox"/> Prison |

3. Which facilities do you have in your current accommodation? Please put a tick in the box(es)

- | | |
|--|--|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Central Heating |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Water Supply - Cold water |
| <input type="checkbox"/> Bathroom / Toilet | <input type="checkbox"/> Water Supply - Hot Water |
| <input type="checkbox"/> Bedrooms How many? <input type="text"/> | |

Senior Citizens only:

How many steps do you climb to your flat ?

toilet ?

a. Do you own or rent your current accommodation?

OWN RENT

b. Are you receiving rent supplement?

YES NO

PART C - CURRENT ACCOMMODATION

Continued from Overleaf

c. When did you start receiving rent supplement at your current address? **DATE**

d. Please indicate total rent being paid every month: €

e. Please indicate the amount of rent supplement you are receiving every month: €

f. How much do you have to pay yourself towards your rent?
Please indicate Nil if you do not pay anything €

g. Have you received a notice to quit? Please tick the box
If yes what is the reason? **YES** **NO**

h. Are you in arrears of rent?
If yes what is the reason? **YES** **NO**

i. When did you start to live at your current address? **Month** **Year**

j. Please indicate who is your landlord: **Name:**

Address:

k. If you are renting through an agent please indicate name and address of agent: **Name:**

Address:

4. If you are sharing accommodation at the moment, please give details below of all people who are living there too, but who are not part of this housing application.

NAME	AGE	MALE	FEMALE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART D - YOUR ACCOMMODATION HISTORY

1. Where have you lived during the last 5 years?

ADDRESS	OWNED	RENTED	DATES AT ADDRESS	REASON FOR LEAVING
<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>	<input type="checkbox"/>	<input type="checkbox"/>	From <input style="width: 100%;" type="text"/> To <input style="width: 100%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>
<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>	<input type="checkbox"/>	<input type="checkbox"/>	From <input style="width: 100%;" type="text"/> To <input style="width: 100%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>
<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>	<input type="checkbox"/>	<input type="checkbox"/>	From <input style="width: 100%;" type="text"/> To <input style="width: 100%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>
<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>	<input type="checkbox"/>	<input type="checkbox"/>	From <input style="width: 100%;" type="text"/> To <input style="width: 100%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>
<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>	<input type="checkbox"/>	<input type="checkbox"/>	From <input style="width: 100%;" type="text"/> To <input style="width: 100%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;"> _____ _____ _____ </div>

1a. Have you, or any of the other people who are listed on this form, ever been a tenant of any local authority or housing bodies / associations in Ireland or in any other country? YES NO

If yes, please give

Name of local authority/housing association:

Name of person and their address at that time:

Reason for Leaving:

Year of Leaving:

PART D - YOUR ACCOMMODATION HISTORY

Continued from Overleaf

1b. In the past, did you, or any of the other people who are listed on this form, ever own, or have any financial interest in, property or land either in Ireland or in any other country?

YES NO

If yes, please give full details:

Name of person:

Amount you received on disposal of the property / land

€

Address of Property or Land:

Other relevant information:

Please provide documentary evidence in relation to any property / land disposed of by you.

2. Are you on any other local authority(s) housing waiting list?

YES NO

If yes, please indicate name(s) of authority(ies) :

Date of application mm yyyy

Date of application mm yyyy

PART E - YOUR HOUSING REQUIREMENTS

1. What type of accommodation are you applying for?

Please put a tick in the box beside your choice of accommodation.

- | | |
|--|--|
| <input type="checkbox"/> Standard Local Authority Housing/Flat | <input type="checkbox"/> Single Rural House (please note that you must own your own site or have permission to build on someone else's site. This site must be transferred to the local authority free of charge.) |
| <input type="checkbox"/> Older Persons Accommodation | <input type="checkbox"/> Demountable dwelling (please note that you must own your own site or have permission to put a demountable on someone else's site) |
| <input type="checkbox"/> Accommodation specially adapted for a person with disabilities | <input type="checkbox"/> Traveller Group Housing |
| <input type="checkbox"/> Improvement works to your current accommodation / provision of an extension | <input type="checkbox"/> Bay in residential caravan park |

2. Which area(s) would you prefer to live in?

- 1st choice
- 2nd choice
- 3rd choice

3. Single Rural Houses and Demountable Dwellings

3a. Are you applying for either a single rural house or demountable?

SINGLE RURAL

DEMOUNTABLE

If yes, please state:

1. Name and Address of owner of proposed site *

* please note that:

- for a rural house, the owner of the site must be willing to transfer the site to the local authority free of charge.
- for a demountable, the owner of this site must be willing to allow a demountable to be placed on the land.

2. Exact Location of Site

3. Nearest Town or Village

4. Distance of Site from nearest Town or Village _____ kms

PART E - YOUR HOUSING REQUIREMENTS

Continued from Overleaf

4. Housing provided by voluntary bodies and housing associations.

Would you be willing to accept housing from a voluntary body / housing association?

YES NO

5. Homeless

5a. Are you homeless?

YES NO

5b. Are you sleeping rough?

YES NO

If you are staying in emergency accommodation please give details.

Address:

Type of Accommodation: (e.g. house, hostel, B & B, emergency accommodation)

5c. Where was your last permanent address

Address:

Why did you leave?

When did you leave

mm yyyy

PART F - OTHER INFORMATION

1. Have you, or any of the other persons listed on this application form, ever been investigated or convicted in respect of matters relating to anti social behaviour or public order offences?

YES NO

If Yes, please give name of each person and details of investigation or conviction.

PART F - OTHER INFORMATION

2. Do you, or any of the other persons listed on this application form, currently have charges pending in respect of matters relating to anti social behaviour or public order offences? YES NO

If Yes, please give name of each person and details of charges pending.

3. Have you, or any of the other persons listed on this application form, ever squatted in a local authority dwelling? YES NO

If Yes, please state address and dates when squatting took place.

4. Have you, or any of the other persons listed on this application for ever been evicted from previous accommodation? YES NO

If Yes, please give details of eviction and reason why it happened.

5. Is there any other information which you feel is relevant to your application?

PART G - APPLICATION FOR HOUSING ON MEDICAL GROUNDS

1. Are you requesting priority for housing on medical grounds? YES NO

Please indicate the name(s) of the person(s) on your application who is/ are suffering from a serious physical or intellectual disability/ condition

NAME:

NAME:

Please state the nature of the serious medical condition or intellectual disability:

Please note that a Doctor's/ Consultant's report must be submitted in support of this application

2. Do you, or any of the persons who will be living with you, need accommodation that is specifically adapted for a person with disabilities? YES NO

If yes, please indicate the type of adaptations that would be needed:

Please note that you will need to submit an occupational therapist's report with this application.

DECLARATON

Please read this declaration carefully and sign and date it when you are satisfied that you understand it.
Please note that applications will only be accepted when they have been signed

Collection and Use of Data

Cavan County Council 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. **Cavan County Council** may also process this data for research purposes including in forward planning in the assessment of housing needs in conjunction with the Department of the Environment, Heritage & Local Government.

Cavan County Council may, for the purpose of its functions under the Housing Acts 1966 to 1998, request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Siochána, the Department for Social & Family Affairs, a Health Board or a Voluntary Housing Body approved for the purposes of Section 6 of the Housing (Miscellaneous Provisions) Act, 1992, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and of any other person the authority considers may be engaged in anti-social behavior.

Declaration

I / We declare that the information and particulars given by me/us on this application are true and correct, and I/we understand that the provision of any false or misleading statements may lead to this application being cancelled. The local authority reserves the right to exclude an applicant from consideration for housing if he/she supplies false information or withholds relevant information on this form or at subsequent interviews.

I/we undertake to notify **Cavan County Council** immediately should there be any change from the information provided, or in my/our circumstances.

I/We also authorise **Cavan County Council** to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

Signed: Applicant 1 _____

Date:

Signed: Applicant 2 _____

Date:

RECEIPT

THIS WILL BE ISSUED TO YOU TO CONFIRM RECEIPT OF YOUR APPLICATION

Ref No

Please insert your Name

Address

**This is to acknowledge receipt of your housing application.
Please keep this receipt and quote the above reference number in any
correspondence when making enquiries.**

Signed on behalf of

Signed

Date

Contact Tel No

Stamp of Local Authority

APPLICATION FOR HOUSING ACCOMMODATION
