

# Application Form for an Affordable Home



**Application Fee : €50**

# 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 <b>not</b> 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:	€ _____		€ _____	
<b>SELF-EMPLOYED:</b> If you are self-employed, you must submit an <b>Agreed Tax Assessment</b> (signed and stamped by the Inspector of Taxes) together with <b>Certified Audited Accounts</b> 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:	
<b>Please provide details of where you have lived for the past 5 years or more.</b>			
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	
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**

- €50 Application Fee or a **receipt of payment** from another Dublin Local Authority (dated within the last year)
- 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
- If applicable, please include details of **separation or divorce documentation** that indicates financial settlements that may be included as income.

**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 your preferred local authority:**

**Dublin City Council**

Home Options Section  
Housing & Residential Services  
Block 2, Upper Ground Floor,  
Civic Offices, Dublin 8

Ph: 01-2225020

e-mail: [affordablehousing.unit@dublincity.ie](mailto:affordablehousing.unit@dublincity.ie)

**Fingal County Council**

Loans & Grants Section  
Housing Department  
Grove Road  
Blanchardstown, Dublin 15

Ph: 01-890 5421/20/14/19/16

e-mail: [housing@fingalcoco.ie](mailto:housing@fingalcoco.ie)

**Dun Laoghaire – Rathdown County Council**

Housing Department  
County Hall, Marine Road  
Dun Laoghaire  
Co. Dublin

Ph: 01-2047920/7923

e-mail: [housing@dlrcoco.ie](mailto:housing@dlrcoco.ie)

**South Dublin County Council**

Property Path  
County Hall  
Tallaght  
Dublin 24

Ph: 01-4149092

e-mail: [info@propertypath.ie](mailto:info@propertypath.ie)

**How did you first hear about affordable homes?**

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Family Member / Friend | <input type="checkbox"/> TV    |
| <input type="checkbox"/> Public Representative  | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Local Authority Staff  | <input type="checkbox"/> Web   |
| <input type="checkbox"/> Newspaper              | <input type="checkbox"/> Other |

# 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

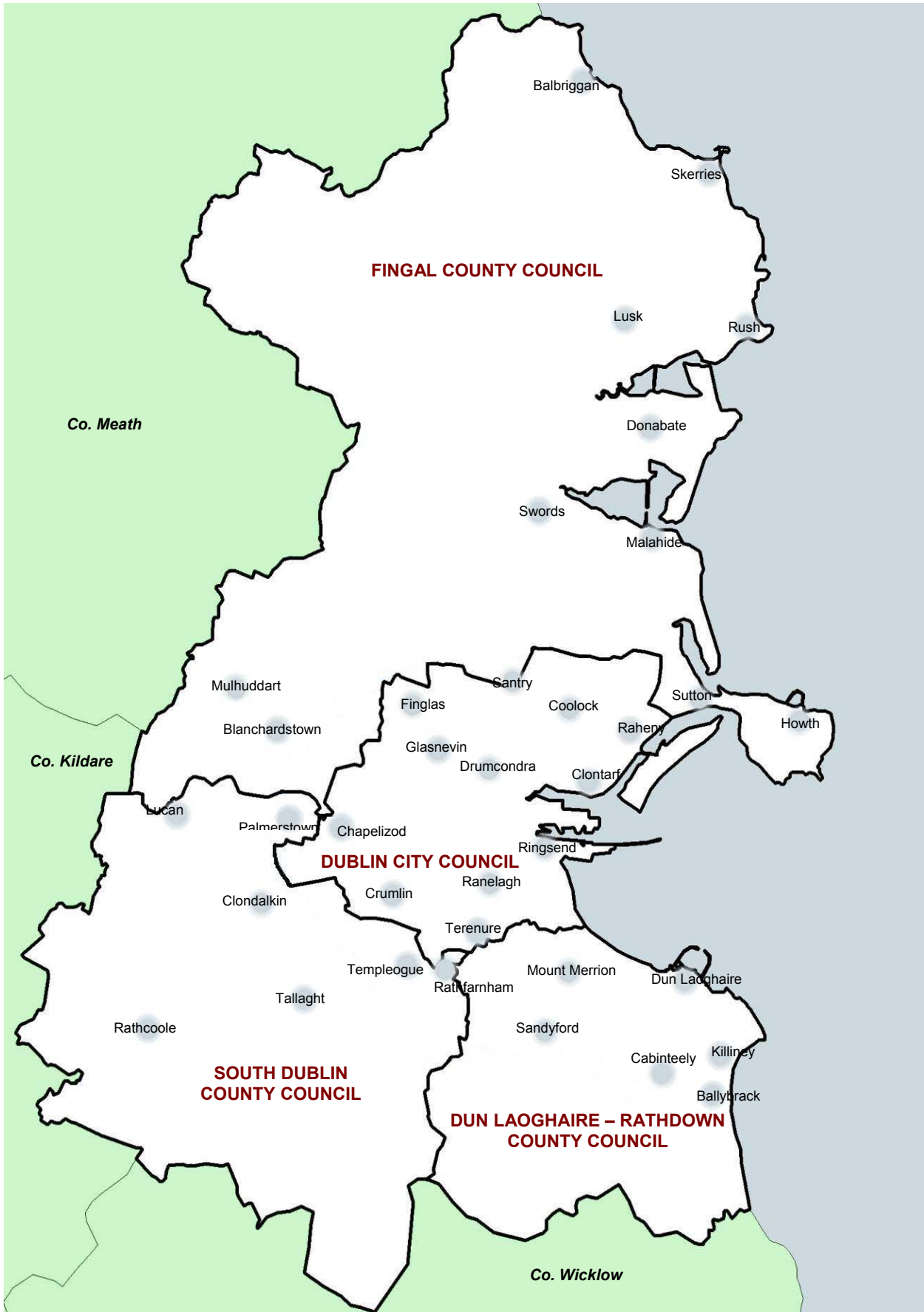
I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED

DATE

OFFICIAL STAMP

# Map of the Dublin Local Authority Areas



**OFFICE USE ONLY**

*Date Application Received:*

THIS PART OF THE FORM ONLY APPLIES TO APPLICANTS FOR AFFORDABLE HOUSING FOR THE DÚN LAOGHAIRE-RATHDOWN AREA

Please read information booklet in relation to the Dún Laoghaire-Rathdown Scheme before answering the following questions: -

Name(s):

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(1) Have you lived at any time in the administrative area of Dún Laoghaire-Rathdown County Council for a continuous period of 5 years or more?

Yes

No

If Yes please list address(es): -

Current address:	_____	from	_____
(1)	_____	from	_____ to _____
(2)	_____	from	_____ to _____
(3)	_____	from	_____ to _____
(4)	_____	from	_____ to _____
(5)	_____	from	_____ to _____

*Evidence, in the form of utility bills, bank statements, rent books etc., must be submitted to substantiate this claim.*

(2) Do you currently work in the Dún Laoghaire-Rathdown County Council area?

Yes

No

If Yes please insert work address: -

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(3) Please indicate preference for dwelling size. A one or two bed unit may be offered to a single person or a couple. A two or three bed unit may be offered to a couple or where two or more names are included on the application form.

An applicant may only express a preference for one unit size

One bed

Two bed

Three bed