

ATHLONE TOWN COUNCIL

**Civic Centre
Church Street
Athlone
Telephone: 090 6442100**

APPLICATION FOR RECONSTRUCTION/HOME IMPROVEMENT LOAN

Completed application forms should be forwarded with an application fee of €19.00

First Applicant

Name: _____

Address: _____

Date of birth: _____ PPSN _____ Phone No. _____

Occupation: _____ Employer _____

Marital Status: _____

Total income in tax year ended 31st December
Preceding date of application: € _____

Second Applicant

Name: _____

Address: _____

Date of birth: _____ PPSN _____ Phone No. _____

Occupation: _____ Employer _____

Marital Status: _____

Total income in tax year ended 31st December
Preceding date of application: € _____

Dwelling Details

Interest in house: Owner/ Purchasing: Renting

Are the proposed works necessary for the
Purpose of providing suitable housing accommodation?

Has any other assistance by way of loan or grant been sought?

Is planning permission necessary? Yes No

If applied for please quote number and date of permission: _____

Number of children and other dependants living with you: _____

Estimated cost of works proposed: _____

Present outgoings on the house (e.g. rent, mortgage)

Brief description of work to be carried out: _____

Other Criteria

If occupier of land state townland(s) in which situated: _____

Acreage: _____ Rateable Valuation: _____

Particulars of any other income: _____

Dear Sir,

I hereby apply to Athlone Town Council for a loan of €_____ in accordance with the provision of the Scheme adopted by Athlone Town Council for the issue of loans for the reconstruction, repair, or improvement of dwelling houses. I certify that all the information furnished on this form of application is correct.

I/We, **HEREBY ACKNOWLEDGE** as follows:-

That Athlone Town Council do not accept any responsibility whatsoever for either the value or physical condition of the dwelling house being offered by me/us as security for the required loan.

That any inspections of the said dwelling house that may be carried out by or on behalf of the said Town Council will only be for the purpose of establishing if the said dwelling house is, on a cursory visual inspection, sufficient to provide adequate for the required loan.

That no responsibility whatsoever shall be accepted by the said Town Council for, the value or condition of said dwelling house nor shall any liability whatsoever be implied in respect of **the** value or condition of same, as a consequence of any such inspection or any subsequent report or reports thereon.

That it is my/our responsibility to engage an independent Surveyor/Architect if I/We wish to be satisfied as to the physical condition of the house.

I/We confirm that I/We have carefully read this document and am/are fully aware of the implications of signing same.

SIGNED: _____ DATE: _____
Applicant

SIGNED: _____
Witness (Athlone Town Council Official)

WARNING: IF YOU ARE IN DOUBT ABOUT THE CONTENT OF THIS DOCUMENT YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING SAME AS IT COULD HAVE SERIOUS LEGAL CONSEQUENCES.

Checklist

Please ensure you sign and enclose the following documents:

- **Income Tax Certification – Applicant** (to be signed by Applicant)
- **Contractor Tax Certification –** (to be signed by Contractor)

INCOME TAX CERTIFICATION

To be completed by Applicant

Last Name: _____ First Name: _____

PPSN: _____

**Tax Reference No. _____ Tax District _____

**** TAX REFERENCE NO. MEANS:-**

In the case of a person paying Income Tax under P.A.Y.E., the Revenue and Social Insurance Number stated on any determination of Tax Free Allowances issued to that person by his Inspector of Taxes;

In the case of a self-employed person or a Company, the Reference Number stated on any return of Income Form or Notice of Assessment issued to that person or Company by his Inspector of Taxes.

I hereby declare that to the best of my/our knowledge, my/our Tax Affairs are in order. I/We also authorise Athlone Town Council to verify the authenticity of this Declaration with my/our Inspector of Taxes if they so wish.

Signed _____ Date _____

To be completed by contractor

Last Name: _____ First Name: _____

Address: _____

Tax Reference No. _____ Tax District:

V A T Registration No. _____ Tax Clearance Cert. No. _____

Date of expiry of Tax Clearance Cert. _____

I hereby declare that my/our Tax Affairs are in order and I/we agree to submit either my/our C.2 Certificate or Tax Clearance Certificate to Athlone Town Council for inspection. I also authorise Athlone Town Council to verify the authenticity of this Declaration with my/our Inspector of Taxes if they so wish.

Signed _____ Date _____