



Rental Accommodation Scheme

Application Form for Inclusion in Scheme

Please read carefully and answer all relevant questions. The Application form must be signed. If you have any queries please contact the Housing Section of the Council at (044) 9332000.

	Principal Applicant	Joint Applicant
Name		
Address		
PPSN		
Contact Number		
Date of Birth		
What is your Citizenship Status <i>(please tick box)</i>	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non EU
For Non-EU Citizens, on what basis are you staying in Ireland	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain
Please indicate your Employment Status <i>(please tick box)</i>	<input type="checkbox"/> Employed (full or part time) <input type="checkbox"/> Employed in FAS / back to work scheme <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed (and receiving social welfare) <input type="checkbox"/> Pensioner / Retired <input type="checkbox"/> Lone parent support only <input type="checkbox"/> Student <input type="checkbox"/> Other	<input type="checkbox"/> Employed (full or part time) <input type="checkbox"/> Employed in FAS / back to work scheme <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed (and receiving social welfare) <input type="checkbox"/> Pensioner / Retired <input type="checkbox"/> Lone parent support only <input type="checkbox"/> Student <input type="checkbox"/> Other

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Have you applied for housing with a local Authority? <input type="checkbox"/> Westmeath County Council <input type="checkbox"/> Other				
Please State the name, date of birth and PPS Number for all household members normally resident with you, and their relationship to the Principal Applicant and their weekly income.				
Name	Date of Birth	PPSN	Relation to Applicant	Income per Week €
Description of Property <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other Please Specify				
Does your accommodation need to be specifically adapted If yes please give details		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> _____		
Is your current accommodation suitable to your needs		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please give details of your Rent				
What is your current rent per week		€ _____		
Are you receiving Rent Supplement? If So how much per week?		<input type="checkbox"/> Yes € _____ p.w. <input type="checkbox"/> No		
How much do you pay towards the rent yourself per week?		€ _____		
Are you in arrears of Rent? If so please give reasons		<input type="checkbox"/> Yes € _____ <input type="checkbox"/> No		
Did you pay a deposit? If so how much?		<input type="checkbox"/> Yes € _____ <input type="checkbox"/> No		

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Approximately how many months / years have you been receiving rent supplement in total.				
Please give your landlord's details or if you are renting through an agent, please give the agent's details:				
Name:				
Address				
Telephone Number				
Please give all of the addresses where you have lived for the past five years				
Address	Owned	Rented	Date at address	Reason for Leaving
	<input type="checkbox"/>	<input type="checkbox"/>	From _____ To _____	_____ _____ _____
	<input type="checkbox"/>	<input type="checkbox"/>	From _____ To _____	_____ _____ _____
	<input type="checkbox"/>	<input type="checkbox"/>	From _____ To _____	_____ _____ _____
	<input type="checkbox"/>	<input type="checkbox"/>	From _____ To _____	_____ _____ _____
	<input type="checkbox"/>	<input type="checkbox"/>	From _____ To _____	_____ _____ _____

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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:

Westmeath County Council will use the data which you have supplied to assess and administer your application for accommodation under the Rental Accommodation Scheme. Data may be shared with other public bodies for the purpose of prevention or detection of Fraud.

Westmeath 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 and Local Government.

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 the application being cancelled. Westmeath County Council reserves the right to exclude an applicant from consideration for housing under the Rental Accommodation Scheme if he/she supplies false information or withholds relevant information on this form or at subsequent interviews.

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

I/we authorise Westmeath County Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

Signed:

(Applicant 1)

(Applicant 2)

Date: _____

Date: _____

*Please ensure that the form is completed and signed and return it to:
**Westmeath County Council, RAS, Housing Department,
County Buildings, Mullingar Co. Westmeath***