

**ATHLONE TOWN COUNCIL**

*Civic Centre  
Church Street  
Athlone*

*Telephone: 090 6442100*

**DECLARATION OF HOMELESSNESS AND APPLIACTION FOR ASSISTANCE**

Name: \_\_\_\_\_ PPSN \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Address: \_\_\_\_\_ Period of Residence: \_\_\_\_\_

Prior accommodation (if less than 3 years at above address): \_\_\_\_\_

Cause of Homelessness: \_\_\_\_\_  
\_\_\_\_\_

Any previous Local Authority Tenancy: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Any previous assistance received: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Details of family including applicant:**

Name	Age	Relationship to Applicant	Income	Source

Name of Landlord: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_

Address of rental property: \_\_\_\_\_  
\_\_\_\_\_

Deposit: € \_\_\_\_\_ Weekly Rent: € \_\_\_\_\_

I undertake to repay Athlone Town Council the deposit of € \_\_\_\_\_ at € \_\_\_\_\_ per week, and I understand and accept that if the deposit is not repaid I will not be considered for Local Authority housing.

I undertake to pay € \_\_\_\_\_ per night towards the cost of B & B being provided by Athlone Town Council.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: Certificate from Landlord must accompany this application together with any relevant medical certificates.

**FOR OFFICIAL USE ONLY**

**TO FINANCE DEPT:**

Please pay deposit of €                      to

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Y. DOONER / B. COUGHLAN*

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**Officers Notes:** \_\_\_\_\_

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