



**Wicklow County Council
Comhairle Chontae Chill Mhantain**

APPLICATION FORM

FOR

RENTAL

ACCOMMODATION

SCHEME

Please read this form carefully

For help, please contact 0404 20120 (ext 2229 or 2240)

Please note RAS is now a Social Housing Support and if you accept a RAS offer/allocation your housing needs will be considered to be met and you will no longer remain on the main social housing waiting list.

Can I apply?

- To apply for this scheme you must have claimed rent supplement for the last 18 months.
- If you are from outside the European Union, you must have permission to stay in Ireland and have a Stamp 4 card.
- The Rental Accommodation Scheme has a Good Tenant Policy. This means that we would look very carefully at the background and history of anybody applying for the Rental Accommodation Scheme. The details of this policy are given on the last sheet of this form.

How do I apply?

- Please fill out all of this form. If it is not complete, or if questions are not answered honestly, we may decide not to go any further with your application. If you are not sure how to answer any question, or if you are not sure if a question applies to you, please ring 0404 20120 (ext 2240 / 2229) for help.
- Please make sure PPS numbers (which is a 7 digit number followed by a letter) are given for **ALL** the people who live with you. These numbers can usually be found on Medical Cards or you can get them from your local Community Welfare Office.
- Please bring this completed form with you to the interview, or forms may be posted to:

Rental Accommodation Scheme
Wicklow County Council
Housing Section
County Buildings
Wicklow
Co Wicklow.

	Principal Applicant	Joint Applicant
Name		
Address	_____ _____ _____	_____ _____ _____
Telephone Number		
Email address		
PPSN No.		
Date of Birth		
Your Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Partner	
Citizenship Status	<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
Do you have Stamp 4 on your Registration Card	<input type="checkbox"/> Yes, Expiry Date _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, Expiry Date _____ <input type="checkbox"/> No
For Non-EU Citizens, on what basis they are staying in Ireland	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain
Indicate employment status (Please tick the box)	<input type="checkbox"/> Employed (full or part time) <input type="checkbox"/> Back to work/FAS 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 <input type="checkbox"/> Disability/ Invalidation Benefit <input type="checkbox"/> Student <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed (full or part time) <input type="checkbox"/> Back to work/FAS 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 <input type="checkbox"/> Disability/ Invalidation Benefit <input type="checkbox"/> Student <input type="checkbox"/> Other _____
Income Amount	€ _____	€ _____
Have You Applied for Local Authority Housing <input type="checkbox"/> Wicklow <input type="checkbox"/> Bray <input type="checkbox"/> Other (please specify)		

List the name, date of birth & PPS Number, of all household members normally resident with you, and their relationship to the principal applicant & their weekly income.

Name	Date of Birth	PPSN	Relation to Applicant	Income per week €

Name and location of Father/ Mother of Children if appropriate?

 Maintenance € _____ Contact _____

Description of Property

Current Accommodation: House Apartment Other(please specify)

How many bedroom are there _____

Do you wish to stay in your current accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or other members of your household have Medical or Special Needs	_____
Is the current accommodation suitable to meet these needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please give details:	_____

Which Area of the County would you prefer to live in:

1. _____

2. _____

3. _____

<p>What is the current rent per week/month?</p> <p>Do you pay your rent weekly or monthly?</p> <p>How do you pay the rent to the landlord?</p>	<p>€ _____</p> <p>_____</p> <p>_____</p>
<p>Approximately how many months/ years have you been receiving rent supplement in total</p> <p>Amount of Rent Supplement per week/month?</p>	<p>_____</p> <p>€ _____</p>
<p>How much do you pay towards the rent each week/month?</p>	<p>€ _____</p>
<p>Are you in arrears of rent:-</p> <p>If yes, give details:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p>
<p>Did you pay a deposit? If so, how much?</p> <p>Did you sign a lease? If so, how long for?</p>	<p><input type="checkbox"/> Yes € _____ <input type="checkbox"/> No</p> <p>_____</p>
<p>Whose name are the utility bills in?</p>	<p>_____</p>
<p>Are any other household costs included in the rental charge i.e. Refuse & Cable?</p>	<p>_____</p>
<p>Are there pets? If so, please give details</p>	<p>_____</p>
<p>Does Anyone in the Household smoke</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever had your own local authority tenancy, If yes give details:</p> <p>Name of local authority _____</p> <p>Date you left ___/___/____ Reason you left _____</p> <p>_____</p>	

Please give details for your current home and previous addresses that you have lived at				
Address of property:	Dates: From To		Landlord Details: Name and phone no	Reason for leaving

Have you or do you presently own property, site or land? If so, where

Other Information

Have you, or any of the other persons listed on this form, have any criminal convictions or any charges pending? Yes No

If yes, please give name of each person and details of charges:

Was the Differential Rent Scheme explained?
 Yes No

Was the implication of antisocial behaviour explained?
 Yes No

Collection and Use of Data:

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

Wicklow County Council may, for the purpose of the Rental Accommodation Scheme, request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Siochana, the Department of Social & Family Affairs, the Health Services Executive or a Voluntary Housing Body approved for Section 6 of the Housing (Miscellaneous Provisions) Act, 1992, in relation to occupants or prospective occupants of, housing under the terms of the Rental Accommodation Scheme.

Declaration:

I/We declare that the information and particulars given by me/us during this interview are true and correct, and I/we understand that the provision of any false or misleading statements may lead to this interview being cancelled. Wicklow 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 Wicklow County Council immediately should there be any change from the information provided, or in my/our circumstances.

I/We authorise Wicklow County Council to make necessary enquiries either written or otherwise regarding my/our interview to verify information given.

Signed:

(Applicant 1) _____

Date: _____

(Applicant 2) _____

Date: _____

(Local Authority Official) _____

Date: _____

Please note

RAS is now a Social Housing Support and if you accept a RAS offer/allocation your housing needs will be considered to be met and you will no longer remain on the main social housing waiting list.

All contracts are governed by the Residential Tenancies Act 2004, a copy of which can be found on www.prtb.ie