

Respond! Head Office

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Note: Please read this form carefully before completing it. Answer all questions as fully as possible. If you wish to do so please submit a letter giving details of any facts you feel you cannot fully cover in this form.

All Relevant Income Documents (P60s, Forms from Social Welfare, etc.) for the period January 1 2009 to December 31 2009 must accompany this Application. Your application will not be processed without this documentation.

1. NAME: _____ PPS No. _____
2. ADDRESS: _____ TEL. _____
3. Are you Married / Single / Widowed / Separated/Divorced? Please say _____
4. PARTICULARS OF ALL PERSONS, including self, for whom accommodation is required:

SURNAME	FIRST NAME	RELATIONSHIP TO YOU	DATE OF BIRTH	PPS No.	Gross income for previous tax year €	Is this person now living with you?

5. Are there any circumstances in regard to the above which you feel may merit consideration, e.g. Illness, Disability etc?

6. What Respond! Housing Scheme do you wish to be considered for: _____
7. Your Occupation _____ Current Weekly Income (Household) € _____
8. Is your occupation Fulltime? _____
9. How long are you in this Occupation? _____
10. Name and Address of your Employer: _____

I:
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I

PRESENT ACCOMMODATION

Please circle the number which marks your TYPE of Accommodation:	Who is the OWNER of your Accommodation? Name & Tel. Contact of Landlord:
Bedsitter 1	Owned by Yourself 1
Self-contained flat 2	Owned by your Family 2
House: One storey 3	Rented: from private Landlord 3
House: Two storey 4	Rented: from Local Authority 4
House: Multiple storey 5	Rented: from Voluntary Assoc. 5
Other: Describe	Other: Describe

(If a Bedsitter or Flat, say what floor you are on, e.g. Basement, Ground-floor, 1st floor etc. _____)

What **WEEKLY PAYMENT**, if any, do you pay for your dwelling? € _____

What **RENT ALLOWANCE** do you receive, if any, to assist with your rent? € _____

Indicate the **STATE OF REPAIR** of your dwelling (Circle the relevant number)

Very Good 1 Good 2 Fair 3 Bad 4 Very Bad 5

Please describe _____

Other Occupants in your Accommodation: _____

Total Number of Occupants, including yourself: _____ No. of Bedrooms: _____

LOCAL AUTHORITY

Name your Local Authority: _____

Were you ever a tenant of a Local Authority House? _____ Yes / No

If yes, Please state address: _____

Reason for leaving same: _____

Have you applied to a Local Authority for Housing? _____ (Yes/No)

If Yes, Name the Authority: _____

How long have you been on the Local Authority's Housing List? _____

Please, give any other comments supportive of your Application: _____

DECLARATION ---- This section must be completed

Are you involved in (or have you ever been involved in) and is anyone who will reside with you if your application is successful, involved in (or ever been involved in):

(a) The manufacture, production, preparation, importation, exportation, sale, supply, possession for the purposes of sale or supply, or distribution of a controlled drug (within the meaning of the Misuse of Drugs Acts, 1977, 1984) **Yes** ; **No**

(b) Any behaviour which causes or is likely to cause any significant or persistent danger, injury, damage, loss or fear to any person living, working or otherwise lawfully in or in the vicinity of a house provided by a housing authority under the Housing Acts, 1966 to 1997, or a housing estate in which the house is situate and, without prejudice to the foregoing, includes violence, threats, intimidation, coercion, harassment or serious obstruction of any person: **Yes** ; **No**

If the answer to (a) and/or (b) above is yes, please give details on a separate sheet.

I declare that to the best of my knowledge the information given on this form is true.

I authorise Respond! to make any enquiries in regard to my case that may be deemed necessary.

Signed: _____

Date: _____