



Application Form

Please complete this form FULLY

NAME: _____ Date of Birth: _____

ADDRESS: _____

_____ PPS No. _____ TEL. _____

Are you Married / Single / Widowed / Separated? Please say _____

Name(s) of Co-Applicant(s), if any: _____

Co-applicants' Dates of Birth: _____ Co-Applicants PPS No. _____

Relationship to Applicant: _____

PRESENT ACCOMMODATION

| Please circle the number which marks your TYPE of Accommodation: | Who is the OWNER of your Accommodation? |
|---|--|
| Bed-sitter 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 Bed-sitter or Flat, say what floor you are on, e.g. Basement, Ground-floor, 1st floor etc. _____)

Landlord's Name _____ **Tel. No.** _____

How long are you living in your present accommodation: _____

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: _____ Number of Bedrooms: _____

Please Turn Overleaf

STATE OF HEALTH

Do you suffer from any illness or disability? _____ Yes / No

If Yes, please give details: _____

Does your Spouse/Co-Applicant suffer from any illness / disability? (Yes/No) _____

If Yes, please give details: _____

MOBILITY

Is your Mobility ... Very Good 1 Good 2 Fair 3 Poor 4 Very Poor 5

Can you climb stairs ... Easily 1 With Difficulty 2 Not at all 3

Do you use a ... Walking stick 1 Walking Aid 2 Wheelchair 3

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.

Signed: _____ **Date:** _____

INCOME

What is your MAIN SOURCE of Income? _____

Amount per week: € _____

Other Sources of Income? _____

Amount per week: € _____

Your TOTAL WEEKLY INCOME: € _____

Do you own any Property? (Please list) _____

LOCAL AUTHORITY

Have you applied to the Local Authority for Housing? _____ Yes / No

If yes, Name the Local Authority: _____

What was the Local Authority's reply? _____

Have you been assessed as an approved applicant with the Local Authority? _____

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

If you are a Local Authority tenant, please indicate why you are seeking a transfer to a Respond! Dwelling:

YOUR APPLICATION

Reason for applying to Respond! _____

Please indicate which Respond! Housing Scheme you would prefer: _____

Please give any other comments supportive of your Application: _____

Name / Address of Next-of-Kin: _____

Tel. No. _____

Next-of-Kin's Relationship to you: _____

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

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

Signed: _____ Date: _____

FOR RESPOND! OFFICE USE ONLY

Date of reply to Applicant: _____

Date of Visit: (1) _____ Visitor: _____

Reason: _____

Comments: _____

Signed: _____

Date of Visit: (2) _____ Visitor: _____

Reason: _____

Comments: _____

Signed: _____

Application Updated? _____

Date of Visit: (3) _____ Visitor: _____

Reason: _____

Comments: _____

Signed: _____

Date of Visit: (4) _____ Visitor: _____

Reason: _____

Comments: _____

Signed: _____