

**COMHAIRLE CHONTAE SHLIGIGH  
SLIGO COUNTY COUNCIL**

**AFFIDAVIT – INCOME/MAINTENANCE**

I, \_\_\_\_\_ Of \_\_\_\_\_

**Who has applied for Housing Accommodation to Sligo County Council, do sincerely swear:**

1. (a) That I am separated from my spouse/partner since \_\_\_\_\_
- (b) That my spouse/partner does not live in the home in which I reside.

Total amount of Maintenance **RECEIVED**  
by me from my ex-spouse/ex-partner  
(evidence to be submitted for the previous 12  
months). € \_\_\_\_\_

Total amount of Maintenance **PAID** by me  
to my ex-spouse/ex-partner (evidence to be  
submitted for the previous 12 months). € \_\_\_\_\_

Any other income (specify) € \_\_\_\_\_

**TOTAL** € \_\_\_\_\_

2. That I am not in receipt of any other income from any other source whatsoever, and that I am not nor likely to be in the foreseeable future, in receipt of any income or other remuneration from my spouse.
3. I make the above solemn sworn, conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938, and I apply accordingly for Housing Accommodation.

Sworn before me by \_\_\_\_\_ who is personally known  
to me (or who is identified to me) at \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
**Commissioner for Oaths or Practicing Solicitor**

**PLEASE BRING A FORM OF PHOTO ID WHEN HAVING FORM COMPLETED**

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## NOTES

1. Please note that the information provided in this Affidavit is binding,
2. If false or misleading information is provided, it may result in the termination of your housing application,
3. If, in the event that you are allocated a property by Sligo County Council and it is found that you had land/property in your possession whilst applying for Local Authority housing, this may result in a termination of your tenancy.

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