Social Housing Lease Initiative 2010 Form No. HL-1

Applications for the long term leasing of private dwellings as a means of meeting housing need

Address of Proposed Property

Ownership Details

Name: _____

Address: _____

Tel. No.: _____

Private Owner/or Company: _____

Compliance with Revenue/Tax

Private

Letter from chartered accountant confirming compliance with revenue commissioners/tax clearance procedures ☐

Company

Legal status of company: _____ Date Established: ____/____/____

Valid C2 Cert. ☐ Yes ☐ No Registered No.: _____

C2 Cert. No.: _____ C2 Serial No.: _____

Expiry Date: ____/____/____

Please complete the following table and attach a recent external photograph of the property/properties.

Address/Location	Planning Ref.	House Type (Terraced, Semi, Detached, Bungalow, Apartment Ground Floor, 1st Floor)	No. of Bedrooms	Year of completion	Currently vacant	Has property been previously rented	Parking Available	Special needs available/Adapted	Form of heating (e.g. Oil, Gas, Electric)	Management Co. Details