**Home Improvement Loan Application Form**

**Sligo County Council**



*Return to*

**Housing Section,**

**County Hall,**

**Riverside,**

**Sligo.**

**Tel 071 – 9111815**

**Email to** [**mboylan@sligococo.ie**](mailto:mboylan@sligococo.ie)

**Local Authority Reference**:

**CHECKLIST FOR APPLICANT/S**

**Please Note that incomplete applications will be returned. Take time to ensure all items listed hereunder are included.**

Fully Completed Application Form

Photographic Identification (Current Passport or Driver’s Licence)

Proof of Present Address (Current Utility Bill or Bank Statement)

Original Salary Certificate (Appendix 1), up-to-date P60 and 4 Recent Payslips

Documentary evidence of any Social Welfare Income Benefit payments

Signed Customer Declarations

Original Current Account Statements (12 Months)

Original Savings Account Statements (12 Months)

Original Loan/Mortgage Account Statements (12 Months)

Original Credit Card Statements (12 Months)

Original Credit Union Account Statements (12 Months)

Two letters confirming refusal by two financial institutions (e.g. Bank, Credit Union,

Building Society).

Detailed Plans and outline specification of the proposed works

Copy of Site Location Map

Copy of Planning Permission (if applicable)

Current House Valuation

3 Itemised Estimates from Tax Registered Contractors for proposed works

Copy of Folio relating to property

***Self Employed***

Accountants Report/Audited Accounts (2 Years Required)

Current Tax Balancing Statement

Current Preliminary Revenue Tax Payment Receipt

**Local Authority Home Improvement Loan Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Second applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| First Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | Middle Initial: | | | | | | | | | | | |  | | |  | |
| Surname: | | | | | | | | | | | | | | | | | | Maiden Name If Applicable: | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  |
| Date of Birth: | | | | | | | | |  | | | | | | | | | | | PPSN: | | | | | | | | | | | | | | | | | | | | |
|  | / | |  | / | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| Gender: Female | | | | | | | | | | | | | | | | | | | Male | | | | | | | | | | | | | | | | | | | | |  |
| Mother’s Maiden Name: | | | | | | | | | | | | | | | | | | | Nationality: | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
| Marital Status: | | | | | | Married | | | | | |  | | | | | | Single | | | | | | | | |  | | Separated | | | | | | | | |  | |  |
|  | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | Divorced | | | | | |  | | | | | | Widower | | | | | | | | |  | | | Other | | | | | | | |  | |  |
| E-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Work Tel: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Home Tel: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Mobile: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
| Present Address: | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| How Long at this Address: | | | | | | | | | | | | | | | | | | | | Years: | | | | | |  | | | | | Months: | | | | | |  | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
| Previous Address: | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
| Number of Dependents: | | | | | | | | | | | | |  | | | | | | | | Ages: | | | | | | |  | | | | | | | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | Yes | | | Monthly Rent | | | | | | | | | | No | | | | |  |
| Do you rent your current accommodation: | | | | | | | | | | | | | | | | | | | | | |  | | | € | | | | | | | | | |  | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Applicants | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  |
| **First applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| First Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | Middle Initial: | | | | | | | | | | | | |  | | |  | |
| Surname: | | | | | | | | | | | | | | | | | | Maiden Name If Applicable: | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |  |
| Date of Birth: | | | | | | | | |  | | | | | | | | | | | PPSN: | | | | | | | | | | | | | | | | | | | | | |
|  | / | |  | / | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Gender: Female | | | | | | | | | | | | | | | | | | | Male | | | | | | | | | | | | | | | | | | | | | |  |
| Mother’s Maiden Name: | | | | | | | | | | | | | | | | | | | Nationality: | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
| Marital Status: | | | | | | Married | | | | | |  | | | | | | Single | | | | | | | | | |  | | Separated | | | | | | | | |  | |  |
|  | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | Divorced | | | | | |  | | | | | | Widower | | | | | | | | | |  | | | Other | | | | | | | |  | |  |
| E-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Work Tel: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Home Tel: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Mobile: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
| Present Address: | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| How Long at this Address: | | | | | | | | | | | | | | | | | | | | Years: | | | | | | |  | | | | | Months: | | | | | |  | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
| Previous Address: | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
| Number of Dependents: | | | | | | | | | | | | |  | | | | | | | | Ages: | | | | | | | |  | | | | | | | | | | | |  |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |  |  | | | | | |  |
| **Nature of Current Tenure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | |  | | | | | |  | | | | | | | Yes | | | Monthly Rent | | | | | | | | | | | No | | | | |  |
| Do you rent your current accommodation: | | | | | | | | | | | | | | | | | | | | | |  | | | € | | | | | | | | | | |  | | | | |  |

Home Owner Living with Parents Home Owner Living with Parents

Tenant Local Authority Tenant Tenant Local Authority Tenant

Other Other

|  |
| --- |
| **Nature of Current Tenure (continued)** |

Are you on a local authority Housing List? Are you on a local authority Housing List?

No Yes No Yes

If Yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever previously owned a property? Have you every previously owned a property?

No Yes No Yes

If Yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of tenure/ownership i.e owner/rented, other? Details of tenure/ownership i.e owner/rented, other?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Loan Purpose** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |

Home Improvement**:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Property** | | | | | | | | | | |
|  |  | | |  | |  | | | |  |
| Address of property the subject of the loan? | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | |  |  | |  | |  |  |  | |
| **Details of Home Improvement Works Proposed** | | | | | | | | | | |
|  | | | |  | |  | | | | |
|  | | | |  | |  | | | | |

**Estimate Cost of Works?**

€\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of Loan Required?**

€\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of State Grant, if any?**

€ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details therein

**Planning Permission**

Is Planning Permission required: Yes No

If ‘Yes’ please give details – Planning Ref

Note: Plans, specifications and estimates of the proposed work must be submitted with the application – See checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details** | | | |
|  | | | |
| **Solicitor** | |  | |
| Name and Address: | | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| Telephone: | | |  |
|  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employment Status**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  | | |  | | |  | | | |  | | | | |  | | |  | | | |  | | | | Employed: | |  | | Self-Employed: | | | | | | | | | |  | | Not Employed: | | | | | | | |  |  | | | |  | | | | |  | |  | | | | | | |  | |  | | | | | | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Employer Name: | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Employer Address: | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | State Type of Business: | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Occupation: | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Employment Status e.g. Permanent, etc: | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date Commenced Present Employment: | | | | | | | | | | | | | | | | |  | | / |  | | / |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Gross Basic Salary p.a.: | | | | | | | | | | € | | | | | | | | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | Overtime p.a. | | | | | | | |  | | | |  | | | € | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | Bonus p.a. | | | | | | | |  | | | |  | | | € | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | Commission p.a. | | | | | | | |  | | | |  | | | € | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | Other Income p.a.: | | | | | | | | | | | | | | | € | | | | | | | | | |  | | | Source of Other Annual Income: | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | If less than 6 Months in current employment, please give previous employment contact details: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | | |  | | |  | | | | Trading Name and Address: | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | |  | | | | | | | | | | | | | | |  | | | | Date of Commencement of Business: | | | | | | | | | | | |  | | | | | / |  | / | |  | | |  | | | Nature of Business: | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  |  | | |  | |  | | |  | | | | | |  | | | |  | | |  | | | |  |  |  | | |  | |  | | |  | | | | | |  | | | |  | | |  | | | | Sole Trader: | | |  | Director / Partner: | | | | | | | | |  | |  | | | | | | |  |  | | | |  | | | | | |  | |  | | | | | | | | | | | | | | |  | | | | State % Shareholding: | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | | |
| Employed: | |  | | Self-Employed: | | | | | | | | | |  | Not Employed: | | | | | | | |  |  | | | | |
| E | | | | |  | |  | | | | | | |  |  | | | | | | | |  |  | | | | |
| **Employment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Employer Name: | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Employer Address: | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| State Type of Business: | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Occupation: | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Employment Status e.g. Permanent, etc: | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Date Commenced Present Employment: | | | | | | | | | | | | | | | |  | | / |  | | / |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Gross Basic Salary p.a.: | | | | | | | | | | € | | | | | | | |  | | | | | |  | | |
|  | | | | | | | | | |  | | | | | |  | | | | | | | |  | | |
| Overtime p.a. | | | | | | | |  | |  | | € | | | | | | | | | | | |  | | |
|  | | | | | | | | | |  | |  | | | | | | | | | | | |  | | |
| Bonus p.a. | | | | | | | |  | |  | | € | | | | | | | | | | | |  | | |
|  | | | | | | | | | |  | |  | | | | | | | | | | | |  | | |
| Commission p.a. | | | | | | | |  | |  | | € | | | | | | | | | | | |  | | |
|  | | | | | | | | | |  | | | | | |  | | | | | | | |  | | |
| Other Income p.a.: | | | | | | | | | | | | € | | | | | | | | | | | |  | | |
| Source of Other Annual Income: | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | |  | | | | | |  | | | | | | | |  | | |
| If less than 6 Months in current employment, please give previous employment contact details: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Self-Employment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | |  | | | | | | | | |  | | |  | |
| Trading Name and Address: | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | |  | |  | | | | | | | | | | | | | | | |  | |
| Date of Commencement of Business: | | | | | | | | | | | | |  | | | | | / |  | / | |  | | |  |
| Nature of Business: | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  | | |  | |  | | | |  | | | | | |  | | | |  | | |  | |
|  |  |  | | |  | |  | | | |  | | | | | |  | | | |  | | |  | |
| Sole Trader: | | |  | Director / Partner: | | | | | | | | | |  | |  | | | | | | |  |  | |
|  | | | | | |  | |  | | | | | | | | | | | | | | | |  | |
| State % Shareholding: | | | | | | | | | | | | | | |  | | | | | | | | |  | |
| **Self-Employment Details *(continued)*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |  | |
| Total Net Profit: | | | | | | | | | | € | | | | | | | | | | | | | |  | |
| *(all partners, before drawings)* | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| Drawings: | | | | | | | | | | € | | | | | | | | | | | | | |  | |
| *(state your drawings only)* | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| Previous Employer’s Name and Address: | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | |  | |  | | | | | | | | | | | | | | | |  | |
| Previous Employment from: | | | | | | | | | | | | |  | | | | | / |  | / | |  | | |  |
|  | | | | | |  | |  | | | | | | | | | | | | | | | |  | |
| Previous Employment to: | | | | | | | | | | | | |  | | | | | / |  | / | |  | | |  |
| Nature of Business: | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Occupation: | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Total Net Profit: | | | | € | | | | | | | | *(all partners, before drawings)* | | | | | | | | |  | | | | Drawings: | | | | € | | | | | | | | *(state your drawings only)* | | | | | | | | |  | | | | Previous Employer’s Name and Address: | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | |  |  |  | | | | | | | | | | | Previous Employment from: | | | | |  | / |  | / | |  | | |  |  |  | | | | | | | | | | | Previous Employment to: | | | | |  | / |  | / | |  | | | Nature of Business: | | | | | | | | | | | | |  | | | | | | | | | | | | | Occupation: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial History & Commitments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Savings** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | First Applicant | | | | | |  | Second Applicant | | | |  | | Financial Institution(s) | | | | | | | | | | | | | |
| Deposits: | |  | € | | | | |  | € | | | |  | |  | | | | | | | | | | | | |  |
|  | |  |  | | | | |  |  | | | |  | |  | | |  |  | | | | |  |  |  |  | |
| Current Account: | |  | € | | | | |  | € | | | |  | |  | | | | | | | | | | | | |  |
|  | |  |  | | | | |  |  | | | |  | |  | | |  |  | | | | |  |  |  |  | |
| Other: | |  | € | | | | |  | € | | | |  | |  | | | | | | | | | | | | |  |
|  | | | |  |  |  |  | | | |  |  | | | |  |  | | | | |  |  | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Borrowings (include mortgage and credit card debt)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Borrower |  | Purpose | | | | | |  | € Amount Owing | | | |  | € Monthly Repayment | | | | | |  | Lender | | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  |  | | | |  |  | | | | | |  |  | | | | | | |
|  |  |  | | | | | |  | € | | | |  | € | | | | | |  |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial History & Commitments *continued*** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **First Applicant** | | | | | | | | **Second Applicant** | | | | | | |
| Have you or your spouse ever been insolvent, bankrupt, involved in court proceedings for debt or compounded with creditors? Have any judgements been registered against you personally? Have any judgements been registered against a company of which you are a director? | | | | | | |  | Have you or your spouse ever been insolvent, bankrupt, involved in court proceedings for debt or compounded with creditors? Have any judgements been registered against you personally? Have any judgements been registered against a company of which you are a director? | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Yes |  |  | No |  |  | |  | Yes |  |  | No |  |  | |
|  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| If Yes to any of the above, please give details: | | | | | | |  | If Yes to any of the above, please give details: | | | | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Are you obliged to pay alimony/child support or separation maintenance? | | | | | | |  | Are you obliged to pay alimony/child support or separation maintenance? | | | | | | |
|  | | | | | | |  |  | | | | | | |
| Yes |  |  | No |  |  | |  | Yes |  |  | No |  |  | |
|  | | | | | | |  |  | | | | | | |
| If Yes, please state monthly amount: | | | | | | |  | If Yes, please state monthly amount: | | | | | | |
| € | | | | | |  |  | € | | | | | |  |

Have you ever had a loan or made a previous application Have you ever had a loan or made a previous application

to any other lending agency? to any other lending agency?

Yes: No: Yes: No:

If Yes, please give details: If Yes, please give details:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | | |
|  | | | |

**Important Notices**

|  |  |  |
| --- | --- | --- |
| **Consent under the consumer credit act 1995** | | |
|  | | |
| Under the Consumer Credit Act 1995 a customer’s consent is required if the customer wishes the **local authority** to be able to telephone him/her at his/her place of employment/business in connection with a Credit Agreement. From time to time, the **local authority** may need to contact you during working hours in connection with the Account. Should you wish to give your consent you should sign this part.  I/we hereby consent to the **local authority** contacting me/us by telephone at my/our place of employment/business. | | |
|  | | |
| Signature of first applicant: | | Date |
|  |  |  |
| Signature of second applicant |  | Date |
|  |  |  |
|  |  |  |
| **Credit reference searching & reporting** | | |
|  | | |
| **The local authority** may from time to time make searches against you on the records held by credit reference agencies. When such a search is made, the Credit reference agencies will keep a record for a period (usually for a year) that the search has been made. **The local authority** may also provide information to credit reference agencies concerning this application and the manner in which the Account is conducted. For this, **the local authority** requires your consent. Please note that if you do not consent, **the local authority** may not be able to consider your application.  For full details of your rights and obligations under the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 please review Sligo County Councils Data Protection Policy and the Housing Privacy Statement at <http://www.sligococo.ie/gdpr/>.  I/We authorise **the local authority** to carry our credit reference searches against me/us. I/We acknowledge that such credit reference agencies will record that such a search has been made and disclose that fact to their members for a period of at least one year. I/We also authorise **the local authority** to provide information concerning this application and the conduct of the Account to credit reference agencies. | | |
|  | | |
| Signature of first applicant: | | Date |
|  |  |  |
| Signature of second applicant |  | Date |
|  |  |  |
|  |  |  |
| **Data protection Notice** | | |
|  | | |
| For full details of your rights and obligations under the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 please review Sligo County Councils Data Protection Policy and the Housing Privacy Statement at <http://www.sligococo.ie/gdpr/>. | | |
|  | | |
| **Consumer credit act 1995** | | |
|  | | |
| Please Note carefully the following information relating to Housing Loans within the meaning of the Consumer Credit Act 1995.  **“WARNING: YOUR HOME IS AT RISK IF YOU DO NOT KEEP UP PAYMENTS ON A MORTGAGE OR ANY OTHER LOAN SECURED ON IT.”**  **VARIABLE RATE LOANS - “THE PAYMENT RATES ON THIS HOUSING LOAN MAY BE ADJUSTED BY THE LENDER FROM TIME TO TIME.”**  **ARREARS**  Interest will be applied to the outstanding balance of the loan. This balance includes any element of unpaid interest and charges which will accrue interest on the rate applicable to the account.  **VALUATION**  Where the property is sourced by the applicant on the open market, each application must be supported by a valuation report carried out by an approved independent or local authority valuer. Valuation/survey fees are payable by the applicant(s) to the firm of valuers who undertake the valuation. | | |

|  |
| --- |
| **Your right to cancel the contract** |
|  |
| You do not have a right to cancel the contract once you have drawn down a housing loan but you may repay a housing loan early as outlined in the next paragraph. |

|  |  |  |
| --- | --- | --- |
| **Rights to terminate the contract** | | |
|  | | |
| You may at any time repay all or part of the loan early  If you fail to make any payment due to us in respect of the loan or, if any of the Other events of default which will be specified in the contract between us for the loan were to occur, we may call for the immediate repayment of the loan together with all accrued but unpaid interest thereon and all Other costs and expenses payable under the contract. We may also enforce our mortgage over your property and sell it and realise any security given to us and apply the proceeds of sale in repayment of the loan and all interest and costs and expenses. | | |
|  | | |
| **Governing law and language** | | |
|  | | |
| All our dealings with you, and all contracts between us, will be governed by the laws of Ireland.  All contracts between us, all information, which we supply to you, and all Other communications with you will be in English. | | |
|  | | |
| **Complaint procedures** | | |
|  | | |
| We aim to provide an efficient service to our customers and it is our policy to ensure that all your concerns are dealt with  fairly and promptly. If you have any complaint please telephone or write to:  **Housing Loans Section, Sligo County Council, County Hall, Riverside, Sligo**  **WARNINGS**  YOUR HOME IS AT RISK IF YOU DO NOT KEEP UP PAYMENTS ON A MORTGAGE OR ANY OTHER LOAN SECURED ON IT.  THE PAYMENT RATES ON A HOUSING LOAN MAY BE ADJUSTED BY THE LENDER FROM TIME TO TIME.  THE COST OF MONTHLY REPAYMENTS MAY RISE. | | |
| I/WE ACCEPT THAT THE GRANTING OF LOAN APPROVAL OR PAYMENT OF AN IMPROVEMENT LOAN INVOLVES NO WARRANTY AS TO THE WORKS CARRIED OUT TO THE DWELLING AND IMPLIES NO WARRANTY ON BEHALF OF SLIGO COUNTY COUNCIL OR ITS OFFICIALS AS TO THE STRUCTURAL SOUNDNESS OF THE DWELLING HOUSE  I/WE CONFIRM THAT ALL OF THE INFORMAITON OUTLINED ABOVE IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE | | |
|  | | |
| Signatures | | |
|  | | |
| First Applicant: |  | Date: |
|  |  |  |
| Second Applicant: |  | Date: |
|  |  |  |

*Sligo County Council is compliant with Data Protection Legislation including the provisions of the Data Protection Act 2018 and GDPR.*

*To access Sligo County Council’s Privacy Statement, please follow the following link:*

[*http://www.sligococo.ie/gdpr/*](http://www.sligococo.ie/gdpr/)

**Declaration**

|  |  |  |
| --- | --- | --- |
| **Personal details** | | |
|  | | |
| Applicant’s name(s): | | |
|  | | |
| Address of property | | |
|  | | |
| **Details of Home Improvement Loan required** | | |
|  | | |
| Value of property: |  | Amount of loan required: |
| € |  | € |
| Repayment term required: |  |  |
|  |  |  |
| **Valuation** | | |
|  | | |
|  | | |
| **The local authority** will require a valuation of the property. The valuation report is designed especially for the needs of **the local authority** to help us decide if the property represents adequate security for the loan you require.  Reconstruction/Repair/Improvements  When carrying out reconstruction, repair or improvements to residential properties:   1. before granting a reconstruction loan Sligo County Council must be satisfied that the house is suitable for proposed improvement works. This will require site inspections. Prior to inspection the applicant must submit detailed plans/drawing of planned works 2. The applicant must ensure improvement works are designed and constructed in full compliance with current planning requirements and current building regulations. 3. Any works e.g. extensions etc which involve any structural changes, the applicant must have a Certificate of Compliance. This can be provided by a Chartered Engineer, Architect or other suitably qualified person with the correct indemnity insurance. This must be arranged before building work starts as it involves several site inspections. | | |
| **Insurance** | | |
|  | | |
| **Mortgage Protection**  It is a condition on all loans that Mortgage Protection Cover is in place before a loan issues. There is a standard mortgage protection insurance scheme which is compulsory for local authority loans. The cost of mortgage protection insurance which covers both death and permanent disability will be added to your monthly mortgage repayments.  **Property Insurance**  It is a condition on all loans that property insurance is in place prior to the issuing of a loan. | | |
| **Signature & Declaration** | | |
|  | | |
| I/we declare that the information contained in this form and in Appendices attached is correct to the best of my/our knowledge and belief and that these documents were completed before this declaration was signed.  I/We understand that the Local Authority may require further information in order to determine eligibility for this loan. | | |
| **Signatures** | | |
|  | | |
| First Applicant: |  | Date: |
|  |  |  |
| Second Applicant: |  | Date: |
|  |  |  |

*Sligo County Council is compliant with Data Protection Legislation including the provisions of the Data Protection Act 2018 and GDPR.*

*To access Sligo County Council’s Privacy Statement, please follow the following link:*

[*http://www.sligococo.ie/gdpr/*](http://www.sligococo.ie/gdpr/)

**APPENDICES**

**APPENDIX 1 - SALARY CERTIFICATE**

**APPENDIX 2 - SOCIAL WELFARE FORM**

**APPENDIX 3 - HPL1 FORM Appendix 1 - SALARY CERTIFICATE – (to be completed by First Applicant’s Employer)**

**SALARY DETAILS**

**Guaranteed Regular Irregular**

**Gross basic wage/salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Bonus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Other income\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**\*Please give details of other income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Details**

**Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of service with the company: Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_**

**Position held within the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The exact location of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is employment permanent? Yes  No **

**Is employee on probation period? Yes  No **

**So far, are you in a position to confirm if he/she will continue in your service? Yes  No **

**If so, what is the maximum of such scale and by what annual increments reached?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 1 - SALARY CERTIFICATE – (to be completed by Second Applicant’s Employer)**

**THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICAL**

**Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please authenticate with company stamp or seal**

**Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST OF CONFIDENCE**

**SALARY DETAILS**

**Guaranteed Regular Irregular**

**Gross basic wage/salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Bonus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Other income\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**\*Please give details of other income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Details**

**Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of service with the company: Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_**

**Position held within the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The exact location of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is employment permanent? Yes  No **

**Is employee on probation period? Yes  No **

**So far are you are you in a position to confirm if he/she will continue in your service? Yes  No **

**If so, what is the maximum of such scale and by what annual increments reached?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 1 - SALARY CERTIFICATE – (to be completed by First Applicants Emp**

**loyer)**

**Employment Details**

**Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of service with the company: Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_**

**Position held within the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The exact location of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is employment permanent? Yes  No **

**Is employee on probation period? Yes  No **

**So far are you able to tell will he/she continue to be in your service? Yes  No **

**THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICAL**

**Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please authenticate with company stamp**

**or seal**

**Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST OF CONFIDENCE**

|  |
| --- |
| **Appendix 2** |

**THIS FORM IS REQUIRED ONLY IF ONE APPLICANT IS ON A PAYMENT FROM THE DEPARTMENT OF SOCIAL PROTECTION.**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PPS Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In relation to the above named loan applicant, I confirm that the following information is correct**:

**TOTAL AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE RECEIVED FROM**:

1st January \_\_\_\_\_\_\_\_\_\_\_ to 31st December \_\_\_\_\_\_\_\_\_\_\_\_\_ = € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE BEING RECEIVED

€ \_\_\_\_\_\_\_\_ WEEKLY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO BE COMPLETED BY AN OFFICIAL OF THE DEPARTMENT OF EMPLOYMENT AFFAIRS AND SOCIAL PROTECTION** | | | | | | | | | |
|  | | | | | | | | | |
| I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person is in receipt of a payment from the Department of Employment Affairs and Social Protection. | | | | | | | | | |
|  | | | | | | | | | |
| **SIGNED** |  | | **DATE** |  | / |  | / |  |  |
|  | | | | | | | | | |
|  | | **OFFICIAL STAMP** | | | |  | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |
|  | | | | | | | | | |

**APPENDIX 3 – HPL1 FORM – FIRST APPLICANT**

**THIS FORM MUST BE COMPLETED BY THE OFFICE OF THE REVENUE COMMISSIONERS AND RETURNED WITH EVERY APPLICATION**

**Applicant’s Full name (BLOCK LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s previous name (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s present address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Previous Address (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s PPS number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO BE COMPLETED BY INSPECTOR OF TAXES** | | | | | | | | | |
|  | | | | | | | | | |
| I hereby certify, in accordance with my records and to the best of my knowledge, that the above named has/has Not previously claimed income relief in respect of interest paid on money borrowed to purchase or build a dwelling. | | | | | | | | | |
|  | | | | | | | | | |
| **SIGNED** |  | | **DATE** |  | / |  | / |  |  |
|  | | | | | | | | | |
|  | | **OFFICIAL STAMP** | | | |  | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |
|  | | | | | | | | | |

**APPENDIX 3 – HPL1 FORM – SECOND APPLICANT**

**THIS FORM MUST BE COMPLETED BY THE OFFICE OF THE REVENUE COMMISSIONERS AND RETURNED WITH EVERY APPLICATION**

**Applicant’s Full name (BLOCK LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s previous name (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s present address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Previous Address (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s PPS number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO BE COMPLETED BY INSPECTOR OF TAXES** | | | | | | | | | |
|  | | | | | | | | | |
| I hereby certify, in accordance with my records and to the best of my knowledge, that the above named has/has Not previously claimed income relief in respect of interest paid on money borrowed to purchase or build a dwelling. | | | | | | | | | |
|  | | | | | | | | | |
| **SIGNED** |  | | **DATE** |  | / |  | / |  |  |
|  | | | | | | | | | |
|  | | **OFFICIAL STAMP** | | | |  | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |
|  | | | | | | | | | |