



SLIGO COUNTY COUNCIL

ACCEPTANCE / NON-ACCEPTANCE* OF TENANCY

*(*delete whichever is not applicable).*

Name: _____

Address: _____

Contact No: _____

Complete as appropriate

- **I am / we are accepting the offer of Tenancy at**

_____ subject to the conditions outlined in the attached letter of offer of accommodation.

- **I am not / we are not accepting the offer of Tenancy at**

_____ for the reason(s) stated hereunder.

Reason(s) for Refusal:

For all households accepting - Please complete details of all Persons that will reside in the House:

Name	PPS No.	Date of Birth	Relationship to Applicant	Employer	Gross Weekly Income	Net Weekly Income

- **For households who are accepting an offer of tenancy, this form must be accompanied by evidence of current weekly income of each person referred to above where appropriate (i.e. current payslip, certificate from Department of Social Welfare, Audited Accounts in respect of self employed, etc.).**
- **In relation to anyone over the age of 18 and still in Full Time Education it will be necessary to submit proof thereof.**
- **Please note that if a refusal is not substantiated by a valid reason, Sligo County Council reserves the right to consider that it has met its requirements to provide adequate Housing under the Housing Acts.**
- **Where a household refuses two (2) reasonable offers of allocation of different dwellings made within a 12 month period, the said household shall not, for the period of one year commencing on the date of the second refusal, be considered by any Housing Authority for the allocation of a dwelling.**

I declare the above information to be true and accurate.

Signed: (i) _____ (ii) _____

Print Name: (i) _____ (ii) _____

Date: _____/_____/_____