

COMHAIRLE CHONTAE SHLIGIGH SLIGO COUNTY COUNCIL

IHouse Ref H

Sligo County Council Housing Tel: 071 911 1111

I/WeOF				
Who has applied for Social Housing Support with Sligo Count				
. That I am / we are (state Marital Status)				
PLEASE COMPLETE RELEVANT SECTIONS BELOW				
<u>APPLICANT</u>	APPLICANT	JOINT		
A. That I/we have a financial interest in property/land in Ireland:				
or in another country to the value of € Specify other country (if applicable)	Signature	Signature		
B. That I/we <u>have not</u> any financial interest in any property/land in Ireland or in any other country.	Signature	Signature		
C. That I/we previously had a financial interest in property/land in Ireland: or in another country and received € from		_		
its disposal (sale) – legal documentation to be submitted confirming the proceeds of this sale and of their disposal (if applicable). Specify other country (if applicable)	Signature	Signature		
D. That I am currently in the process of obtaining a legal separation				
from my former spouse and it is anticipated that I will receive € in settlement (supporting legal documents required)	Signature	Signature		
INCOME / MAINTENACE (From / To - Ex Spouse / Ex I	Partner)			
1. I sincerely swear :				
 a) That I am separated from my spouse / partner since b) That my ex spouse / ex partner does not live in the h 		ide.		
Total amount of Maintenance <u>RECEIVED</u> by me from my extended to be submitted for the previous 12 months).	x-spouse/ex-partner	€		
Total amount of Maintenance <u>PAID</u> by me to my ex-spouse/e (evidence to be submitted for the previous 12 months).	x-partner	€		

2. That I am currently not in receipt of any other income from my ex spouse / ex partner and that I am not nor likely to be in the foreseeable future, in receipt of any income or other remuneration from my former spouse/partner. I understand that if there are any changes in circumstances with regard to income that I am obliged to advise the housing office in writing together with supporting documentation.

CONT'D →



First Name | Surname

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House Ref	П

CUSTODY / ACCESS ARRANGMENTS (complete as appropriate)

Details of arrangements e.g. the nights that the child stays

(to be signed by both parents in the presence of Commissioner for Oaths or Practicing Solicitor)

Please enter in the table below all those part of your household who are the subject of custody / access arrangements / guardianship / fostering arrangements.

Relationship

	to you	with you. Please submit a copy of any legal arrangements.	
Upon completion of this se	ction it should be s	signed by both parents. In the event that either of the parents	
an impact upon the determi	nation of your applic	ication for social housing support).	
Signed		Signed:	
Parent (Applicant)		(Other) Parent	
Print Name		Print Name	
I make the above solemn swor	•	ieving the same to be true and by virtue of the Statutory Declarations Act accordingly for Social Housing Support.	
Signature of Deponent (App	licant):	(Joint Applicant):	
Sworn before me by		who is personally known to me	
(or who is identified to me) a	ıt		
DATED this	day of	20	
	, 		
DI EASE DDI		Daths or Practicing Solicitor (Signature) Official Stamp	

PLEASE BRING A FORM OF PHOTO ID WHEN HAVING FORM COMPLETE

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.
- 4. 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/
