



**COMHAIRLE CHONTAE SHLIGIGH  
SLIGO COUNTY COUNCIL**

Sligo County Council Housing Tel: 071 911-1111

*For official use only*

iHouse Ref: \_\_\_\_\_

**Change of Address / Update of Information**

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
**(Block Capitals)**

Name of Joint Applicant \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
**(Block Capitals)**

Telephone / Mobile No: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Previous Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Present Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

Any Other amendments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please amend the above details on my (our) Application for Social Housing Support

Signed (1): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed (2): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE**

**All applicant(s) must submit the following:**

- **Proof of current address for both applicant /joint application (utility bill, lease or tenancy agreement).**
- **Proof of rent allowance (*letter from Community Welfare Officer acceptable*).**
- **If in private rented accommodation, copy of Tenancy Agreement OR letter from Landlord stating the following:**

•	Property	•	Weekly
	y _ _		Rent.

**Note:** The furnishing of false or misleading information is an offence liable to Prosecution.

**BOTH SIDES OF THIS FORM TO BE COMPLETED → → → →**

*For Office Use Only:*

Entered on iHouse: \_\_\_\_\_

Referred for Inspection: \_\_\_\_\_

**Current Accommodation:**

**What type of accommodation are you in now? Tick box and add description**

- |                                    |                                        |                                                     |                                      |                                                  |
|------------------------------------|----------------------------------------|-----------------------------------------------------|--------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> House     | <input type="checkbox"/> Mobile Home   | <input type="checkbox"/> Transitional Accommodation | <input type="checkbox"/> Hospital    | <input type="checkbox"/> Caravan                 |
| <input type="checkbox"/> Cottage   | <input type="checkbox"/> Maisonette    | <input type="checkbox"/> Tigin                      | <input type="checkbox"/> Institution | <input type="checkbox"/> Halting Bay             |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Day House     | <input type="checkbox"/> Bed and Breakfast          | <input type="checkbox"/> Refuge      | <input type="checkbox"/> Sheltered Accommodation |
| <input type="checkbox"/> Flat      | <input type="checkbox"/> Group Housing | <input type="checkbox"/> Hostel                     | <input type="checkbox"/> Prison      | <input type="checkbox"/> None / Other            |

**Description: e.g. semi detached, detached, terraced, etc.** \_\_\_\_\_

Please indicate the facilities available to you and your household in your current accommodation:

- Kitchen     Living Room     Bathroom     Toilet     Bedroom (specify number \_\_\_\_\_).

**Nature of Tenure:**

- |                                                               |                                                                                                                                               |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Private Household                    | <input type="checkbox"/> Private Rented Accommodation (if you tick this box, please ensure that you complete the relevant sections hereunder) |
| <input type="checkbox"/> owner occupier                       | <input type="checkbox"/> without rent supplement                                                                                              |
| <input type="checkbox"/> with parents                         | <input type="checkbox"/> with rent supplement                                                                                                 |
| <input type="checkbox"/> with relatives/friends               | <input type="checkbox"/> Rental Accommodation Scheme                                                                                          |
| <input type="checkbox"/> Local Authority Rented Accommodation | <input type="checkbox"/> Emergency Accommodation / None                                                                                       |
| <input type="checkbox"/> Voluntary / Co-operative             | <input type="checkbox"/> Other, give details _____                                                                                            |

Have you received a notice to quit?  No  Yes, State reason: \_\_\_\_\_

Are you in arrears of rent?  No  Yes, state amount of arrears: € \_\_\_\_\_

**In the event that you are renting your present accommodation, please state:**

Tenancy start date : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Weekly Rent: € \_\_\_\_\_

Are you receiving SWA – Rent Supplement?  No  Yes, Please state amount per week: € \_\_\_\_\_

Date Rent Supplement Payment commenced at current address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What is your weekly contribution towards your rent? € \_\_\_\_\_

**TO BE COMPLETED BY THE LANDLORD**

**LANDLORD DETAILS (NOT LETTING AGENT DETAILS)**

**To be completed in Block Capitals**

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Home. No.: \_\_\_\_\_ Landlord's Mobile No.: \_\_\_\_\_

Landlord's Email Address: \_\_\_\_\_

Have you as landlord, provided the tenant with a rent book or other documentation to like effect?

(Circular: PHS 02/10)

Please tick as appropriate

Yes

No

Has radon testing been carried out on the property?

(Circular: Housing 30/12)

Please tick as appropriate

Yes

No

If Yes, what level was found ? \_\_\_\_\_

I hereby certify that the above details are true and correct.

Landlord's signature: \_\_\_\_\_ 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/SligoCoCo\\_DataPrivacyStatement.pdf](http://www.sligococo.ie/gdpr/SligoCoCo_DataPrivacyStatement.pdf)