



COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL

Sligo County Council Housing Tel: 071 911-1111

HOUSEHOLD COMPOSITION FORM FOR SHS

Name of Applicant: _____ Joint Applicant (Spouse / Partner)* _____

Address _____

Tel / Contact No _____ Tel / Contact No _____

List all occupants which are the subject of your application for social housing support hereunder.

Name	PPS No.	Date of Birth	Relationship to Applicant / Joint Applicant

***I / We confirm that the above named household members are normally resident at the address listed above.**

***I / We hereby declare that the above information and particulars given by *me / us to be true and correct.**

***I / We also authorise the Housing Authority to make whatever enquiries it considers necessary to verify details.**

Signed:(i) _____ (ii) _____
Applicant Joint Applicant (Spouse / Partner)

Print Name:(i) _____ (ii) _____

Date: _____/_____/_____

* Complete where applicable / Delete where applicable.

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http://www.sligococo.ie/gdpr/SligoCoCo_DataPrivacyStatement.pdf