COMHAIRLE CHONTAE SHLIGIGH SLIGO COUNTY COUNCIL



Sligo County Council Housing Tel: 071 9111111

APPLICATION FOR AN EXTENSION TO A LOCAL AUTHORITY HOUSE

| Name of Tenant | ne of Tenant Joint Tenant* | | |
|---|-----------------------------|--------------------------|--|
| Address | | | |
| Contact Telephone Number | | No of Bedrooms | |
| List All Occupants hereunder | | | |
| Name | PPS No. | Date of Birth | Relationship to Tenant / Joint Tenant |
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| Reason for Application: Overcrowding | Health gro | ounds | |
| NB: If applying on health grounds, plea | se submit a letter from | your Consultant / Occ | upational Therapist. |
| A Consultant's letter should detail any m | edical condition and as t | to how it impacts upon | your housing need. |
| An Occupational Therapist's report shou property specific to your accommodation | | as (if any) are necessar | y to be carried out on any |
| If applying on overcrowding grounds a so. | technical assessment wi | ll be carried out by the | e Council to establish if this is |
| Any Other Comments in support of your | r application | | |
| | | | |
| | | | |
| *I / We confirm that the above named | household members ar | e normally resident a | at the address listed above. |
| *I / We hereby declare that the above i | information and partic | ulars given by *me/u | is to be true and correct. |
| *I / We also authorise the Housing Authorise. | thority to make whatev | er enquiries it consid | ers necessary to verify |
| Signed: (i) Tenant | (ii) _ | Joint Tenant | |
| Print Name:(i) | (ii) _ | | |
| Date:/ | | | |
| | | * Complete where ap | pplicable / Delete where applicable |