

COMHAIRLE CONTAE MHAIGH EO
Mayo County Council

Rental Accommodation Scheme

Application Form For Inclusion In Scheme



Please read carefully and answer all relevant questions. The application form must be signed.
If you have queries, please contact the RAS Unit at (098) 50414/50446/50448

	Principal Applicant	Joint Applicant
Name		
Address	_____ _____ _____	_____ _____ _____
Contact Tel. No.		
P.P.S.N.		
Date of Birth		
Marital Status		
What is your Citizenship Status	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non-EU Citizen	<input type="checkbox"/> Irish Citizen <input type="checkbox"/> EU Citizen <input type="checkbox"/> Non-EU Citizen
For Non-EU Citizens, on what basis are you staying in Ireland	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain	<input type="checkbox"/> Refugee <input type="checkbox"/> Leave to Remain
Stamp 4 Status	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate your employment status (Please tick the box)	<input type="checkbox"/> Employed (full or part time) <input type="checkbox"/> Employed in back to work/FAS scheme <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed (and receiving Social welfare) <input type="checkbox"/> Pensioner/Retired <input type="checkbox"/> Lone Parent support only <input type="checkbox"/> Student <input type="checkbox"/> Other	<input type="checkbox"/> Employed (full or part time) <input type="checkbox"/> Employed in back to work/FAS scheme <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed (and receiving Social welfare) <input type="checkbox"/> Pensioner/Retired <input type="checkbox"/> Lone Parent support only <input type="checkbox"/> Student <input type="checkbox"/> Other
Have you applied for housing with a local authority? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mayo County Council <input type="checkbox"/> : Ballina Town Council <input type="checkbox"/> : Castlebar Town Council <input type="checkbox"/> : Westport Town Council <input type="checkbox"/>		

Please state the name, date of birth & PPS Number, of all household members normally resident with you, and their relationship to the principal applicant & their weekly income.				
Name	Date of Birth	PPSN	Relation to Applicant	Income per week €
Description of Property				
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other (Please Specify)				
How many bedrooms are there?				
Does your accommodation need to be specially adapted?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give details:		_____		
Is your current accommodation suitable for your needs?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please give details:		_____		
Please give details of your rent:				
What is your current rent per week?		€		
Are you currently receiving Rent Supplement? If so, how much per week?		<input type="checkbox"/> Yes €_____ p.w. <input type="checkbox"/> No		
How much do you pay towards the rent yourself each week?		€		
Are you in arrears of rent? If yes, please give reasons		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you pay a deposit? If so, how much?		<input type="checkbox"/> Yes € <input type="checkbox"/> No		
Approximately how many months/years have you been receiving rent supplement in total				
Which area of the County would you prefer to live in? (please indicate 1, 2 or 3 in order of preference, where 1 is most preferred area etc)				
1. _____		2. _____		3. _____

Please give your landlord's details or if you are renting through an agent, please give the agent's details:

Name:	
Address:	<hr/> <hr/>
Telephone No.	

Please give all of the addresses at which you have lived in the last five years

Address	Owned	Rented	Dates at Address	Reason for Leaving
<hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	From <hr/> To <hr/>	<hr/> <hr/>
<hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	From <hr/> To <hr/>	<hr/> <hr/>
<hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	From <hr/> To <hr/>	<hr/> <hr/>
<hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	From <hr/> To <hr/>	<hr/> <hr/>
<hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	From <hr/> To <hr/>	<hr/> <hr/>

Other Information

Do you, or any of the other persons listed on this application form, have any criminal convictions or any charges pending?

Yes No

If yes, please give name of each person and details of charges:

Please read this declaration carefully and sign & date it when you are satisfied that you understand it.

Please note that applications will only be accepted when they have been signed.

Collection and Use of Data:

Mayo County Council will use the data which you have supplied to assess and administer your application for accommodation under the Rental Accommodation Scheme. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. Mayo County Council may also process this data for research purposes (e.g. in forward planning and in the assessment of housing needs in conjunction with the Department of the Environment, Heritage & Local Government).

Mayo County Council may, for the purpose of the Rental Accommodation Scheme, request and obtain information from other Housing Authorities, the Criminal Assets Bureau, An Garda Síochána, the Department of Social & Family Affairs, the Health Services Executive or a Voluntary Housing Body approved for Section 6 of the Housing (Miscellaneous Provisions) Act, 1992, in relation to occupants or prospective occupants of housing, under the terms of the Rental Accommodation Scheme.

Declaration:

I/We declare that the information and particulars given by me/us on this application are true and correct, and I/we understand that the provision of any false or misleading statements may lead to this application being cancelled. Mayo County Council reserves the right to exclude an applicant from consideration for housing under the Rental Accommodation Scheme if he/she supplies false information or withholds relevant information on this form or at subsequent interviews.

I/we undertake to notify Mayo County Council immediately should there be any change from the information provided, or in my/our circumstances.

I/We authorise Mayo County Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

Signed:

(Applicant 1)

(Applicant 2)

Date: _____

Date: _____

Please ensure the form is fully completed & signed and return it to:
RAS Unit, Mayo County Council, Westport Civic Offices, Altamont Street, Westport, Co. Mayo.