

Kerry County Council



Rental Accommodation Scheme Tenant Application Form



Date: _____

Housing Ref: _____

	Principal Applicant	Joint Applicant
Name	_____	_____
PPSN	_____	_____
Date of Birth	_____	_____
Civil Status	_____	_____
Address	_____	_____
	Eircode	Eircode
Telephone Number	_____	_____
Indicate 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 <input type="checkbox"/> Disability/ Invalidation Benefit <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 <input type="checkbox"/> Disability/ Invalidation Benefit <input type="checkbox"/> Student <input type="checkbox"/> Other _____
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

Household Income Amount	€ _____	€ _____
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List 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. (If your household circumstances have changed since submitting your Housing application, details and evidence must be provided).

Name	Date of Birth	PPSN	Relation to Applicant	Income per week €

Maintenance € _____ Contact _____

Name and location of Father/ Mother of Children if appropriate? _____

Other Medical or Special Needs
 (providing medical evidence/ backup may be of benefit to your application if not already provided)

Is the current accommodation suitable to meet these needs?

Yes No

If no, please give details:

<p>Details of Rent:</p> <p>Do you pay your rent weekly or monthly?</p> <p>What is your current weekly rent?</p> <p>How do you pay the rent to the landlord?</p>	<p>€ _____</p> <p>_____</p> <p>_____</p>
<p>Amount of Rent Supplement per week?</p> <p>Length of time on Rent Supplement?</p>	<p>€ _____</p> <p>_____</p>
<p><i>Rent paid by tenants each week?</i> <i>(Office use only)</i></p>	<p>€ _____</p>
<p>Are you currently in arrears of rent?</p> <p>If yes, why?</p> <p>Did you leave outstanding arrears on a previous Local authority Rent account?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a rent book?</p> <p>Did you pay a deposit? If so, how much?</p> <p>Where did deposit come from?</p> <p>Did you sign a lease? If so, how long for?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes € _____ <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p>
<p>Whose name are the utility bills in?</p>	<p>_____</p>
<p>Are any other household costs included in the rental charge i.e. Refuse / Cable / Phone?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details:</p>
<p>Do you keep pets?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details:</p>
<p>Is your Landlord interested in joining the RAS Scheme with this property?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Landlord's Name & Address Landlord's Phone Number(s)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Brief description of house: Number of Bedrooms: <input style="width: 30px; height: 20px;" type="text"/>	<hr/> <hr/> <hr/> <hr/>
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Please state all of the addresses at which you have lived in the last five years

Current Address: _____

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

Do you wish to stay in your present accommodation? Yes No

If no, give reason why?

Do you understand that if your present landlord does not agree to join the Rental Accommodation Scheme, you will have to source alternative suitable accommodation, possibly in a different location?

Yes No

AREAS OF CHOICE:

A MAXIMUM OF THREE AREAS OF CHOICE WITHIN THE COUNTY MAY BE INDICATED – THESE ARE AFFORDED EQUAL PRIORITY

TOWN/VILLAGE	SUBAREA
REASON:	
TOWN/VILLAGE	SUBAREA
REASON:	
3. TOWN/VILLAGE	SUBAREA
REASON:	

Do you have access to a Car/ Vehicle? Yes No

Do you hold a Current Drivers Licence? Yes No

Other Information

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

Yes

No

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

Was the Differential Rent Scheme explained?

Yes

No

Was the implication of anti-social behaviour explained?

Yes

No

Collection and Use of Data:

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

Kerry County Council may, for the purpose of RAS, request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Siochana, 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 in this RAS Application form are true and correct, and I/we understand that the provision of any false or misleading statements may lead to this application being cancelled.

Kerry 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 Kerry County Council immediately should there be any change from the information provided, or in my/our circumstances.

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

Signed:

(Applicant 1)

(Applicant 2)

Date