

HOUSING ASSESSMENT REVIEW FORM 2011

Housing Application Number:

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Personal Details :

Name(s): _____ PPSN: _____

Current Address: _____

Contact Number(s): Home: _____ Mobile: _____

Weekly Rent: € _____

Are you in receipt of Rent Allowance: _____ If so – how much?: € _____

Previous Addresses (Please list last 5)

<u>Address</u>	<u>From - To</u>	<u>Reason for Leaving</u>	<u>Nature of Tenure</u>

Family Make Up: All persons on your application for housing

<u>Name</u>	<u>Relation to app</u>	<u>Income</u>	<u>PPSN</u>	<u>D.O.B</u>
		€		
		€		
		€		
		€		
		€		
		€		
		€		

Stamp 4 Applicants – please provide your current proof of Stamp 4 Status if applicable.

P.T.O

Preference Areas

A maximum of **3 areas** of choice may be ticked from the following list of areas of choice. Please note that listing of areas of choice on the application form is not a priority listing, i.e. all areas of choice specified on the form are deemed to be of equal priority.

- | | | |
|---|--|--|
| <input type="checkbox"/> Ballyphehane | <input type="checkbox"/> Fairhill | <input type="checkbox"/> Mahon |
| <input type="checkbox"/> Ballyvolane | <input type="checkbox"/> Farranree | <input type="checkbox"/> Mayfield |
| <input type="checkbox"/> Barretts Buildings (Min. Age 50) | <input type="checkbox"/> Glen | <input type="checkbox"/> Model Farm Rd. |
| <input type="checkbox"/> Blackpool | <input type="checkbox"/> Gurrabraher | <input type="checkbox"/> Roches Buildings (Min. age 50) |
| <input type="checkbox"/> Blackrock | <input type="checkbox"/> Horgans Buildings (Min. Age 60) | <input type="checkbox"/> Ryans Buildings (Min. age 50) |
| <input type="checkbox"/> Churchfield | <input type="checkbox"/> Kellehers Buildings (Min. Age 60) | <input type="checkbox"/> Suttons Buildings (Min. age 50) |
| <input type="checkbox"/> City Centre | <input type="checkbox"/> Knocknaheeny | <input type="checkbox"/> Togher |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Maddens Buildings (Min. age 60) | <input type="checkbox"/> Turners Cross |

CHECKLIST

- | | |
|---|--------------------------|
| Completed Housing Assessment form | <input type="checkbox"/> |
| Up-to-date Income details for Applicants and Joint Applicants | <input type="checkbox"/> |
| Birth certs and PPSN for any children not previously registered | <input type="checkbox"/> |
| 3 Preference areas only selected | <input type="checkbox"/> |
| Stamp 4 Details/INIS/GNIB details if applicable | <input type="checkbox"/> |

Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that applications will only be accepted when they have been signed.

Declaration

I / We declare that the information and particulars given by me/us on the 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. The local authority reserves the right to exclude an applicant from consideration for housing if he/she supplies false information or withholds relevant information on this form or at subsequent interviews.

I/We undertake to notify Cork City Council immediately should there be any change from the information provided, or in my/our circumstances.

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

Signature of Applicant(s): _____

Date: _____