

**Incremental Tenant Purchase Scheme**

##### APPLICANTS SHOULD CAREFULLY NOTE THE FOLLOWING POINTS WHEN MAKING AN APPLICATION TO PURCHASE

1. Applications can only be made in the name/s of the current registered tenant/s i.e., the names of those person/s who have signed the current Tenancy Agreement and be registered as a tenant and the tenant must be in receipt housing support from the Council for minimum period of 10 years. For a joint tenancy to be eligible for the scheme, at least one tenant must receive housing support for a minimum of ten years. If the current Tenancy Agreement has not been signed by the appropriate applicant/s, please contact the Housing Allocations Section to have a new Tenancy Agreement completed. If any member of the household holds a right of residence, this should be declared.
2. In cases where a married couple were tenants of a property and have since separated it will be necessary for the party who has left the property to **surrender** his/her interest in the Tenancy and for the remaining tenant to sign a new Tenancy Agreement. It will also be necessary to submit a **Legal Separation Agreement/Deed of Waiver/Decree of Divorce** in accordance with Family Home Legislation.
3. Applicants must have an up-to-date rent assessment carried out in accordance with their current household income.
4. It is necessary for applicants to purchase their house outright by way of a loan from a Bank, Building Society, Credit Union or lending institution or with a Local Authority Home Loan from South Dublin County Council. Documentary evidence of how you intend to finance the purchase e.g., loan approval etc. **must** be returned with your Acceptance form.
5. Please note the exclusions under the Incremental Tenant Purchase Scheme for South Dublin County Council

[**hloanacc@sdublincoco.ie**](mailto:hloanacc@sdublincoco.ie)

Tel: (01) 414 9093

THE FOLLOWING MUST BE SUBMITTED WITH EACH APPLICATION, INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED:

1. Complete attached application form.
2. Application fee for €150 in the form of a postal order or bank draft only, made payable to South Dublin County Council. Nonrefundable.
3. Statement of Liability (formally P21) and Employment Detail Summary (formally P60) for the previous tax year and a current payslip. If self-employed, please submit tax returns for the previous two tax years. (i.e., figures which you submitted to the Tax Office). Projected income figures for the current year. A Notice of Assessment will also be required for the previous tax year.
4. Attached HPL2 form to be completed in respect of all applicants who have received social welfare in the previous tax year (TO BE COMPLETED FOR ALL APPLICANTS).
5. If you are NOT a citizen of the European Union, you must submit current evidence of entitlement to reside in Ireland (Stamp 4).

THE FOLLOWING IS THE PROCEDURE FOR PURCHASING YOUR PROPERTY

1. The application will be assessed within 6 to 8 weeks of receiving a fully completed application form along with the application fee, Copy of ID proof, Statement of Liability (formally P21) and Employment Detail Summary (formally P60), most recent payslip, completed HPL2 form, and any other necessary documentation.
2. Once a valuer’s report is submitted an offer letter will be sent to the applicant(s) showing the net purchase price. (Valuation less discount)
3. Upon receipt of offer letter, applicants have strictly 2 months to submit loan approval to purchase the property or apply to South Dublin County Council for a Local Authority Home Loan.

PLEASE NOTE THE FOLLOWING:

1. If applicants fail to accept the offer within 2 months their file will be closed.
2. Applicants that are paying rent and are not on the tenancy will not be allowed to purchase the property until the tenancy has been regularised.
3. All Correspondence with South Dublin County Council regarding the Scheme is

WITHOUT PREJUDICE AND SUBJECT TO ANY TRANSFER ORDER.

**INCREMENTAL TENANT PURCHASE SCHEME**

**APPLICATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**Rent Account Number**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

**Date of Commencement of Tenancy**

**Address of the Property**

|  |  |
| --- | --- |
| Address Line 1: |  |
| Address Line 2: |  |
| City: |  |
| County: |  |
| Postcode: |  |
| Eircode: |  |

|  |  |
| --- | --- |
| **Registered Tenant 1** | **Registered Tenant 2** |
| Name: |  |  |
| Date of Birth: |  |  |
| PPS Number: |  |  |
| Contact Number: |  |  |
| Email Address: |  |  |
| Civil Status:  (Marital Status, divorced, cohabiting etc) |  |  |
| Income Source(s) |  |  |
| Gross Annual Income: |  |  |

**Property Type**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bed Size | Semi-Detached | Terrace | End Terrace | Other |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Relationship to Tenant | PPS Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other Residence in the Household**

**Please indicate how you intend to fund the purchase of your dwelling?**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank/Building Society/Credit Union/Other | SDCC Local Authority Home Loan | Own Resources | Other  (Please Specify) |
|  |  |  |  |

**Employment Details**

|  |  |
| --- | --- |
| **Tenant 1** | **Tenant 2** |
| Occupation |  |  | |
| Employer Name |  |  | |
| Employer Address |  |  | |

**Has this dwelling been specially adapted Yes No**

**Do you currently own any other properties Yes No**

**Provide Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Previous Social Housing Support Received

|  |  |  |  |
| --- | --- | --- | --- |
| Social Housing | HAP | Approved Housing Body | RAS |
| From To | From To | From To | From To |
| Address: | Address: | Address: | Address: |

**I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the tenant(s) of the above dwelling hereby apply to South Dublin County Council for the sale of this dwelling to me/us in accordance with the Tenant Purchase Scheme for Local Authority Dwellings.**

**I/We clearly understand that no warranty will be given by South Dublin County Council in relation to the condition of the dwelling, that there will be no obligation on South Dublin County Council to put the dwelling into good structural condition, that there will be no right of appeal to the Minister of the Environment in relation to the structural condition of the dwelling, and that I/We will be responsible for all the interior repairs and maintenance of our dwelling after completion of the purchase.**

|  |  |
| --- | --- |
| **Tenant 1** | **Tenant 2** |
| **Signature:** |  |  |
| **Date:** |  |  |

Please return the completed form to:

Loan Accounts & Sales Scheme Section

South Dublin County Council

Housing, Social & Community Development,

County Hall, Tallaght, Dublin 24.

**HPL.2**

TO BE COMPLETED BY DEPARTMENT OF SOCIAL WELFARE – INTREO CENTRES OR BRANCH OFFICES

APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPS NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In relation to the above named I confirm the following information is correct: -

Total amount of Social Welfare Benefit received for previous tax year and dates of payment:

Amount: € \_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of payment: UA/UB/Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current amount of Social Welfare Benefit received weekly €\_\_\_\_\_

Nature of payment: UA/UB/Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT OF SOCIAL WELFARE STAMP

Date: \_\_\_\_\_\_\_\_\_\_\_

2ND APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPS NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In relation to the above named I confirm the following information is correct: -

Total amount of Social Welfare Benefit for previous tax year and dates of payment:

Amount: € \_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Nature of payment: UA/UB/Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current amount of Social Welfare Benefit received weekly €\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of payment: UA/UB/Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT OF SOCIAL WELFARE STAMP

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_