## **APPLICATION FOR TRAVELLER SPECIFIC ACCOMMODATION**

Technipoint Ref\_\_\_\_\_

(Please complete this form in BLOCK CAPITALS)

Name of Applicant				Phone Number:					
Currer	nt Address								
DI FASE E	FULLY COMPLETE ALL DETAILS FOR EACH PE	RSON INCLUDED ON YOUR	HOUSING A	APPLICATION INCLUDE	ING THE APPI	ICANT			
Male( /Female	Name	Date of Birth	Weekly Income	PPS Number Must be filled in for all family members including children	Type of Income	Phone no.	Marital Status	Relationship to Applicant	
SIGNED		<u>APPLICANT</u>		Office use only	Received by				
	Date				<u>Date</u>	Officer o	ficer of South Dublin County Council		
Applicant included in 2008 Assessment Yes/No					Date Acknowledgement Issued:				
1.	Weekly Income: GROSS INCOME (I.E. IN	ICOME BEFORE TAX & D	EDUCTION	VS <b>)</b>					

- 2. PPS Number: This must be submitted in respect of all persons on application including children
- 3. Type of Income EMPLOYED/BACK TO WORK OR FAX SCHEME/UNEMPLOYED and in receipt of SOCIAL WELFARE/RETIRED/LONE PARENT/OTHER
- 4. Marital Status: SINGLE/MARRIED/SEPARATED/Divorced/WIDOWED/COHABITING/LEGALLY SEPARATED/OTHER

## APPLICATION FOR TRAVELLER SPECIFIC ACCOMMODATION

Name of Applicant	(Please complete this form in BLOCK CAPITALS)  PPS No.:					
	115 110					
What is your current Accommodation Type:						
(Please select one of the following: Caravan/Mobile Home on Hal Breakfast/Other	ting Site/Traveller Specific Group House/Owner Occupied/Council Rented Dwelling/Private Rented Accommodation/Hostel/Bed &					
	MODATION Group House Residential Caravan Park					
Does any person included on this application have Special I	Needs? If so please give details of type of accommodation required (e.g. ground Floor) and any specific adaptations:					
	Name					
	Adapt ons required					
PREVIOUS ADDRESS						
Accommodation History/Other relevant information						
Have you applied for any of the following:  1. Standard Council Housing (South Dublin County County Property of the following)  If yes please give details	YES/NO					

PHOTO I.D. AND THE ATTACHED TAX FORM MUST ACCOMPANY THIS COMPLETED APPLICATION FORM

YES/NO

2.

If yes please give details

**Traveller Specific Accommodation** to any other Local Authority

PAGE 2 of 2 (both pages must be completed)

IMPORTANT - THIS FORM MUST BE COMPLETED BY YOU AND CERTIFIED BY THE INSPECTOR OF TAXES BEFORE YOU RETURN SAME WITH YOUR COMPLETED APPLICATION FORM TO SOUTH DUBLIN COUNTY COUNCIL 1. Your full name: \_\_\_ TO BE COMPLETED BY APPLICANT: 2. Your previous name: (if any) Please use block capital letters 3. Present address: 4. Previous address: (if any) **OFFICIAL STAMP** 5. Income tax reference number: \_\_\_\_\_ TO BE COMPLETED BY INSPECTOR OF TAXES I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase/build a dwelling. DATE: \_\_\_\_\_ SIGNED: \_\_\_\_ 1. Your full name: TO BE COMPLETED BY PARTNER/ 2. Your previous name: (if any) **SPOUSE** Please use block Capital letters 3. Present address: 4. Previous address (if any) \_\_\_\_\_

OFFICIAL STAMP

Income tax reference number: \_\_\_\_\_

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase/build a dwelling.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_