# SAFE HOME IRELAND
## DIASPORA SUPPORT SERVICE

# Housing Application Form
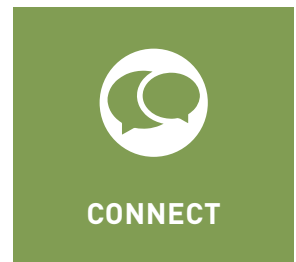
| | | | |
|---|---|---|---|
| **ADVICE & INFORMATION** | **OUTREACH VISITS** | **HOUSING ASSISTANCE** | **CONNECT** |

If you are unsure about how to answer any of the questions on this form, please contact us:
**Tel:** 098 36036 / 00 353 98 36036 **Email:** info@safehomeireland.com
**Website:** www.safehomeireland.com
**Opening hours:** Monday - Thursday: 9am - 5pm and Friday: 9am - 4pm

**Please return your completed Application Form, together with supporting documentation to:**
**Safe Home Ireland, St. Brendan's Village, Mulranny, Westport, Co. Mayo, Ireland**

### CLIENT CONSENT FORM

I give my consent for Safe Home Ireland to record, store and share my data,
specifically for the purposes of facilitating my housing application.

I give my permission for Safe Home Ireland to share appropriate data with relevant agencies
and housing bodies where this can assist in exploring housing options for me in the future.

**I understand that I can withdraw my consent at any time.**

I understand that I can access any data that Safe Home Ireland hold about me by making a Subject Access
Request (S.A.R) and that this request will be processed free of charge, within 30 days.

I also give my authority for Safe Home Ireland representatives to act on my behalf with other
housing bodies/relevant agencies in relation to my Housing Application.

Print Name: _____

Signature: _____

Address: _____

Date: _____

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY <u>BEFORE</u> YOU START TO COMPLETE THIS APPLICATION FORM**

**TO QUALIFY TO APPLY FOR HOUSING VIA SAFE HOME, APPLICANTS MUST BE;**

- IRISH BORN EMIGRANTS (AGED 57YRS+)
- CURRENTLY LIVING IN RENTED ACCOMMODATION ABROAD
- UNABLE TO PROVIDE ACCOMMODATION FROM THEIR OWN INCOME /SAVINGS
- CAPABLE OF INDEPENDENT LIVING

**FOR YOUR INFORMATION:**

Safe Home does not manage or build any properties of our own. We try to match our applicants with Housing Associations in their native counties. Housing Association schemes are not available in every area, however, Safe Home will seek to secure housing as close to the applicant's area of choice as possible.

The size of properties that Safe Home has access to tend to be small one and two bedroom units, differing in design styles (e.g. apartments/bungalows). We do not have access to 'family type' housing.

We are unable to give any indication of how long the process may take as the final decision on who to allocate properties to always lies with the Housing Association (as the prospective landlord), in consultation with the relevant Local Authority.

When considering applicants, we generally find that Housing Associations will give preference to people either, (A) originally from the area where the scheme is located or (B) with strong family connections in the area.

**PLEASE NOTE:**

- Safe Home does not have any funds available to assist with the cost of moving/ setting up home in Ireland.
- Many Housing Associations (particularly those in cities & towns) operate a No PETS policy
- Most social housing providers now require prospective tenants to have Garda Clearance/Police checks carried out
- If you or any other party to this application ever owned property/land in Ireland or abroad, you will be required to provide additional documentation regarding this.

**HOW DID YOU HEAR ABOUT SAFE HOME IRELAND? PLEASE TICK (✓)**

| | | | |
|---|---|---|---|
| Family/friends in Ireland | ☐ | Family/friends Abroad | ☐ |
| Advice Agency Ireland | ☐ | Advice Agency Abroad | ☐ |
| Newspaper Advert UK | ☐ | Internet/Social Media | ☐ |
| Media (TV/Radio) | ☐ | Other (please give details): | ☐ |

# CHECKLIST FOR APPLICANTS

1. Please use this checklist as a guide. If you do not fully answer all the questions that are relevant to you, you might not get the correct priority for housing or it may delay the application process. Only fully completed application forms can be processed.

2. If you already have an Irish Insurance number (PPSN), please fill in details in **PART 1**
   Some people who may have lived and worked in Ireland after 1979 will have a valid PPSN. Anyone in receipt of a part-Irish Contributory Pension will also have a valid number.
   If you have lost or mislaid your PPSN, please contact us and we will advise you where you can make enquiries in relation to this.

3. When applying for social housing in Ireland, it is not possible to be registered on more than one Local Authority/Council housing list. When considering housing applications based on a 'local connection', Councils consider if any of the following apply;
   - a member of your household has resided for a continuous 5-year period at any time in the area concerned; or
   - A relative of any household member lives in the area concerned and has lived there for a minimum period of 2 years.

## Back up documentation CHECKLIST:

- Fully completed application form [**Don't forget to sign on the last page!**] ☐

- **Photographic identification** - photocopy of current passport or driving licence, if available ☐

- **Birth certificates** - photocopy of birth certificates for all parties to this housing application, if available ☐

- **PPS Numbers** for all parties to the application, **if available – Please see note 2 above** ☐

- **Recent Rent Statement AND copy of lease**, if applicable ☐

- **If Employed:**
  Please provide an up-to-date P60 and/or a minimum of 4 out of the last 6 payslips ☐

- **If Self-Employed**
  (i) a minimum of 2 years accounts with an Auditor's Report, or
  (ii) an Auditor's Report along with an up-to-date tax balancing statement and preliminary tax receipt ☐

- **Social Welfare Income; Proof of pensions/benefits;**
  Please provide up to date proof of any welfare payment received by all parties to this application. ☐

**Please do not be put off by this form or the additional paperwork required. Irish or your local Welfare & Advice Centres abroad can also offer assistance in completing this form.**

Please answer ALL questions and place a tick (✓) in the boxes provided. Please use **BLOCK LETTERS**.

## PART 1 – PERSONAL DETAILS       [Tick if Joint Application] ☐

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

|  | **MAIN APPLICANT** | | **APPLICANT 2: SPOUSE/PARTNER** | |
|---|---|---|---|---|
|  | Figures | Letters | Figures | Letters |
| **P.P.S. Number (see Note3)** |  |  |  |  |
| **First name(s)** |  |  |  |  |
| **Surname** |  |  |  |  |
| **Birth surname, if different** |  |  |  |  |
| **Current address** |  |  |  |  |
| **Mother's birth surname** |  |  |  |  |
| **Your Tel/Mobile No.** |  |  |  |  |
| **Your Date of Birth** | __ / __ / __ | | __ / __ / __ | |
| **Gender** | ☐ Male | ☐ Female | ☐ Male | ☐ Female |
| **National Insurance No. or Social Security No. abroad** |  |  |  |  |
| **E-mail address** |  |  |  |  |
| **State relationship of Applicant 2 to Main Applicant** |  |  |  |  |

## PART 2 – OTHER DETAILS

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

| **PLEASE STATE:** | **APPLICANT** | **APPLICANT 2: SPOUSE/PARTNER** |
|---|---|---|
| **Place and County of Birth** |  |  |
| **Country of Birth** |  |  |
| **What county do you wish to re-locate to?** |  |  |
| **Please state your connections to your area of choice above** (See Note 3 on page 3 to guide you in this) |  |  |
| **Marital status:** (please X as appropriate) | Single --------   Married -------- <br> Divorced --------   Separated -------- <br> Widowed -------   Cohabiting -------- <br> Civil partnership -------- <br> Legally separated ------- | Single --------   Married ------- <br> Divorced --------   Separated ------- <br> Widowed --------   Cohabiting ------ <br> Civil partnership –------ <br> Legally separated ------- |

## PART 3– INCOME & EMPLOYMENT DETAILS

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

**IMPORTANT! Please state gross weekly/monthly income and provide documentary evidence E.G P60, recent payslips**

|  | **APPLICANT** | **APPLICANT 2: SPOUSE/PARTNER** |
|---|---|---|
| **Are you,** (please indicate with an X, as appropriate)? | Employed ----------- Retired ----------- <br><br> Disabled ---------- Unemployed -------- <br><br> Other ---------- | Employed ---------- Retired ----------- <br><br> Disabled --------- Unemployed -------- <br><br> Other ---------- |
| Employment Status | ☐ Employed [Full-Time or Part-Time] <br><br> ☐ Self-Employed | ☐ Employed [Full-Time or Part-Time] <br><br> ☐ Self-Employed |
| Employer's name [in the case of self–employed, give company] | | |
| Weekly Income: | | |
| Occupation | | |

## PART 4: WELFARE PAYMENTS

Please complete the following in respect of yourself and Applicant 2: spouse/partner (if applicable).

**IMPORTANT NOTE! Please attach up to date proof from the relevant payment office**

**PLEASE STATE GROSS WEEKLY INCOME FROM BENEFITS / ENTITLEMENTS ABROAD:**
**Give amount in the currency of the country where you currently reside:**

|  | **APPLICANT** | **APPLICANT 2: SPOUSE/PARTNER** |
|---|---|---|
| Type of payment/s (e.g Pension, Disability, Employment Support) | | |
| **Amount:** | | |

## PART 5: HOUSING: IF APPLYING ON MEDICAL OR DISABILITY GROUNDS

**Note!** This section is particularly important in relation to mobility issues or any other conditions that might affect the types of properties that would be suitable to your needs

| | |
|---|---|
| Name[s] of household member/s with a medical condition or disability | |
| The nature of the medical condition or disability | |
| Does any party to this application currently have a carer or care package in place? **If yes**, please give details | |
| Where applicable, the type of accommodation [e.g. ground floor], and any specific adaptations required | |

## PART 5: HOUSING: CURRENT ACCOMMODATION

**What type of accommodation do you currently live in?  Please tick**

Council Tenancy          ------          Housing Association Tenancy   -------

Private Rented Tenancy ------          Job tied accommodation          -------

With family/friends       ------          Hostel accommodation            -------

Property Owner            ------          Other, please give details  ------------------------------------

How long have you lived at your current address?  ------------

Description of current housing, e.g. flat, studio flat, semi detached, detached, terraced, bungalow, etc.

**Are there any problems/difficulties with your current accommodation?**

### Rental Information (if relevant)

Tenancy start date, if renting [dd/mm/yy]    __  /  __  /  __          Weekly/Monthly rent

Are you in arrears of rent?      ☐ No    ☐ Yes, state amount of arrears:

Have you received a notice to quit?   ☐ No    ☐ Yes, please state reason:

**Do you receive assistance with rent payments? (E.G Housing Benefit)      Yes _____ No _____**

**If yes, how much do you receive weekly/monthly?  _____**

**Name & Address of current landlord**: _____

_____

**Tel:** _____          **Email:** _____

## PART 5: HOUSING: ACCOMMODATION HISTORY
**Please give details of previous accommodation over last 5 years [if applicable]**

| Address | Nature of Tenure | Date at address From | To | Reason for leaving |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## PART 6: FAMILY AND SUPPORT NETWORKS

Please outline the level of support available to you where you currently live:

**Support from family/friends/neighbours:**

Do you see your family on a regular basis?    Yes ------------          No -----------

If you have grandchildren, do you act as a carer/babysitter? -------  If yes, how often? ----------------

**What level of support do you have from groups/organisations?**

**What relationship do you have with family and friends in Ireland?**

What year did you first leave Ireland?  _____

Have you ever lived in Ireland at any time over the past 10 years? _____    If yes, please give details:

How often do you visit your home county? _____       When was your last visit? _____

## PART 7: ADDITIONAL INFORMATION:

**Please include any additional information or special needs that you feel may be relevant to your housing application:**

## PART 8: DECLARATION

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

**Have you or any other party to this housing application ever been investigated OR convicted in respect of matters relating to:**

(a) Anti-social behaviour _____ (b) Sexual offences _____ (c) Public order offences _____

**If yes, please give details:**

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**Do you/ any party to this housing application have any charges pending in relation to (a), (b) or (c) above?** If yes, please give details:

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I/We declare that the information and particulars given by me/us on this application are true and correct.

I/we undertake to notify Safe Home of any change in my/our household circumstances (e.g. address, household composition, employment, medical conditions etc.)

I/We am/are aware that the furnishing of false or misleading information will render my application invalid

**Consent and Authority to Act:**

I/We understand that in order to further this application for housing, information provided may be passed on to other housing bodies/relevant authorities as appropriate. I/We give consent for this and give Authority for Safe Home Ireland to act with relevant bodies in relation to this housing application.

**Signed: [Applicant]** [_____]        **Date:** ____ / ____ / _____

**Signed: [Applicant 2]** [_____]        **Date:** ____ / ____ / _____

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**PART 9: OTHER CONTACT INFORMATION:**

Name, and address of next of kin _____

_____ Tel no: _____ Email: _____

**NOTE! Consent to deal with a third party in relation to this application.**

If you would like Safe Home Ireland to liaise with a third party in relation to your application, please give their details below:

**Name**: _____ **Relationship to Applicant:** _____

**Tel no:** _____ **Email**: _____