

# Application form for **SOCIAL HOUSING SUPPORT**



Application to:  
**Cork County Council**

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Comhairle Contae Chorcaí  
Cork County Council

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## **Important: Please Read the Following Information Carefully**

1. If you are unsure about how to answer any of the questions in this application form, please ask an officer in the Housing Section or Customer Service Unit of your local authority or your local Citizens Information Centre to help you.

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2. When filling out this form, please make sure to write clearly so that your application can be processed as quickly as possible.

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3. Make sure you have answered all of the questions fully where these are relevant to you. If you do not fully answer all the questions relevant to you, you might not get the correct priority for housing or else we may have to return the form to you, and it would delay your application. Only fully completed applications will be processed.

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4. Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and will be clearly set out in the relevant data protection policies and procedures for the local authority to whom you are submitting your application. If you have any query in relation to your rights under GDPR, you can contact the nominated Data Protection Officer for that local authority. Details of how to submit your query will be supplied by the local authority directly.

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5. This application cannot be completed without a Personal Public Service Number (PPSN) for all members of the household included on the application form. If you are not aware of the PPSN for any children for whom accommodation is sought, they can be obtained by contacting your local Social Welfare Office either by telephone or in person. Please note that you will need to have your own PPSN to hand.

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## APPLICATION FOR SOCIAL HOUSING SUPPORT

6. You must supply the relevant supporting documentation so that your application can be processed. Please use the checklist provided to make sure you have included everything that is needed to consider your application.

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7. This application cannot be completed without documentary evidence of income details given in this application, as outlined in the checklist below.

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8. In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain information from another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to occupants or prospective occupants of, or applicants for, local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.

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9. Any change in the details given, particularly any change of address or income, should be notified to the local authority immediately so that your record can be updated.

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10. Local authorities are required to report annually to the Department of Housing, Local Government and Heritage, the number of households in need of social housing support, under a process known as the Summary of Social Housing Assessments. This process may require us in the future to contact you and request you to confirm details provided on this form are accurate and up to date. Failure to respond to any such request may result in your housing application being closed. Information supplied through this process may be shared with the Local Government Management Agency and The Housing Agency for the purpose of compiling the Summary Assessment report, which is a statistical summary at national level that informs policy and future planning in terms of the national housing need.

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11. **Please ensure that you have supplied all the relevant information and supporting documentation to process your application.** However, be advised that the local authority may ask for further supporting documentation at a later stage.

# CHECKLIST FOR APPLICANTS

Applicants are strongly advised to submit their applications in person at this office as posted applications are frequently not completed correctly and have to be returned.



Please ensure that your application includes the following original documentation (an official translation into Irish or English is required, where appropriate):

## 1. Personal Information

- Fully completed application form (including signed declarations)
- Photographic identification (current passport or Irish driving licence)
- Birth certificates for all household members
- PPSNs for all household members
- Marriage certificates for all applicants, where applicable
- Proof of current address (utility bill, lease or rental statement) – for all applicants, where applicable
- If renting, proof of tenancy agreement and Residential Tenancies Board (RTB) registration, where available
- Proof of citizenship or permission to remain in Ireland for all household members (e.g. letter from the Department of Justice or similar from Garda National Immigration Bureau).

## 2. Income Information (relevant to all household members where applicable)

- Evidence of income (please arrange to have the attached Certificate of Income completed)

### Employed

- Documentary evidence of the preceding 12 months' income through a combination of the following: 
  - The previous years' Statement of Liability and the Employment Detail Summary\*, both available from Revenue;
  - Proof of the household's current income, e.g. payslips for the intervening period from Statement of Liability to date of application or a Pay and Tax Summary\*\* – (Year to Date), available from Revenue. Where Additional Superannuation Contribution (ASC) is payable, the previous year's final payslip and the most recent payslip must be provided.

### Social Welfare Income

- A statement from Department of Social Protection detailing all welfare payments received over the preceding 12 months. This should include the commencement and cessation date of receipt of such payments. If a household is in receipt of social welfare for less than 12 months, evidence of employment income must be provided (as outlined above) to cover the duration of the employment.

### Self Employed

- A minimum of 2 years' accounts with an Auditor's Report and
- A Notice of Assessment and/or Self-Assessment Acknowledgement letter for the preceding 12 months

\* An Employment Detail Summary for the previous year will provide information on the Income tax, PRSI and USC paid by an applicant in the previous year.

\*\* An applicant's current income can be demonstrated by submitting a Pay and Tax Summary. This summary provides information on PRSI, Income tax and USC for the current year.

### 3. Documentation Required in Relation to Separation/Divorce

- Copy of separation/divorce agreement for both applicants, where applicable  
The agreement must identify:
  - The extent of maintenance being received or paid by the applicant
  - The circumstances under which the maintenance payments can cease
  
- If there is no agreement, a letter from the applicant's solicitor or a legal affidavit signed by a practising solicitor must be included with the application. The letter should confirm:
  - That there is no formal separation agreement
  - That there are no court proceedings pending under family law legislation
  - The position in relation to maintenance and other payments
  - Overnight access/custody arrangements for children
  - Property ownership
  - Evidence of maintenance payments received for previous 12 months, prior to the date of application

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### 4. Property Ownership

- If you or any member of your household currently owns property, an affidavit or any other documentation as requested by the local authority is required outlining the location, value, current status of the property and any monies being received in respect of the property.

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### 5. Other Documentation Required

- If you are not resident in the local authority area where you are seeking housing support, please provide evidence of your local connection with that area
  
- If you or any member of your household was previously a local authority/Approved Housing Body (AHB) tenant, please provide a letter from the local authority/AHB where you or the household member resided setting out details in relation to the previous tenancy. This letter should include duration of tenancy, reason for leaving, arrears, any other relevant information.
  
- If you wish to apply for a single rural house or demountable dwelling, please include necessary accompanying documentation (see Part 8 of this form)
  
- If it has been deemed that your mortgage is no longer sustainable and you have exited from the Mortgage Arrears Resolution Process (MARP), please include a letter from the Arrears Support Unit of your lender.

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### 6. Applications on Medical or Disability Grounds (if applicable)

- A completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority
  
- Occupational therapist's report in respect of any specific accommodation requirements

Notwithstanding the required documentation set out above at points 1-6, in certain situations for example, where a particular document cannot be provided, the local authority may, at its discretion, request alternative documentation to satisfy itself in relation to the specific information being sought.

LOCAL AUTHORITY REFERENCE NO.:

## PART 1: PERSONAL DETAILS

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



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

Tick if a joint application

### APPLICANT 1

### APPLICANT 2

1. PPSN

FIGURES										LETTERS									

FIGURES										LETTERS									

2. First name(s)



Surname



Birth surname (if different)



3. Current address



Eircode

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How long have you lived at this address?

YEARS	MONTHS

YEARS	MONTHS

4. Telephone/mobile number



5. Date of birth (attach birth certificates)

D	D	M	M	Y	Y		

D	D	M	M	Y	Y		

6. Gender



7. Marital details

Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Civil Partner	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>	Legally Separated	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Civil Partner	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>	Legally Separated	<input type="checkbox"/>
Other	<input type="checkbox"/>		

**APPLICANT 1**

**APPLICANT 2**

- Date of marriage (if applicable)  
(attach marriage certificate )
8. Please state relationship of Applicant 2 to Applicant 1
9. If you wish to receive information by e-mail, please tick
- Email address

D	D	M	M	Y	Y
<input type="checkbox"/>					

D	D	M	M	Y	Y

## PART 2: NATIONALITY DETAILS

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



**APPLICANT 1**

**APPLICANT 2**

1. Place and/or country of birth
2. Nationality
3. Usual language spoken
4. Citizenship status  
(attach proof of citizenship)

Irish		UK			
Other EEA*		Non-EEA			
D	D	M	M	Y	Y

Irish		UK			
Other EEA*		Non-EEA			
D	D	M	M	Y	Y

Date of entry to Ireland  
(if applicable)

**If you are not an EEA or UK national:**

Basis of stay in Ireland  
(attach copy of residency permission)

\* EEA: this refers to the European Economic Area (EEA) whose member states include: Austria, Belgium, Bulgaria, Czech Republic, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

## PART 3: EMPLOYMENT DETAILS

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



	APPLICANT 1	APPLICANT 2																								
1. Employment status	<p>Employed (full-time or part-time) <input type="checkbox"/></p> <p>Self-employed <input type="checkbox"/></p> <p>Participating in a Government employment scheme (e.g. SOLAS scheme) <input type="checkbox"/></p> <p>Unemployed (receiving social welfare payment) <input type="checkbox"/></p> <p>Pensioner/Retired <input type="checkbox"/></p> <p>One-Parent Family Payment <input type="checkbox"/></p> <p>Homemaker (looking after home/family with no income) <input type="checkbox"/></p> <p>Student <input type="checkbox"/></p> <p>Other, please specify <input type="text"/></p>	<p>Employed (full-time or part-time) <input type="checkbox"/></p> <p>Self-employed <input type="checkbox"/></p> <p>Participating in a Government employment scheme (e.g. SOLAS scheme) <input type="checkbox"/></p> <p>Unemployed (receiving social welfare payment) <input type="checkbox"/></p> <p>Pensioner/Retired <input type="checkbox"/></p> <p>One-Parent Family Payment <input type="checkbox"/></p> <p>Homemaker (looking after home/family with no income) <input type="checkbox"/></p> <p>Student <input type="checkbox"/></p> <p>Other, please specify <input type="text"/></p>																								
2. Employer's name (in the case of self-employed, give company name)	<input type="text"/>	<input type="text"/>																								
3. Address of employer (in the case of self-employed, please give company address)	<input type="text"/>	<input type="text"/>																								
4. Occupation	<input type="text"/>	<input type="text"/>																								
5. Employment status (e.g. permanent, full-time, part-time)	<input type="text"/>	<input type="text"/>																								
6. Date commenced present employment	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	Y	Y	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	Y	Y
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
D	D	M	M	Y	Y																					

## PART 4: WEEKLY INCOME DETAILS



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

### Please state gross weekly income

Gross income is the total amount of money earned before any deductions are made. Each source of income should be supported by relevant documentation, i.e. social welfare statement, Statement of Liability (or equivalent), payslips.

	APPLICANT 1	APPLICANT 2
1. Employment	€ <input type="text"/>	€ <input type="text"/>
2. Self-Employment	€ <input type="text"/>	€ <input type="text"/>
3. Social welfare	<input type="text"/>	<input type="text"/>
Payment type(s)	<input type="text"/>	<input type="text"/>
Social welfare (total)	€ <input type="text"/>	€ <input type="text"/>
4. Other income sources	€ <input type="text"/>	€ <input type="text"/>
If so, please specify	<input type="text"/>	<input type="text"/>
5. Maintenance received (if applicable)	€ <input type="text"/>	€ <input type="text"/>



**Please state all weekly deductions**

	<b>APPLICANT 1</b>	<b>APPLICANT 2</b>
6. Weekly deductions		
PAYE	€ <input type="text"/>	€ <input type="text"/>
PRSI	€ <input type="text"/>	€ <input type="text"/>
Universal Social Charge	€ <input type="text"/>	€ <input type="text"/>
Additional Superannuation Contribution (ASC)	€ <input type="text"/>	€ <input type="text"/>
7. Other	€ <input type="text"/>	€ <input type="text"/>
If so, please specify	<input type="text"/>	<input type="text"/>
8. Total deductions	€ <input type="text"/>	€ <input type="text"/>

# PART 5: DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION

(i.e. excluding Applicant 1 and Applicant 2)

Please copy this sheet for further household members.



## OTHER HOUSEHOLD MEMBER 1

## OTHER HOUSEHOLD MEMBER 2

1. PPSN	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="10">FIGURES</td> <td colspan="8">LETTERS</td> </tr> </table>																			FIGURES										LETTERS								<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="10">FIGURES</td> <td colspan="8">LETTERS</td> </tr> </table>																			FIGURES										LETTERS							
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2. First name(s)	<input type="text"/>	<input type="text"/>																																																																								
Surname	<input type="text"/>	<input type="text"/>																																																																								
Birth surname (if different)	<input type="text"/>	<input type="text"/>																																																																								
3. Date of birth (attach birth certificate)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td colspan="12"></td> </tr> </table>																			D	D	M	M	Y	Y													<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td colspan="12"></td> </tr> </table>																			D	D	M	M	Y	Y												
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4. Country of birth	<input type="text"/>	<input type="text"/>																																																																								
5. Nationality	<input type="text"/>	<input type="text"/>																																																																								
6. Gender	<input type="text"/>	<input type="text"/>																																																																								
7. Marital status	<input type="text"/>	<input type="text"/>																																																																								
8. Relationship to applicant	<input type="text"/>	<input type="text"/>																																																																								
9. Current address	<input type="text"/>	<input type="text"/>																																																																								
Eircode	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																						
How long has the household member lived at this address?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="10">YEARS</td> <td colspan="8">MONTHS</td> </tr> </table>																			YEARS										MONTHS								<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="10">YEARS</td> <td colspan="8">MONTHS</td> </tr> </table>																			YEARS										MONTHS							
YEARS										MONTHS																																																																
YEARS										MONTHS																																																																
10. Is the household member a dependant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																								
Is the household member a joint applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																								

**OTHER HOUSEHOLD MEMBER 1**

**OTHER HOUSEHOLD MEMBER 2**

11. Citizenship status  
(attach proof of citizenship)

Irish	<input type="checkbox"/>	UK	<input type="checkbox"/>
Other EEA*	<input type="checkbox"/>	Non-EEA	<input type="checkbox"/>

Irish	<input type="checkbox"/>	UK	<input type="checkbox"/>
Other EEA*	<input type="checkbox"/>	Non-EEA	<input type="checkbox"/>

Date of entry to Ireland  
(if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

**If the household member is not an EEA or UK national:**

Basis of stay in Ireland  
(attach copy of residency permission)



12. Employment status

Employed (full-time or part-time)	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
Participating in a Government employment scheme (e.g. SOLAS scheme)	<input type="checkbox"/>
Unemployed (receiving social welfare payment)	<input type="checkbox"/>
Pensioner/Retired	<input type="checkbox"/>
One-Parent Family Payment	<input type="checkbox"/>
Homemaker (looking after home/family with no income)	<input type="checkbox"/>
Student	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
<input type="text"/>	

Employed (full-time or part-time)	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
Participating in a Government employment scheme (e.g. SOLAS scheme)	<input type="checkbox"/>
Unemployed (receiving social welfare payment)	<input type="checkbox"/>
Pensioner/Retired	<input type="checkbox"/>
One-Parent Family Payment	<input type="checkbox"/>
Homemaker (looking after home/family with no income)	<input type="checkbox"/>
Student	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>
<input type="text"/>	

13. Weekly net income

€

€

\* Please see footnote on page 06.

## PART 6: CURRENT ACCOMMODATION



### Nature of Current Tenure

1. Select the nature of your current tenure from the list below

- Private household
- Private rented accommodation
- Local authority rented accommodation
- Approved Housing Body (AHB)
- Rental Accommodation Scheme (RAS)
- Housing Assistance Payment (HAP)
- Emergency accommodation/None
- Other

If other, give details

2. If you selected **private household**, please ensure that you complete the relevant sections hereunder

- Owner-occupier
- With parents
- With relatives/friends

3. If you selected **private rented accommodation**, please ensure that you complete the relevant sections hereunder

- In receipt of Rent Supplement
- Not in receipt of Rent Supplement

State Rent Supplement amount per week

Date Rent Supplement payment commenced at current address

D	D	M	M	Y	Y

### Rental Information (if currently renting)

1. Tenancy start date

D D M M Y Y

Weekly rent

2. Are you in arrears of rent? Yes  No

If yes, state amount of arrears

3. Have you received a notice of termination? Yes  No

If yes, please state reason

**What type of accommodation are you in now?**

Tick box and add description.

Apartment	<input type="checkbox"/>	Direct Provision centre	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	None/other	<input type="checkbox"/>
Bed and Breakfast	<input type="checkbox"/>	Flat	<input type="checkbox"/>	House	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Caravan	<input type="checkbox"/>	Group housing	<input type="checkbox"/>	Institution	<input type="checkbox"/>	Refuge	<input type="checkbox"/>
Cottage	<input type="checkbox"/>	Halting bay	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Sheltered accommodation	<input type="checkbox"/>
Day house	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Mobile home	<input type="checkbox"/>	Transitional accommodation	<input type="checkbox"/>

Description, e.g. semi-detached, detached, terraced, bungalow, etc.

**Which of the following best describes your reason for seeking support?**

Disability grounds	<input type="checkbox"/>	Involuntary sharing facilities	<input type="checkbox"/>	Rent increase	<input type="checkbox"/>
Eviction/notice of termination	<input type="checkbox"/>	Medical grounds	<input type="checkbox"/>	Unable to provide accommodation from own resources	<input type="checkbox"/>
Fire/other damage	<input type="checkbox"/>	Overcrowded	<input type="checkbox"/>	Unfit accommodation	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	Parent/family home (involuntary sharing)	<input type="checkbox"/>	Unsustainable mortgage	<input type="checkbox"/>

Other, give details

**Please indicate the facilities available to your household in its current accommodation**

Bathroom	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Water supply – cold	<input type="checkbox"/>
Bedroom – specify number	<input type="checkbox"/>	Living room	<input type="checkbox"/>	Water supply – hot	<input type="checkbox"/>
Central heating	<input type="checkbox"/>	Toilet	<input type="checkbox"/>		

## PART 7: ACCOMMODATION HISTORY

Please give details of previous accommodation over the last 5 years.



Address	Nature of tenure (e.g. owner, private rented, staying with relative, etc.)	Date at address		Reason for leaving
		From DD/MM/YY	To DD/MM/YY	
			—	
			—	
			—	
			—	
			—	

### Information about any local authority/Approved Housing Body/Rental Accommodation Scheme (RAS) accommodation

1. Please provide details, including dates and duration of tenancy, of any dwelling or site provided by a local authority, or an Approved Housing Body, previously let or sold to the household or any household member **at any time in the past**. A letter from the local authority where you or any member of your household was a tenant should be provided in relation to any previous tenancy.

2. Please provide details, including dates and duration of tenancy, of any dwelling previously let to the household or any household member under a **Rental Accommodation Scheme (RAS)** tenancy agreement at any time before the application is made.

## PART 8: HOUSING REQUIREMENTS

Housing authorities must make an assessment of the accommodation needs of Travellers under Section 6 and 7 of the Housing (Traveller Accommodation) Act, 1998. This information is requested for that purpose only and will not be used or have any impact on your eligibility for social housing support.

Do you identify as an Irish Traveller?

Yes  No  Prefer not to say

### Please indicate the type of social housing support that best meets your needs

Adapted housing	<input type="checkbox"/>	Improvement Works In Lieu scheme (IWILs)	<input type="checkbox"/>	Site for private house	<input type="checkbox"/>
Approved Housing Body (AHB)	<input type="checkbox"/>	Rental Accommodation Scheme (RAS)	<input type="checkbox"/>	Transfer (include rent account number below if applicable)*	<input type="checkbox"/>
Demountable dwelling (see below)	<input type="checkbox"/>	Rented local authority accommodation	<input type="checkbox"/>	<input type="text"/>	
Extension to local authority house	<input type="checkbox"/>	Single level housing	<input type="checkbox"/>	Traveller group housing	<input type="checkbox"/>
Housing Assistance Payment (HAP)*	<input type="checkbox"/>	Single rural dwelling (see below)	<input type="checkbox"/>	Traveller halting site bay	<input type="checkbox"/>
				Wheelchair livable	<input type="checkbox"/>

### Single Rural Houses

**Note: The site to be transferred must be clear of any burdens, financial or otherwise.** The following must be provided:

1. Legal evidence of a right of way for the authority to the lands from the nearest public road.
2. Details of all lands in your ownership, including title documentation or a signed affidavit from a solicitor confirming that the lands are registered in your ownership or the ownership of the person providing the site.
3. A written declaration of intention to transfer the site to the local authority free of charge.
4. A written acceptance from you (or the owner of the lands) that the final decision on the location of the proposed cottage on the lands, subject to you qualifying for social housing support, is at the sole discretion of the local authority.
5. Any other documents, such as site location/layout maps, requested by the authority in connection with the application.

Name and address of owner of proposed site:

Exact location of site (incl. townland):

\* Separate application forms are required, discuss with your local authority.

## Demountable Dwelling

The following must be provided:

1. Letter from owner of site confirming that he/she is willing to allow a demountable unit to be placed on the land.
2. Copy of site map.

Name and address of owner of proposed site:	Exact location of site (incl. townland):
---------------------------------------------	------------------------------------------

## Accommodation on Medical or Disability Grounds

In support of your application on medical or disability grounds, please provide the following details and a completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority:

Name of household member with an enduring medical condition/disability that would affect the type of housing you need.	
The nature of the medical condition or disability and noting whether the condition is enduring.	
Where applicable, the type of accommodation (e.g. ground floor), and any specific adaptations required for the medical condition/disability. (Occupational therapist's report to be submitted in support of application)	

# PART 9: BASIS FOR APPLICATION



Basis for application to: Cork County Council

**NB: it is important to note that you may only apply for social housing support to one local authority, and it must be one of the following:**

- i. A local authority whose area you currently live in
- ii. A local authority that you have a local connection to, or
- iii. There are other reasons why the local authority should accept your application for support.



**Note: local connection means:**

- A household member has resided for a continuous 5 year period at any time in the area concerned; or
- The place of employment of any household member is in the area concerned or is located within 15 kilometres of the area; or
- A household member is in full-time education in any university, college, school or other educational establishment in the area concerned; or
- A household member with an enduring physical, sensory, mental health or intellectual impairment is attending an educational or medical establishment in the area concerned that has facilities or services specifically related to such impairment; or
- A relative of a household member lives in the area concerned and has lived there for a minimum period of 2 years (a relative in this instance means - a parent, adult child or sibling, and may include another relative such as a step-parent, grandparent, grandchild, aunt or uncle, who has a close link with the household member in the form of commitment or dependence).

1. Please indicate the basis for your application as follows (only one box should be ticked):

Household is normally resident in the local authority area

Household has a local connection with the local authority area

Please specify the nature of the local connection (see note above)

The local authority should consider the application for social housing support for the following reason(s)

2. Are you or any household member currently on the housing list of any other local authority?

Yes

No

If yes, please provide the name of the household member and the local authority to which they have applied for social housing support.

Household member:

Local authority:

## Areas of Choice\*

Please tick the areas, within the local authority, where you would accept an offer of accommodation.

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. **It should be noted that you are committed to these areas of choice for a period of 12 months.**

If you wish to be considered for Housing with Cork County Council - North Cork Area, please select from Appendix B

If you wish to be considered for Housing with Cork County Council - South Cork Area, please select from Appendix C

If you wish to be considered for Housing with Cork County Council - West Cork Area, please select from Appendix D

If you wish to be considered for Housing with Cork County Council - Cork City Council - Cork City Area, please select from Appendix E.

\* It should be noted that a household meeting either the residence or local connection condition may specify up to three areas of choice for receipt of support in the areas of all local authorities in the county and city concerned and, if qualified, will be entered on the housing waiting list of each of those local authorities. Accordingly, under existing arrangements, a household that applies, for example, to Dublin City Council can, if qualified for support and should they choose to do so, be entered on the waiting list of three of the four local authorities in Dublin city and county (same applies in Cork and Galway).

## PART 10: OTHER PROPERTY INFORMATION

Information in this section will be cross-checked with the Revenue Commissioners by the local authority, utilising the PPSN(s) provided.



	APPLICANT 1	OTHER HOUSEHOLD MEMBER
1. Do you or any member of your household currently own or have a financial interest in any property in Ireland or any other country? (Please include accompanying documentation/affidavit)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If yes, is the property vacant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address of the property	<input type="text"/>	<input type="text"/>

## PART 11: PUBLIC ORDER OFFENCES AND OTHER INFORMATION



### Public Order Offences

Under Section 14 of the Housing (Miscellaneous Provisions) Act 1997, a local authority may refuse to allocate or defer the allocation of a dwelling to a person where the authority considers that the person is or has been engaged in anti-social behaviour or that an allocation to that person would not be in the interest of good estate management.

In the 5 year period prior to the date of this application, has **any member** of the household been convicted of an offence under any of the following statutory provisions (1-4)?

1. Criminal Justice (Public Order) Act 1994	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Section 5: Disorderly conduct in public place				
Section 6: Threatening, abusive or insulting behaviour in public place				
Section 7: Distribution or display in public place of material which is threatening, abusive, insulting or obscene				
Section 14: Riot				
Section 15: Violent disorder, or				
Section 19: Assault or obstruction of peace officer				

If 'Yes', please give details (including name, address and details of conviction):

2. Sections 3, 3A and 4 of the Housing (Miscellaneous Provisions) Act 1997: subject of an excluding order or interim excluding order      Yes            No

If 'Yes', please give details (including name, address and details of excluding order/interim excluding order):

3. Section 117 of the Criminal Justice Act 2006: failure to comply with a behaviour order      Yes            No

If 'Yes', please give details (including name, address and details of conviction):

4. Section 257F of the Children Act 2001 (No. 24 of 2001): failure to comply with a behaviour order.      Yes            No

If 'Yes', please give details (including name, address and details of conviction):

### Other Information

5. Have you, or any of the other persons listed on this application form, ever squatted in a local authority dwelling? Yes  No

6. If 'Yes', please state address and dates of occupancy

Address

From       To        
D D M M Y Y D D M M Y Y

7. Have you, or any of the other persons listed on this application form, ever been evicted from previous accommodation? If 'Yes', please give details of eviction and the reason why it happened (if you need more space, attach another page):

## PART 12: OTHER INFORMATION



Please provide any other information which you might consider relevant to your application. (if you need more space, attach another page)

## Application for **SOCIAL HOUSING SUPPORT DECLARATION**

Please read the following information relating to the collection and use of your personal data and the declaration carefully. The declaration should only be signed and dated if you are entirely satisfied that you understand all of the information presented in this form. Please note that an application for social housing support can only be accepted when the application has been completed, and this declaration has been signed.

### Collection and Use of Personal Data

ALL data supplied by you when completing this form (including any personal data you submit) will be used for the purposes of assessing and administering your application for Social Housing Support. The law allows this local authority in certain circumstances to share your data with other public bodies. For example, we may share your data with the Central Statistics Office under the Statistics Act 1993. The data supplied by you when completing this application may be shared with the Local Government Management Agency (LGMA) and The Housing Agency in order to fulfil a statutory requirement to provide an annual Summary of Social Housing Assessments, including the production at a national level of statistical reports that inform policy and future planning in terms of the national housing need.

In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain information from other organisations. These include another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to current or prospective occupants of, or applicants for, local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.

Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly set out in Cork County Council's Privacy Statement. Copies of this are available from www.corkcoco.ie

If you have any questions about your rights under GDPR, you can contact dpo@corkcoco.ie Data Protection Officer, or you may also contact the Data Protection Commission (DPC).

For more information, please contact Housing Offices for general housing queries (contact details at Appendix A)

## Declaration

1. I (or we) declare that the information and details given by me (or us) on this application are true and correct.  

---
2. I (or we) promise to notify the local authority of any change in my (or our) household circumstances such as our address, the people who make up the household, their wages or payments, or medical conditions if this changes from the details we gave on this form.  

---
3. I (or we) also agree that the local authority can make whatever enquiries it considers necessary to check that the details of this application are correct.  

---
4. I am (or we are) aware that it is against the law to give false information on this form and that I (or we) can be prosecuted for doing that.  

---
5. I (or we) understand that my (or our) personal data will be shared with the LGMA, and The Housing Agency for the purposes set out above.  

---
6. I (or we) understand that my (or our) personal data will be shared with other public bodies only as provided by law.  

---
7. I (or we) understand that a failure to respond to a request for updated information, as part of the Summary of Social Housing Assessments process, may result in my (or our) housing application being closed.

### Applicant 1

Signed \_\_\_\_\_ Date 

D	D	M	M	Y	Y

### Applicant 2

Signed \_\_\_\_\_ Date 

D	D	M	M	Y	Y

## Appendix A

### CONTACT DETAILS

If you require further details please contact your local Council Office:

Cork County Council  
Housing Department  
Annabella  
Mallow - Contact 022 21123

Cork County Council  
Housing Department  
Kent Street  
Clonakilty - Contact 023 8833328

Cork County Council  
Housing Department  
County Hall  
Cork - Contact 021 4276891

For general housing queries email: [housing@corkcoco.ie](mailto:housing@corkcoco.ie)



## **APPENDIX B**

### **North Cork Areas**

- |                                          |                                      |                                          |
|------------------------------------------|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> Araglen         | <input type="checkbox"/> Derrinagree | <input type="checkbox"/> Lismire         |
| <input type="checkbox"/> Ballyclough     | <input type="checkbox"/> Doneraile   | <input type="checkbox"/> Lombardstown    |
| <input type="checkbox"/> Ballydesmond    | <input type="checkbox"/> Dromina     | <input type="checkbox"/> Lyre            |
| <input type="checkbox"/> Ballyhea        | <input type="checkbox"/> Dromahane   | <input type="checkbox"/> Mallow          |
| <input type="checkbox"/> Ballyhooly      | <input type="checkbox"/> Fermoy      | <input type="checkbox"/> Meelin          |
| <input type="checkbox"/> Ballynoe        | <input type="checkbox"/> Freemount   | <input type="checkbox"/> Milford         |
| <input type="checkbox"/> Banteer         | <input type="checkbox"/> Glantane    | <input type="checkbox"/> Mitchelstown    |
| <input type="checkbox"/> Bartlemy        | <input type="checkbox"/> Glanworth   | <input type="checkbox"/> Nadd            |
| <input type="checkbox"/> Boherbue        | <input type="checkbox"/> Glenville   | <input type="checkbox"/> Newmarket       |
| <input type="checkbox"/> Buttevant       | <input type="checkbox"/> Grenagh     | <input type="checkbox"/> Newtownshandrum |
| <input type="checkbox"/> Bweeng          | <input type="checkbox"/> Kanturk     | <input type="checkbox"/> Newtwopothouse  |
| <input type="checkbox"/> Castlelyons     | <input type="checkbox"/> Kilbrin     | <input type="checkbox"/> Rathcoole       |
| <input type="checkbox"/> Castlemagner    | <input type="checkbox"/> Kilcorney   | <input type="checkbox"/> Rathcormac      |
| <input type="checkbox"/> Castletownroche | <input type="checkbox"/> Kildorrery  | <input type="checkbox"/> Rathmore        |
| <input type="checkbox"/> Charleville     | <input type="checkbox"/> Killavullen | <input type="checkbox"/> Rockchapel      |
| <input type="checkbox"/> Churchtown      | <input type="checkbox"/> Kilworth    | <input type="checkbox"/> Shanballymore   |
| <input type="checkbox"/> Clondulane      | <input type="checkbox"/> Kiskeam     | <input type="checkbox"/> Tullylease      |
| <input type="checkbox"/> Conna           | <input type="checkbox"/> Knocknagree |                                          |
| <input type="checkbox"/> Cullen          | <input type="checkbox"/> Liscarroll  |                                          |

## **APPENDIX C**

### **South Cork Areas**

- |                                        |                                        |                                         |
|----------------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Aghada        | <input type="checkbox"/> Clondrohid    | <input type="checkbox"/> Macroom        |
| <input type="checkbox"/> Aherla        | <input type="checkbox"/> Cloughduv     | <input type="checkbox"/> Middleton      |
| <input type="checkbox"/> Ballinacurra  | <input type="checkbox"/> Cloyne        | <input type="checkbox"/> Millstreet     |
| <input type="checkbox"/> Ballinagree   | <input type="checkbox"/> Coachford     | <input type="checkbox"/> Minane Bridge  |
| <input type="checkbox"/> Ballinhassig  | <input type="checkbox"/> Coolea        | <input type="checkbox"/> Myrtleville    |
| <input type="checkbox"/> Ballingeary   | <input type="checkbox"/> Crookstown    | <input type="checkbox"/> Mogeely        |
| <input type="checkbox"/> Ballycotton   | <input type="checkbox"/> Crosshaven    | <input type="checkbox"/> Passage West   |
| <input type="checkbox"/> Ballygarvan   | <input type="checkbox"/> Donoughmore   | <input type="checkbox"/> Ringaskiddy    |
| <input type="checkbox"/> Ballymacoda   | <input type="checkbox"/> Dripsey       | <input type="checkbox"/> Roberts Cove   |
| <input type="checkbox"/> Ballymakeera  | <input type="checkbox"/> Dungourney    | <input type="checkbox"/> Rylane         |
| <input type="checkbox"/> Ballyvourney  | <input type="checkbox"/> Fountainstown | <input type="checkbox"/> Shanagarry     |
| <input type="checkbox"/> Berrings      | <input type="checkbox"/> Glounthaune   | <input type="checkbox"/> Watergrasshill |
| <input type="checkbox"/> Cobh          | <input type="checkbox"/> Inchageela    | <input type="checkbox"/> Whitechurch    |
| <input type="checkbox"/> Carrigadrohid | <input type="checkbox"/> Killeagh      | <input type="checkbox"/> Whitegate      |
| <input type="checkbox"/> Carrigaline   | <input type="checkbox"/> Kilmurray     | <input type="checkbox"/> Youghal        |
| <input type="checkbox"/> Carrignavar   | <input type="checkbox"/> Kilnamartrya  |                                         |
| <input type="checkbox"/> Carrigtwohill | <input type="checkbox"/> Killumney     |                                         |
| <input type="checkbox"/> Castlemartyr  | <input type="checkbox"/> Knockraha     |                                         |
| <input type="checkbox"/> Cloghroe      | <input type="checkbox"/> Ladysbridge   |                                         |
|                                        | <input type="checkbox"/> Leamlara      |                                         |
|                                        | <input type="checkbox"/> Little Island |                                         |

## **APPENDIX D**

### **West Cork Areas**

- |                                          |                                      |                                         |
|------------------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Allihies        | <input type="checkbox"/> Drimoleague | <input type="checkbox"/> Sherkin Island |
| <input type="checkbox"/> Ardfield        | <input type="checkbox"/> Drinagh     | <input type="checkbox"/> Skibbereen     |
| <input type="checkbox"/> Ardgroom        | <input type="checkbox"/> Dunmanway   | <input type="checkbox"/> Timoleague     |
| <input type="checkbox"/> Ballineen       | <input type="checkbox"/> Durrus      | <input type="checkbox"/> Togher (West)  |
| <input type="checkbox"/> Ballinspittle   | <input type="checkbox"/> Enniskeane  | <input type="checkbox"/> Union Hall     |
| <input type="checkbox"/> Ballydehob      | <input type="checkbox"/> Eyeries     | <input type="checkbox"/> Upton          |
| <input type="checkbox"/> Baltimore       | <input type="checkbox"/> Garretstown | <input type="checkbox"/> Whiddy Island  |
| <input type="checkbox"/> Bandon          | <input type="checkbox"/> Glengarriff |                                         |
| <input type="checkbox"/> Bantry          | <input type="checkbox"/> Goleen      |                                         |
| <input type="checkbox"/> Belgooly        | <input type="checkbox"/> Heir Island |                                         |
| <input type="checkbox"/> Bere Island     | <input type="checkbox"/> Innishannon |                                         |
| <input type="checkbox"/> Caheragh        | <input type="checkbox"/> Kealkil     |                                         |
| <input type="checkbox"/> Cape Clear      | <input type="checkbox"/> Kilbrittain |                                         |
| <input type="checkbox"/> Castletownbere  | <input type="checkbox"/> Kilcrohane  |                                         |
| <input type="checkbox"/> Castletownshend | <input type="checkbox"/> Kinsale     |                                         |
| <input type="checkbox"/> Clonakilty      | <input type="checkbox"/> Leap        |                                         |
| <input type="checkbox"/> Coppeen         | <input type="checkbox"/> Riverstick  |                                         |
| <input type="checkbox"/> Courtmacsherry  | <input type="checkbox"/> Rosscarbery |                                         |
| <input type="checkbox"/> Crossbarry      | <input type="checkbox"/> Rossmore    |                                         |
|                                          | <input type="checkbox"/> Schull      |                                         |
|                                          | <input type="checkbox"/> Shannonvale |                                         |

## APPENDIX E

### **Cork City Council Areas**

- Ballincollig
- Ballyvolane
- Ballyphehane
- Banduff
- Barretts Buildings  
(minimum age 55)
- Blarney
- Blackpool
- Blackrock
- Churchfield
- City Centre
- Douglas
- Dublin Hill
- Fair Hill
- Farranree
- Glanmire
- Glen
- Gurrabraher
- Horgans Buildings  
(minimum age 60)
- Kellehers Buildings
- Knocknaheeny
- Killeens
- Mallow Road
- Maddens Buildings  
(minimum age 60)
- Mahon
- Mayfield
- Model Farm Road
- Riverstown
- Roches Buildings  
(minimum age 50)
- Ryans Buildings  
(minimum age 55)
- Silversprings
- Suttons Buildings  
(minimum age 50)
- Tivoli
- Togher
- Turners Cross
- Whites Cross
- Wilton

# HMD-Form 1

## Disability and/or Medical Information Form

October 2023



### About this form

This form must be completed if applying for Social Housing Support due to a disability or on medical grounds. This form should also be used when applying for a transfer based on disability or on medical grounds from your existing social housing tenancy.

---

- The information you provide will be used by the local authority to help assess your housing need or that of a household member for Social Housing Supports. It will also assist the local authority **to consider if you have any specific housing requirements arising from your disability or medical condition.**
- The local authority makes offers of accommodation in line with the order of priority as set out in their Allocation Scheme. The local authority will make reasonable efforts to ensure the offer is suitable to meet the applicant's housing need, including any specific accommodation requirements the local authority deem are necessary. Offers of accommodation are dependent on the availability of suitable properties.
- Two Healthcare Professionals, who are registered to practice in Ireland, will be required to fill out parts of this form for you. A Healthcare Professional includes registered Medical, Nursing, Health or Social Care Professionals. These include a Consultant, General Practitioner (GP), Mental Health Nurse, Public Health Nurse, Nurse, Occupational Therapist, Social Worker, or any other registered healthcare professional deemed appropriate by the local authority for the purpose of providing the information required in the form.
- For clarity, the form should be completed by two different Healthcare Professionals, for example a Consultant and a GP; a GP and a Public Health Nurse; a Consultant and a Social Worker and so on. This is to ensure that the form gives a broad perspective and as much relevant information as possible about your circumstances and housing needs.



## How to fill this form

**Please read the following information carefully:**

**There are 3 separate parts to the HMD-Form 1. All 3 parts must be completed in full and submitted together to your local authority.**

Part 2 and Part 3 are not contained in this document. Please ensure you download or get a hard copy of Part 2 and 3 from your local authority.

Part 1 is this document and must be completed by you.

Part 2 must be completed by your first chosen Healthcare Professional (A).

Part 3 must be completed by your second chosen Healthcare Professional (B).

- Part 1 must be completed in full by the applicant for Social Housing Support. If you include details of members of your household who are over the age of 18, they must provide their consent for you to share their disability/medical information with the local authority.
- Part 2 and Part 3 must be completed by Healthcare Professionals who work with the disabled person or person with a medical condition. Please note that two separate Healthcare Professionals are required; one to fill out Part 2 - Healthcare Professional (A) and the second to fill out Part 3 - Healthcare Professional (B).
- All three Parts of the form must be submitted together to your local authority. Incomplete forms or those missing Parts 1, 2 or 3 will not be accepted and will be returned to the applicant.



## Other information

If you require clarity on whether the Healthcare Professionals you intend to seek assistance from to complete this form are suitable, please contact your local authority.

The local authority reserves the right to request back up information from the applicant to support their application. Such information includes occupational therapist reports, psychiatrist reports, or other such relevant evidence to facilitate the local authority to determine the appropriate form of Social Housing Support and/or specific accommodation requirements of the applicant.

# Part 1 of HMD-Form 1



## Section 1: Disability and/or Medical Information

This section must be completed **in full** by the applicant for Social Housing Support.

Please tick (✓) the box to show the category you are applying under.

Disability grounds

Medical grounds

Please state your disability and/or medical condition or those of any household member you are including in this form:

If you or a member of your household is a disabled person, please tick (✓) which categories of disability apply to you or your household member.

Physical

Mental Health

Intellectual

Sensory



## Section 2: Personal Details

This section must be filled out as outlined on page 2. Please make sure the details you input here are the same as on your Social Housing Application Form.

Please fill in the details of the main housing applicant below:

First name

Surname

PPS number

Date of Birth

Address

Telephone number

Email

**If applicable, please provide the details of the household member you want to include in this form who is disabled and/or has a medical condition (if you need to include additional household members, please include an extra copy of this page for each additional household member):**

First name

Surname

PPS number

Date of Birth

**If the household member above is over the age of 18, they must sign below to consent to the sharing of their information with the local authority:**

I permit the sharing of my medical information to the local authority to identify my housing needs.

Signature

Date

**If applicable, please provide signature of Co-Decision Maker or Decision-Making Representative appointed to work with the household member identified above:**

First name

Surname

Signature

Date



## Declaration from main housing applicant/s:

I/we permit the Healthcare Professional in Appendix A and B to provide information on my/our disability and/or medical condition to the local authority.

Signature of applicant 1

Date

Signature of applicant 2

Date

**If applicable, please provide signature of Co-Decision Maker or Decision-Making Representative appointed to work with you:**

First name

Surname

Signature

Date

---

### Office use only

Housing reference number:

Date Tenancy commenced (Transfer only):

When was Medical Priority last applied for?



## Part 2 of HMD-Form 1



### Healthcare Professional (A)

**NOTE: Please type this form when completing, but if writing you must use block capitals to ensure legibility.**

This section must be completed by a Healthcare Professional.

#### Details of Healthcare Professional completing this form:

First name

Surname

Name of Organisation

Occupation

Registration Number

Email

Telephone

#### Please identify the person to whom you are providing professional healthcare services:

First name

Surname

PPS number

Date of Birth

**Please indicate the professional service you provide to the disabled person or person with a medical condition, and the duration of time they have been engaged with your service.**

Duration



## Current Accommodation

In your professional opinion, is the accommodation in which the person is residing impacting negatively upon the person's disability or medical condition?

Yes

No

If yes, please explain below, and indicate whether you have visited their current accommodation:



## Accommodation Needs

Based upon the information outlined above, in your professional opinion, how would moving to other accommodation meet the accommodation needs of the disabled person or person with a medical condition? Considerations for this may include:

- Location (e.g., Proximity to amenities and services)
- Type of housing (e.g., Wheelchair liveable, wheelchair accessible, level access accommodation, standard accommodation)
- Design of housing (e.g., Accessibility features or other specific features, including additional bedrooms)

Please detail below:



## Support Needs of the Applicant

Are supports currently needed to enable the disabled person or person with a medical condition to live independently?

Yes

No

If yes, please provide details of support care package below:

Will the disabled person or person with a medical condition need any additional or new supports?  
Please provide details of the services you envisage will provide those supports.

Yes

No

Please provide details below:



## Healthcare Professional Declaration

I declare that the information and details I have provided on this form are correct and true.

I agree to the local authority contacting me, if necessary, to verify the details I have provided.

Signature

Date

Please provide stamp from your service below if available:

If you require extra space to complete the form, please include additional pages.



## Part 3 of HMD-Form 1



### Healthcare Professional (B)

**NOTE: Please type this form when completing, but if writing you must use block capitals to ensure legibility.**

This section must be completed by a Healthcare Professional.

#### Details of Healthcare Professional completing this form:

First name

Surname

Name of Organisation

Occupation

Registration Number

Email

Telephone

#### Please identify the person to whom you are providing professional healthcare services:

First name

Surname

PPS number

Date of Birth

**Please indicate the professional service you provide to the disabled person or person with a medical condition, and the duration of time they have been engaged with your service.**

Duration





## Current Accommodation

In your professional opinion, is the accommodation in which the person is residing impacting negatively upon the person's disability or medical condition?

Yes

No

If yes, please explain below, and indicate whether you have visited their current accommodation:



## Accommodation Needs

Based upon the information outlined above, in your professional opinion, how would moving to other accommodation meet the accommodation needs of the disabled person or person with a medical condition? Considerations for this may include:

- Location (e.g., Proximity to amenities and services)
- Type of housing (e.g., Wheelchair liveable, wheelchair accessible, level access accommodation, standard accommodation)
- Design of housing (e.g., Accessibility features or other specific features, including additional bedrooms)

Please detail below:



## Support Needs of the Applicant

Are supports currently needed to enable the disabled person or person with a medical condition to live independently?

Yes

No

If yes, please provide details of support care package below:

Will the disabled person or person with a medical condition need any additional or new supports?  
Please provide details of the services you envisage will provide those supports.

Yes

No

Please provide details below:



## Healthcare Professional Declaration

I declare that the information and details I have provided on this form are correct and true.

I agree to the local authority contacting me, if necessary, to verify the details I have provided.

Signature

Date

Please provide stamp from your service below if available:

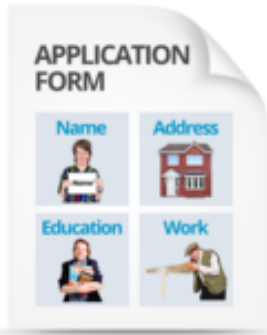
If you require extra space to complete the form, please include additional pages.



# Easy to Read Guide to Filling in the Social Housing Support Application Form

**April 2022**





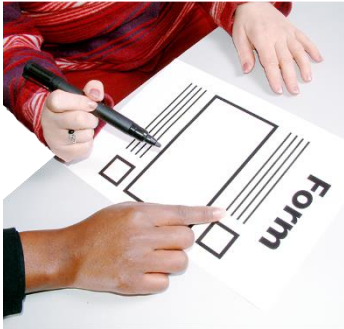
## What is this guide about?

This guide will help you to fill out an application to your local authority for social housing support.

You might need somebody you trust to support you to fill out the application.

An application for social housing support includes a lot of information and documents.

You can get the social housing support application form from the local authority where you live.



## Who can get Social Housing Support?

You can get social housing support if you do not have enough money to pay for your own place to live in.



## Where can you get Social Housing Support?

You can get social housing support from the local authority (city or county council) or another agency called an Approved Housing Body.



An Approved Housing Body is an organisation that can offer housing to groups of people, for example, Clúid and The Simon Community.

The disability service that you are connected to might be an Approved Housing Body.

## Types of Social Housing Support



Some of the types of support you can get from the local authority are below:

You can rent houses or apartments from the local authority or an Approved Housing Body.

You can rent a house or an apartment through schemes such as the Rental Accommodation Scheme (RAS) and Housing Assistance Payment Scheme (HAP)

Older people, homeless people, travellers, and disabled people can get support with housing.



If you need help filling in the application form you can contact the Housing Section of your local authority or a Citizens Information Centre.



Someone that you trust can support you to fill out the form too.

## Important information for when you are filling out the form.



Please write your answers clearly.

It is important that you answer all the questions on the application form.

Your application will not move forward unless all information we need is filled in.

The letters 'N/A' are written in a large, bold, black, cursive-style font, representing 'Not Applicable'.

You should write N/A if the questions do not apply to you.

Make sure to sign everywhere that you are asked to sign.



Your local authority will make sure to follow the rules of GDPR rights and your information.

If you have any questions about this, ask your local authority.



You need to send in other documents with the form. There is a checklist to help make sure you remember everything.

The application will not move forward unless everything is sent in.



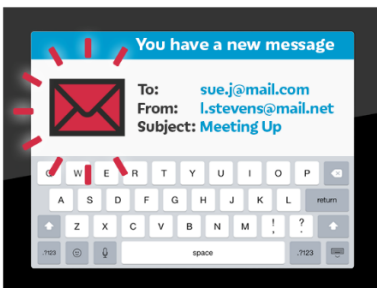
The local authority may also ask you for more information at a later time.

If your details change (for example, if you get married or move to a new house), you must tell the local authority.



It is very important that you answer letters and emails from the local authority.

If you do not answer all letters and emails the local authority may take you off the waiting list. This means you will not get social housing support.



You can choose someone close to you to help you answer letters and emails from the local authority.

They are called a co-correspondent.



The local authority will tell your co-correspondent that they sent you a letter or email.

Please take a copy of everything before you send it into the local authority.



# Checklist



The form has a checklist, and this includes all the extra information and documents that you must send with your application form.

You must remember to answer all the questions on the form, or your application will not move forward.



Try to hand in your form in person at the local authority office and they can make sure that you have answered all the questions you need to.

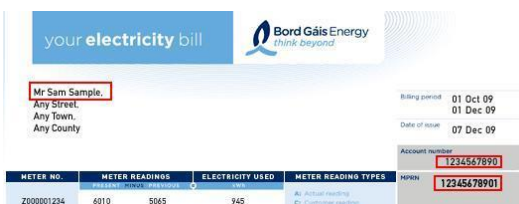
They can also help you make sure you have all the extra documents you need for your application.



We will go through and explain the extra information and documents you need below:

## Personal Information

- Photographic ID (passport or driving licence).
- Birth certs (for you and for any person who is applying with you, like a partner).
- PPS numbers (for you and for any person who is applying with you).
- Proof of address (like an electricity bill).



## Income Information

We need information and proof of all the money the people applying get, like wages and income.



### Employed

- If you (and any person who is applying with you) has had a job over the past 12 months, we will need the following:

#### From This Year

- Your payslips for all jobs you have had since January of this year.

#### Or

- Pay and Tax Summary (for this year)

You can get this from Revenue's online service (myAccount). This will include all your jobs in this current year to date.

Employer No.	Employee Name	Process Date	National Insurance Number
0834	FULL NAME HERE	20/12/2005	NP0000008
<b>Payments</b>		<b>Deductions</b>	
Gross Salary	1.00 3750.00 3750.00	PAYE Tax	845.19
Monthly		National Insurance	255.82
Payment Method:			
Cheque			
FULL NAME 35 ANYWHERE COURT KENSINGTON SW13 0DD		Tax Period: 10 Total Gross Pay Gross for Tax Earnings for NI	Tax Code: 489L 3750.00 3750.00 2730.00
COMPANY NAME		Total Gross Pay TD Gross for Tax TD Tax Paid TD Earnings for NI TD National Insurance TD	37500.00 37500.00 8451.90 27300.00 2558.20
		Net Pay	2639.19

#### From Last Year

- Statement of Liability

You can ask Revenue for this through their online service (myAccount) or your local tax office.

The Statement of Liability is a final review of your tax liability for a tax year. It was previously known as the P21 - End of Year Statement.

#### And

- Employment Detail Summary

You can get this from Revenue's online service (myAccount).



## Income Information (continued)

### Social Welfare Income

- If you (and any person who is applying with you) get social welfare payments, you will need to send information and proof of this. You can get a statement from the Department of Social Protection.
- This statement will show the money you got from them.



### Self-employed

- If you are self-employed, you need at least 2 years accounts with an auditor's report and a notice of assessment and / or self-assessment acknowledgement letter (for the last 12 months).

### Pensions

- If you are a member of a public service pension scheme, or have what is called an Additional Superannuation Contribution (ASC), then you will also need to provide
  - your final payslip from last year, and
  - your most recent payslip from this year

Employee No.	Employee Name	Process Date	National Insurance Number
0834	FULL NAME HERE	201012005	NP0000008
Payments		Deductions	
Units	Rate	Amount	Amount
Gross Salary	1.00	3750.00	3750.00
Monthly			PAYE Tax 345.19
Payment Method:			National Insurance 285.82
Cheque			
FULL NAME 35 ANYWHERE COURT KENSINGTON SW3 0DD		Tax Period: 10 Tax Code: 459L Total Gross Pay 3750.00 Gross for Tax 3750.00 Earnings for NI 2730.00	Total Gross Pay TD 3750.00 Gross for Tax TD 3750.00 Tax Paid TD 845.19 Earnings for NI TD 2730.00 National Insurance TD 285.82
COMPANY NAME			Net Pay 2639.19

## Extra information that might apply to you (if it does not apply to you, you can write N/A)



- Information and proof of citizenship or permission to stay in Ireland for you and any person who is applying with you.  
(like a letter from the Department of Justice).

- Marriage certificate.

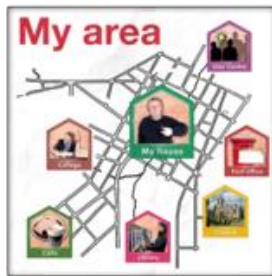
- Copy of a separation / divorce agreement.

- Information and proof of tenancy agreement and Residential Tenancy Board registration if you are renting now.

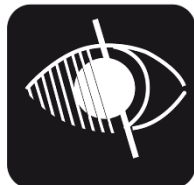
- Information about any property or land you (or any person who is applying with you) owns. This information should include the location, value, status of the property and any money you get from this.



- If you own a house and this mortgage is in trouble, you need a letter from the arrears support unit of your lender.
- A letter from a local authority or Approved Housing Body where you previously lived if you had social housing support before.



- Information and proof of a connection with the local area if you do not live there now, for example, this can be proof that you used to live there before.



- A completed Disability and/or Medical Information form.  
You can get this from your local authority. There is more information on this form on page 18.



- An Occupational Therapist (OT) report about what you would need in your house like equipment or changes to a house to make it more accessible for you.

# This Form is in 12 Parts and This is a Guide to Those Parts



## Part 1: About You (Personal Details)

- This part asks for things like your name, date of birth, current address etc.
- If there is somebody else applying for social housing with you (like a partner), then they will also need to fill out their personal details.

## Part 2: Where You Are From (Nationality Details)



- This part asks where you were born, what language you speak, your citizenship status for example, if you are Irish.

## Part 3: Where You Work (Employment Details)



- This part asks if you are working.
- It asks for your employers' details, like their company name and address.

## Part 4: What Money You Get (Income Details)

- You need to show your weekly income or wages before you pay any taxes (gross pay). This can be the money you get from working, social welfare, or any other money you get.
- Then you need to list what is taken out of your money (deductions), this can be things like PAYE, PRSI.

Empcode No	Employee Name	Empcode Date	Residence Address		
0834	FULL NAME HERE	20/01/2005	NP0000008		
Payments	Units	Rate	Amount	Deductions	Amount
Gross Salary	1.00	3750.00	3750.00	PAYE Tax	845.19
Monthly				National Insurance	265.82
Payment Method:					
Cheque					
FULL NAME 35 ANYWHERE COURT KENSINGTON SW3 0DD		Tax Period: 10	Tax Code: 489L	Total Gross Pay TD	37500.00
COMPANY NAME		Total Gross Pay	3750.00	Gross for Tax TD	37500.00
		Gross for Tax	3750.00	Tax Paid TD	845.19
		Earnings for NI	2750.00	Earnings for NI TD	27300.00
				National Insurance TD	2658.20
				Net Pay	2639.19

## Part 5: Other People Applying with you (Other Household Members)



- This part asks for information about the other people who will live in the same house as you. For example, your partner or any children you have.
- You need to give details like their names, date of birth, country of birth, citizenship status, gender, marital status.

## Part 6: Where You Live Now (Current Accommodation)



- This part asks about where you currently live and details on this.
- It asks if you own or rent the house you live in and what kind of housing it is.



- If you are renting, you need to give information and proof of this.
- It asks for the reason you are looking for support (like disability reasons).
- You then need to explain what is in the house you live in now.



## Part 7: Where You Have Lived Before (Accommodation History)

- This part asks you to give information about where you have lived over the last 5 years.

## Part 8: What House Do You Need (Housing Requirements)



- This section asks if you identify as an Irish Traveller.

This is to know if you are a Traveller and would like to be included in Traveller Accommodation Programmes.



This gives local authorities information they need to improve their Traveller Accommodation Programmes.

This information will not affect whether a person is eligible for social housing supports.



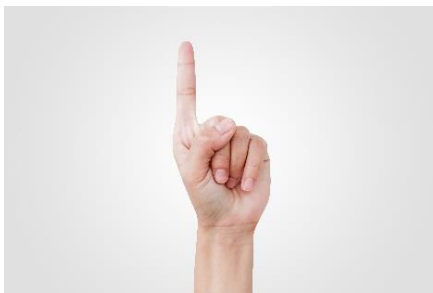
- This part also asks what housing support you need to make your home more accessible. For example, changing the bathroom, bedroom or putting in ramps.





- If you are applying on medical or disability grounds, you will be asked to give details about your needs.
- If you are applying on medical or disability grounds, you will also need to fill out another form, the Disability and/or Medical Information form.

You can get this from your local authority. There is more information on this form on page 18.



## Part 9: Basis for Application

- You can only apply to one local authority for housing support.

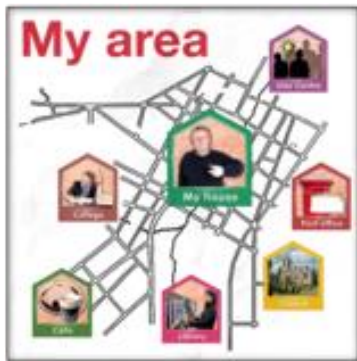


- The name of the local authority for where you would like to live will be on the front of the application form.

- This local authority must be in the area where you usually live.



- You will be asked to choose where you would like to live in this local authority.



- You should choose these areas carefully, think of things such as services, transport, links to family and friends, and type of housing in the areas you choose.

- You can apply to another area if someone living in the house has a local connection to that area.



- A local connection is when someone:

- used to live in an area for 5 years,

- works within 15km of the area,

- goes to school or college there,



- needs educational or health services in that area,



- has a relative living in the area for more than 2 years. A relative includes a parent, adult child or sibling.

It may also include another relative who has a close link with the household member.

## Part 10: Other Houses You Own (Other Property Information)



- This part asks about any property or land you might own.
- It asks about any property or land someone who is applying with you might own.
- Put n/a in these boxes if these questions do not apply to you.

N/A



## Part 11: Public Order Offences and Other Information

- This part asks if you have ever been in trouble with the Gardaí.

## Part 12: Other Information

- Add in anything else that might be important or helpful to support your application.



## Declaration



At the end of the application form there is a section for you to sign called a 'Declaration'.



Read the declaration carefully and sign it. If there is another person applying with you, they need to sign it too.



If you need help filling in this form you can contact the Housing Section of your local authority or a Citizens Information Centre and they will help you. Someone you trust can also help you.

# Disability / Medical Information Form

## What Is This Form About?



If you are applying for social housing support because you have a disability, you need to fill out another form.

The form is called HMD – Form 1. You can ask your local authority to give you this form.

## Important Information

You may get priority status for housing support if you have a disability or medical condition.

This will depend on your housing situation.

The form has four sections. You should fill out section 1 and section 2 yourself.

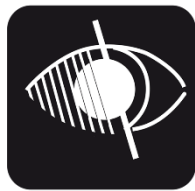
Two healthcare professionals should fill out section 3 and section 4 for you.



A Healthcare Professional includes the following professions: Consultant, General Practitioner (GP), Mental Health Nurse, Public Health Nurse, Occupational Therapist or Social Worker.

You may need an Occupational Therapy (OT) report depending on your housing needs, like if you need to change a house to make it more accessible for you.

# The Form Is In 4 Sections and This Is A Guide to Those Sections



## Section 1: Disability and / or Medical Information

- This section asks you to fill out information about your disability and / or medical condition.

## Section 2: About You (Personal Details)

- This section asks you to fill out information about yourself for example: your name and date of birth.



## Section 3A: Healthcare Professional Details

- The two healthcare professionals fill in their contact details in this section.
- They will fill out some of the parts of the form to support your application.



## Section 3B: Current Accommodation Details



- This section asks the healthcare professionals about where you live now and if it is having a bad effect on you.

## Section 3C: Accommodation Details



- This asks the healthcare professionals how a change in where you live will be a good thing for you.

## Section 3D: Support Needs



- This asks the healthcare professionals about the supports you need to live independently.

## Section 4: Healthcare Professional Declaration



- The two healthcare professionals sign and date the form.

# Cork County Council

## Q & A -Assessment of Applicants for Social Housing Support

– updated 01/01/2023

This document contains a selection of the main queries arising on the new Housing Needs Assessment procedures which will assist applicants in understanding how they can apply for Social Housing Support. There are many references to a “Housing Authority” in this document. Please note that Cork County Council is a Housing Authority.

A number of changes with regards to how applicants may access Social Housing were introduced by Government with effect from 19<sup>th</sup> April, 2021 for all social housing applicants. These changes were introduced under the Social Housing Assessment (Amendment) Regulations 2021 S.I. 116 of 2021. Further updates were introduced with effect from 14<sup>th</sup> March 2022, these changes were introduced under the Social Housing (Amendment) Regulations 2022 S.I. No. 73 of 2022. **The Social Housing Assessment (Amendment) (No.3) Regulations 2022 have resulted in the baseline income thresholds for social housing support applicants being increased for all local authorities with effect from 1<sup>st</sup> January 2023.**

These Regulations amend the Social Housing Assessment Regulations 2011 (S.I. No. 84 of 2011), which were previously amended by the Social Housing Assessment (Amendment) Regulations 2011 (S.I. No. 136 of 2011), the Social Housing Assessment (Amendment) (No. 2) Regulations 2011 (S.I. 321 of 2011) and the Social Housing Assessment (Amendment) Regulations 2016 (S.I. 288 of 2016).

Social Housing Support includes all of the options as listed in Question 2 below. This means that all new applicants and existing applicants for social housing are now seeking “Social Housing Support” as opposed to just “Social Housing”. **All applications, whether they are existing approved applicants on the Housing Waiting List or new applicants for “Social Housing Support” must now be assessed under these Regulations.** This means all criteria in these Regulations, including the income limit, applies to all applicants. The Housing Authority will assess each new applicant’s need and will also reassess applicants who have been previously approved for Social Housing and if deemed eligible for Social Housing Support under these Regulations, the applicant(s) will be placed on the waiting list and their need can thereafter be met under one of the options listed below in Question 2.

For ease of use, questions are divided into the following sections in this Q & A:

- A. Application form
- B. Housing Authority an applicant can apply to
- C. Income Eligibility
- D. RAS/Rent Supplement
- E. Areas of Choice/Preference
- F. Documents to be submitted with application regarding property ownership in
  - a. Ireland or abroad
- G. Applicants whose mortgage is deemed unsustainable



- H. HMD-Form 1
- I. Regulations
- J. Change to Application Form – Traveller Identifier Question

Once an applicant's housing need is met under any one of the options as listed below in Question 2, they will then be removed from the Local Authority Housing Waiting List/Social Housing Support. \*(HAP applicants have the option to remain open as a transfer applicant)

### Application Form

#### **1. What is an applicant now applying for under the Regulations?**

All applicants for social housing, both new and existing applicants who are already on the waiting list, are applying for "Social Housing Support".

#### **2. What does "Social Housing Support" include?**

An applicant's needs can be met under any one of the following Social Housing Supports:-

- Rented Local Authority Housing
- Rental Accommodation Scheme (RAS)
- Approved Housing Body
- Adapted Housing
- Demountable dwelling
- Improvement Works in Lieu of Local Authority Housing
- Site for a Private House
- Single Rural Dwelling
- Traveller Group Housing
- Traveller Halting Site Bay
- Transfer from existing Local Authority Accommodation
- Extension to an existing Local Authority House to meet household accommodation needs
- Housing Assistance Payment
- Wheelchair Livable
- Single Level Housing

For details of what some of these options mean please see H to Q on pages 8-10 of this document.

#### **3. Can someone just select Rented Local Authority Housing?**

Yes, but the Housing Authority is not precluded from offering other forms of social housing support just because an applicant has indicated a requirement for a specific type of support. Therefore, either at the time of applying or during the assessment, the Housing Authority makes applicants aware of this.

#### **4. Can you submit the application form electronically?**

No, the application must be presented in hard-copy. The application form is required to be signed by the applicant and an applicant is required to submit original documentation. It is recommended that where possible, application forms be submitted in person.

## 5. Single Person Applicants

### Applications from persons seeking to leave (or who have recently left) the family home –

With this category of applicant if there is adequate space in the family home then their application for Social Housing Support should not be approved unless they can provide genuine reasons supported by correspondence from either a Social Worker, Gardai or a Medical Practitioner that they have a requirement for their own accommodation or they have identified need as per Section 23 of S.I. 84 of the Social Housing Assessment Regulations 2011. If this category of applicant had been privately renting for 6 months or longer from their own resources recently then their application can be considered.

### B. Housing Authority an applicant can apply to

#### 5. Can a household apply to two different authorities?

No, a household can only make **one application** for social housing support. They must apply to the Housing Authority in whose area they currently reside **or** to an authority that they have a local connection with. Within their application form however, they can select up to two areas of choice outside of the authority in which they reside or have a local connection with, provided that the area is in the same county. (*See examples on appendix 1 to further explain this point*). The household is not allowed to select an area outside of the county.

However the exception to this is that an applicant can apply to ***Cork County Council or Cork City Council*** (depending on where they live or have a local connection to) and they can specify areas of preference in **both** Cork City and Cork County. They must specify at least one area of preference in the Local Authority area where they apply. This exception will only apply to Cities and will not apply to adjoining Counties. So for example, an applicant cannot apply to Cork County Council and specify an area of preference in both Co Cork and Co Kerry. For example, a household can apply as follows:-

*In Co Cork, a household applying to Cork County Council may select areas of choice in Co Cork, and Cork City Council. Likewise a household applying to Cork City Council may also select areas of choice in Cork City and Cork County Council.*

#### 6. What if a household lives near a county boundary and wants to choose areas to live in both counties?

A household cannot select areas of choice in multiple counties. The household will have to decide which authority they wish to apply to, and will be limited to choices within the county to which they are applying.

#### 7. Can an applicant choose to apply to a Housing Authority where they are not currently resident?

Yes, but only if they can demonstrate that they have a **local connection** to the authority they want to apply to. A local connection can be established if the applicant or a member of the household;

- has lived in the area for a continuous 5 year period previously;
- is employed in the area or within 15 km of the area;
- is in full-time education, or attending specialist medical care in the area;
- has relatives living in the area for 2 years or longer – a relative in this context is defined as being a parent, adult child or sibling and includes other relatives such as step-parent, grandparent, grandchild, and or uncle where there are close links with the household in the form of a commitment or dependence.

If there are exceptional reasons, a Housing Authority may also decide at its discretion to accept a household who does not meet this criterion. However if such an application is accepted, the applicant can only select preference areas within the functional area of their Housing Authority their application is made to. So for example if Cork County Council agrees to accept an application from an applicant who is not living in Co Cork nor has a local connection to the area, the applicant can only select areas of choice in Co Cork.

**C. Income Eligibility**

From the 19<sup>th</sup> April 2021, whether an applicant meets the income criteria is based on a **CALCULATION OF THEIR PRECEDING 12 MONTHS NET AVERAGE INCOME PRIOR TO THE DATE OF APPLICATION**, net income means that income tax, USC, PRSI and Additional Superannuation Contributions (ASC) are deducted from the relevant assessable gross income. **THE DETAILS OF WHAT IS REQUIRED ARE NOTED ON THE CHECKLIST PART 2 ON THE APPLICATION FORM.**

**8. What are the maximum income limits for County Cork?**

Income is based on the income of all household members. From the 1<sup>st</sup> January 2023, Single Person Households must have a net average income for the 12 months preceding their date of application of less than €35,000. Net income means that income tax, USC, PRSI and Additional Superannuation Contributions (ASC) are deducted from the relevant assessable gross income.

If for example, if one member of the household is working and others are on social welfare, all such income will be taken into account for the income eligibility test.

The €35,000 limit can be increased by a further €1,750 per additional household member/earner up to a maximum of €3,500 and an additional €875 per dependant child with no maximum. See following examples:-

Household Type	Annual Max Net Income	Weekly Max Net Income
One Person Household with no children	€35,000	€671
Two Person Household with no children	€36,750	€705
One Person Household with 1 child	€35,875	€688
One Person Household with 2 children	€36,750	€705
Two Person Household with 1 child	€37,625	€722
Two Person Household with 3 children	€39,375	€755
Three Person Household with 4 children	€42,000	€806

Applicants applying for a transfer from their existing Local Authority Property will not be subject to a means test. However, applicants are not eligible to apply for a transfer of accommodation if they were in arrears for an accumulated period of 12 weeks in the preceding 3 years.

**9. Do the same income limits apply to Cork City?**

No, the limits which apply to Cork City are higher, in that the €35,000 is replaced with €40,000. See following examples:-

Household Type	Annual Max Net Income	Weekly Max Net Income
One Person Household with no children	€40,000	€767
Two Person Household with no children	€42,000	€806
One Person Household with 1 child	€41,000	€786
One Person Household with 2 children	€42,000	€806
Two Person Household with 1 child	€43,000	€825
Two Person Household with 3 children	€45,000	€863
Three Person Household with 4 children	€48,000	€921

**10. If a person’s income fluctuates, are they ineligible based on their income being above the threshold for the previous year?**

Whether an applicant meets the income criteria is based on a **CALCULATION OF THEIR PRECEDING 12 MONTHS NET AVERAGE INCOME PRIOR TO THE DATE OF APPLICATION**, net income means that income tax, USC, PRSI and Additional Superannuation Contributions (ASC) are deducted from the relevant assessable gross income.

**11. What if any member of an applicant household owns ‘land and/or property’?**

Any income derived from land and/or property is assessable under the household means policy when considering eligibility. Regulation 22 provides that a household shall not be eligible for social housing support where the household has alternative accommodation that it owns which could be used to meet its housing need either by the household moving into it or by selling it and using the proceeds of the sale to secure other suitable accommodation.

**12 Where a household, following marital separation, applies to an authority for social housing support but still owns a property with his/her ex partner, is that household eligible for social housing support?**

Where a couple have separated but the consequences for the family home have not been resolved (in a formal agreement or in legal proceedings) then the Local Authority may deem them eligible (providing they meet all the other eligibility and needs criteria). However, such households are only eligible for certain types of social housing support; namely the Rental Accommodation Scheme (RAS) and the Housing Assistance Payment (HAP). The application will be kept under review to ensure the applicant’s continued qualification for Social Housing Support. In some instances where a determination has been made, provisions may have been made that impose a stay on the sale of the property, for example, where the property is to be retained as the family home until the children reach 18 years of age. In these circumstances, the Housing Authority may decide that the property is not available to the applicant household and that they are eligible for social housing support. Where an application is reviewed and a determination regarding the property is made such that the person is no longer qualified for social housing support then their eligibility for HAP ceases and their application for social housing support should be closed.

**13. If an applicant applies to Cork County Council for Social Housing Support and also selects an area of choice in the City Council area, which income limit applies to the applicant?**

While a household may select an area/areas of choice in both the County Council's administrative area and the City Council area, the household must be eligible on income grounds in all the Housing Authority areas in which they select areas of choice.

**14. If someone has surrendered a local authority tenancy, do they still qualify for support?**

The Housing Authority has the discretion to make its own determination on this. Section 20(8) of the 2009 Housing Act allows a Housing Authority to disregard a household's current accommodation where the authority has reason to believe that the household or any member of the household has deliberately done something that makes their current accommodation unsuitable for them.

When making a decision on whether to consider a household for supports, the Housing Authority will have regard to how long ago the household surrendered their tenancy and what the reason was for the household surrendering the property.

**15. Do the new assessment procedures apply to tenants applying for a transfer?**

No, the new assessment procedures only apply to households not currently in receipt of social housing support. Transfer applicants are required to complete the specific application form relevant to Transfer Applicants. Housing authorities apply their own policies to existing tenants in relation to transfer applications. Cork County Council's policy in relation to considering a Local Authority tenant for a transfer is set out in the Council's Allocation Scheme which is available to view on the Council's website @ [www.corkcoco.ie](http://www.corkcoco.ie)

**D. RAS/Rent Supplement**

**16. Are RAS tenants to be taken off the housing list once the new assessment procedures are commenced?**

The position is that RAS has always been considered a form of Social Housing Support. This position is reinforced in Section 19 of the 2009 Act which gives legislative recognition to this position and now means that under the Act, all households in receipt of social housing support, including RAS, are deemed to have had their housing need met and therefore, can no longer be included on the Social Housing Support List.

However, RAS tenants who were transferred to RAS **prior** to the Assessment Regulations coming into force on 1<sup>st</sup> April and who were on the housing list will continue to be considered for Local Authority Housing by way of a Transfer. Cork County Council's Policy in relation to these transfers is set out in the Council's Allocation Scheme.

RAS tenants who were transferred to RAS **after** 1<sup>st</sup> April 2011 can seek a transfer from their RAS accommodation in accordance with the Council's policy for Transfers, which again is set out in the Council's Allocation Scheme.

**17. Does a household that is already accommodated through RAS need to be re-assessed under the new Regulations at the end of a RAS contract, prior to allocating further accommodation?**

No. As the household is already in receipt of social housing support, the Housing Authority cannot re-assess the household's eligibility and need for housing.

**E. Areas of Choice/Preference**

**18. How many areas of preference can an applicant select?**

Available areas are listed in Cork County Council's social housing support application form. Applicants can specify up to a **maximum of 3 areas of choice**. However listing of areas of choice on the form is **not** a priority list and hence all areas of choice specified on the form are deemed to be of equal priority.

**19. What happens to the applicant's position on the list if they change their area of choice to include an area in a new authority within the county of application?**

An applicant must wait a year before they can change their area(s) of choice on their application form. If an applicant after this time decides to change their area(s) of choice to include a housing area in an authority not previously included in the application, they will only be deemed to qualify for the new choice area in the new Housing Authority from the date they changed to this area. For example, if an applicant had originally chosen areas of choice only in Cork County Council, and now want to change one of their areas to an area in Cork City Council which is considered a separate Housing Authority then they will only be deemed to qualify for the new choice area in Cork City Council from the date that they changed to this area. This will not affect the dates applicable to their other choice areas.

**20. To change an area of choice on an application form you must wait one year, but what happens if an applicant wants to make another change?**

Once an applicant makes a change to one or more of their areas of choice, they **cannot** make any further changes to their area(s) of choice for twelve months.

**21. Can an applicant make more than one change to their areas of choice?**

Yes, an applicant may decide to change, one, two or three areas of choice, but once a change is made, they cannot make any further changes for a period of 12 months.

**22. If an applicant only selected one or two areas of choice when they submitted their application but then decided to add a third area of choice to their application, do they have to wait for 12 months to do this?**

No they can add an additional area to their areas of choice up to a maximum of having three areas of choice selected at any time if they did not select three areas when they submitted their application. However they can make no further changes for a period of 12 months.

**23. Who should the applicant make the request for an area preference change to?**

The Housing Authority of application processes all area preference change requests and notifies the other authorities accordingly.

**24. What happens if an applicant moves out of the Housing Authority area where they submitted their application?**

If the household moves out of the area of the Housing Authority of application but the household keeps its areas of choice the same, the household will continue to qualify subject to need and income. There is no requirement for the applicant to change their housing authority of application in these circumstances and a household will not be required to re-apply or forfeit their time on the list as a result. So for example, if an applicant applies to Cork County Council and selects areas of choice in Co Cork and Cork City. If they then move to live in Cork City, they can continue to qualify for housing in Co Cork subject to need and income. If however they no longer wish to be considered for housing in Co. Cork, then they must notify Cork County Council who will arrange to have their application transferred to Cork City Council who will then become their Authority of application. There is no requirement for the household to re-apply or forfeit their time on the list as a result.

**F. Documents to be submitted with application regarding other property ownership in Ireland or abroad**

**25. LPT Register Search**

The HPL1 check has been replaced with a verification process of PPSN against the LPT Register. Information included by the applicant in the 'Property Information' section of the updated application form for social housing support will be cross-checked with the Revenue Commissioners by Cork County Council using the PPSN's provided. Following this check Cork County Council may seek follow up clarifications directly from the applicant.

**26 Is there any other documentation a person not born in the Republic of Ireland must submit with their application?**

Any person not born in the Republic of Ireland must submit documentation/declaration from the **Property Registration Authority** (or equivalent in their home country) to confirm if they own any property in their home country. This documentation/declaration must be translated into the English language by an official Translation Agency and must be submitted along with the original documents provided by the Property Registration Authority to the Housing Authority with the application for Social Housing Support. Any Irish Citizen who has resided abroad for a significant period of time must also provide proof from the relevant Property Registration Authority that they too do not own property in those countries they resided in.

**G. Applicants whose mortgage is deemed unsustainable**

**Can a person and/or household apply for Social Housing Support if their mortgage on their existing accommodation is deemed unsustainable?**

A Household may be considered for Social Housing Support where the Mortgage on their existing accommodation is deemed unsustainable.

Whilst such Households may become qualified for Social Housing Support, they are not able to access any support including HAP until they are no longer deemed to be the legal owners of the property which is subject to the mortgage (i.e. until the property has been repossessed).

## HMD-Form1

This form is for anyone who is applying for social housing or a social housing transfer due to a disability or medical grounds. The information provided on the form, that must be submitted along with the social housing support application form, will be used to assess if priority status should be awarded to an applicant. Being given priority status on disability or medical grounds means an applicant will go nearer the top of the priority list of those being considered for housing as set out in Cork County Council's Allocation Scheme. Priority Status may be awarded if the following three criteria apply to your household:

- You or someone in your household has a disability or a medical condition and
- The current accommodation is not suitable to meet the needs of the person with a disability or medical condition and
- A change in housing will improve or stabilise the circumstances of the person with a disability or condition.

Part 1 of the form needs to be filled out by the person with a disability or medical condition or by the applicant if the person with a disability or medical condition is a dependant of the applicant.

Part 2 and Part 3 need to be filled out by two separate Healthcare Professionals who work with the person with a disability or medical condition.

A Healthcare Professional includes registered Medical, Nursing, Health, or Social Care Professionals. These include a Consultant, a General Practitioner (GP), Mental Health Nurse, Public Health Nurse, Nurse, Occupational Therapist, Social Worker or any other registered healthcare professional deemed appropriate by the local authority for the purpose of providing the information required for the form. An Occupational Therapist report must be provided where there is a need for a specific accommodation requirement.

For clarity, the form should be completed by two different Healthcare Professionals, for example a Consultant and a GP, a GP and a Public Health Nurse, a Consultant and a Social Worker and so on. This is to ensure that the form gives a broad perspective and as much relevant information as possible about your circumstances and housing needs.

**ALL THREE PARTS OF THE HMD FORM 1 MUST BE COMPLETED IN FULL AND RETURNED TOGETHER TO THE HOUSING DEPARTMENT.**

## H. Regulations

### **30. What Regulations govern how applicants are assessed for Social Housing Support?**

#### **Regulations effective from 1<sup>st</sup> April 2011**

- Social Housing Assessment Regulations 2011 - S.I. 84 of 2011
- Social Housing Assessment (Amendment) Regulations 2011 – S.I. 136 of 2011

#### **Regulations effective from 1<sup>st</sup> July 2011**

- Social Housing Assessment (Amendment) Regulations 2011 – S.I. 321 of 2011

#### **Regulations effective from 7<sup>th</sup> June 2016**

- Social Housing Assessment (Amendment) Regulations 2016 (S.I. No. 288 of 2016)

#### **Regulations effective from 19<sup>th</sup> April 2021**

- Social Housing Assessment (Amendment) Regulations 2021 (S.I. No. 116 of 2021)

#### **Regulations effective from 14<sup>th</sup> March 2022**

- Social Housing Assessment (Amendment) Regulations 2022 (S.I. No. 73 of 2022)

#### **Regulations effective from 1<sup>st</sup> January 2023**

- Social Housing Assessment (Amendment) (No.3) Regulations 2022 (S.I. No. 615 of 2022)



## *Appendix 1 - Examples of which Authority an applicant can apply to for Social Housing Support*

### *If an applicant lives in Ballylanders, Co Limerick, can they apply for SHS in Mitchelstown?*

First they must decide where they would prefer SHS, in Co Limerick or Co Cork as they can only make **one application** for SHS to **one Housing Authority**. If they want to obtain SHS in Mitchelstown, they can apply to Cork County Council **IF** they can establish a local connection with Cork County Council's administrative area. (see Question 7).

### *If a person lives in Co Kerry on the Cork/Kerry border, can they apply to Cork County Council for SHS?*

Same as above example. They must first decide where they would prefer SHS, in Co Kerry or Co Cork as they can only make **one application** for SHS to **one Housing Authority**. If they want to apply for SHS in Co Cork they can apply to Cork County Council **IF** they can establish a local connection with Cork County Council's administrative area. (see Question 7).

### *What Housing Authority can non Irish nationals apply to for SHS?*

Non Irish nationals who have established a legal right to remain in the state on a long term basis can, like all other applicants, apply to the Housing Authority in whose area they currently reside **OR** to an Authority that they have a local connection with. (see Question 7).

### *If an applicant lives in Co Cork, can they also select an area of preference in Cork City?*

Yes. The applicant can apply to Cork County Council in this case as they reside in Co Cork. They can then select up to three areas of preference, one of which must be in Co Cork and one or two of which can be in Cork City. The applicant can apply to Cork City Council if they can establish a local connection to the city – (see Question 7). If they are eligible to apply to the City Council, they can also select an area of choice in Co Cork.

## **J. Change to Application Form – Traveller Identifier Question**

A Traveller Identifier question is included in the application form (Part 8, Page 15 of form) to identify Travellers wishing to be included in Traveller Accommodation Programmes. Housing Authorities must make an assessment of the accommodation needs of Travellers under Section 6 and 7 of the Housing (Traveller Accommodation) Act, 1998. This information is requested for that purpose only and will not be used or have any impact on the applicant's eligibility for social housing support.