Guidance Document for Completion and Submission of Social Housing Support Application Form
May'25

<table>
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<tr>
<td>Comhairle Cathrach Bhaile Átha Cliath Dublin City Council
Comhairle Contae Fhine Gall Fingal County Council
dlr Comhairle Contae County Council
Comhairle Contae Átha Cliath Theas South Dublin County Council</td>
<td>All the Local Authorities (LA) use similar Social Housing Support (SHS) Application Forms and collect the same information.
Please ensure that the right Application Form is submitted to the appropriate LA.</td>
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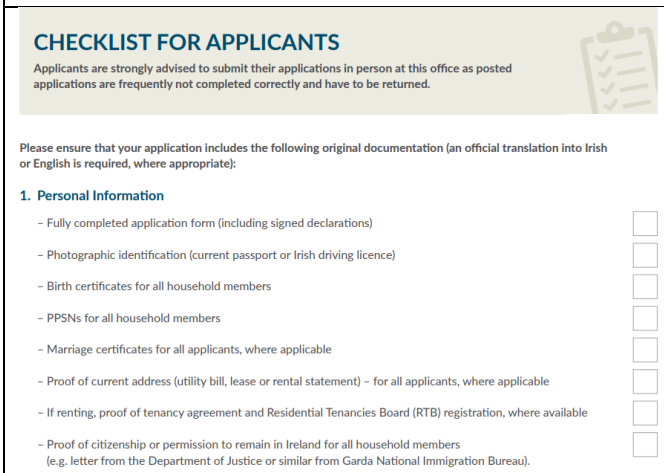
<td> 
</td>
<td>Before submitting the SHS Form, please ensure all the relevant information is submitted with the Application
• Photo ID
• Birth Cert
• PPSNs for the applicant
• Proof of current Address

*Some additional information may be needed depending on individual circumstances</td>
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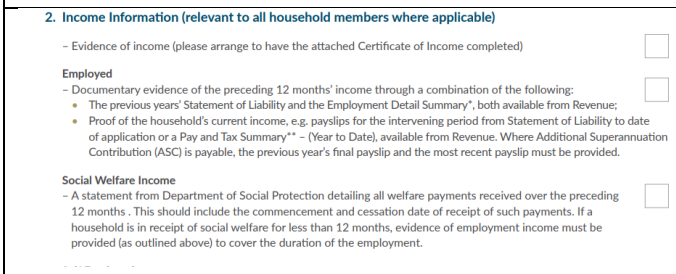
<td> 
</td>
<td>Income amounts will be noted in Part 4 of the form

If the SU is currently in employment, Payslips/ Statement for Revenue Commissioners needs to be provided

For Social Welfare recipients, a Statement from Dept of Social Protection needs to be provided</td>
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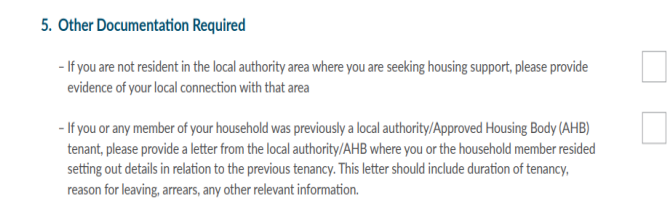
<td> 
</td>
<td>If applying to a different Local Authority, provide evidence of 'A local connection' to that area.

(See Part 9)</td>
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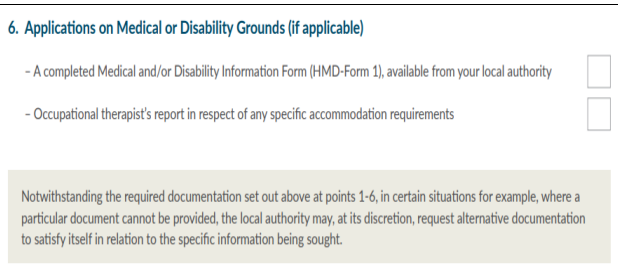


6. Applications on Medical or Disability Grounds (if applicable)

– 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 ☐

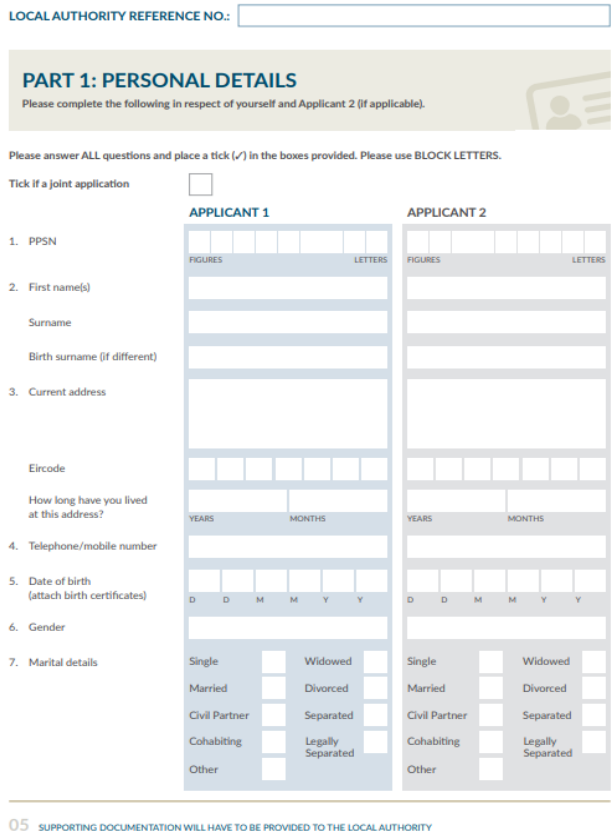
Notwithstanding the required documentation set out above at points 1-6, in certain situations for example, where a particular document cannot be provided, the local authority may, at its discretion, request alternative documentation to satisfy itself in relation to the specific information being sought.

The **HMD Form** needs to be completed by **2** relevant Health/Social Care Professionals including.

- **GPs**
- **Public health Nurses**
- **Occupational Therapist**
- **Psychologist**
- **Social Workers**
- **CORU Registered Social Care Workers**

The **HMD Form** can be submitted along the **SHS** Form

Please contact the Housing Dept Housing@smh.ie to obtain a **HMD Form**



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.

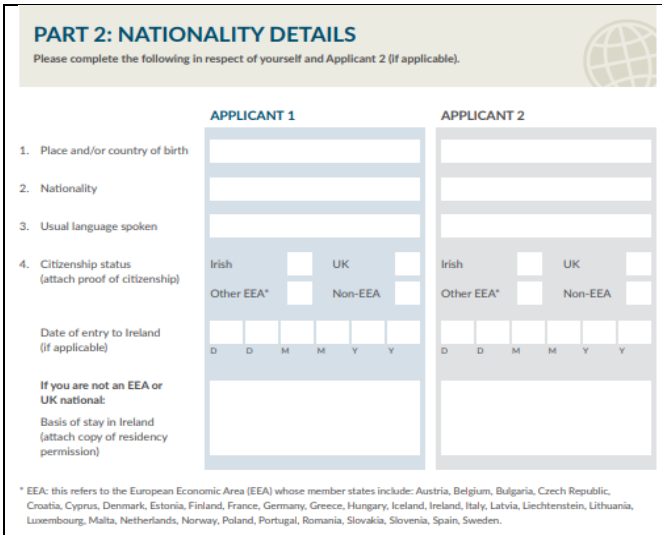
Tick if a joint application ☐

	APPLICANT 1	APPLICANT 2
1. PPSN	FIGURES / LETTERS	FIGURES / LETTERS
2. First name(s)		
Surname		
Birth surname (if different)		
3. Current address		
Eircode		
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 ☐ Widowed ☐ Married ☐ Divorced ☐ Civil Partner ☐ Separated ☐ Cohabiting ☐ Legally Separated ☐ Other ☐	Single ☐ Widowed ☐ Married ☐ Divorced ☐ Civil Partner ☐ Separated ☐ Cohabiting ☐ Legally Separated ☐ Other ☐

05 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY

Only relevant details for the Service User (Applicant 1) are required in this section.

The Application is only being made for the Service User and not for other members of their current household.
No information for other members of their current household needs to be submitted.



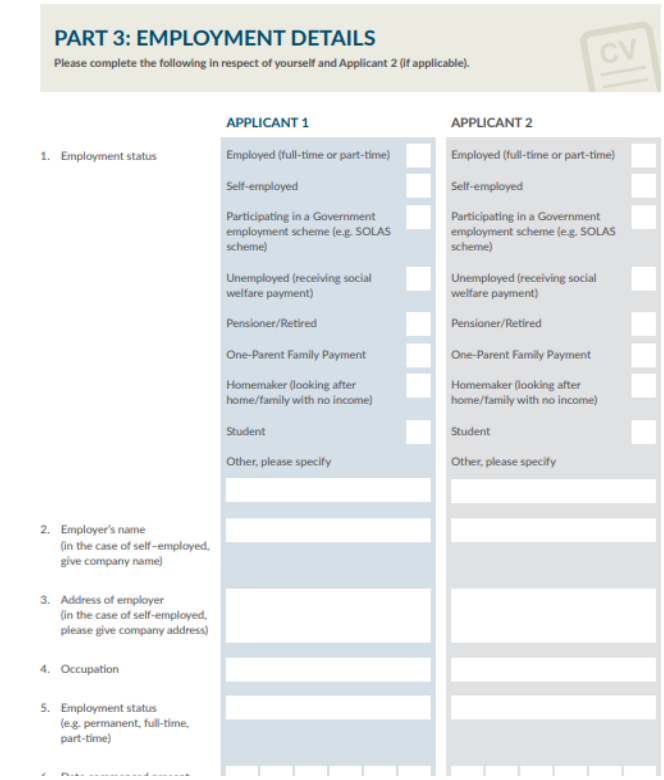
PART 2: NATIONALITY DETAILS

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 ☐	Irish ☐ UK ☐ Other EEA* ☐ Non-EEA ☐
Date of entry to Ireland (if applicable)	D D M M Y Y	D D M M Y Y
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.

If applicable, supporting relevant documentation will need to be submitted if the Service User is not an Irish Citizen.



PART 3: EMPLOYMENT DETAILS

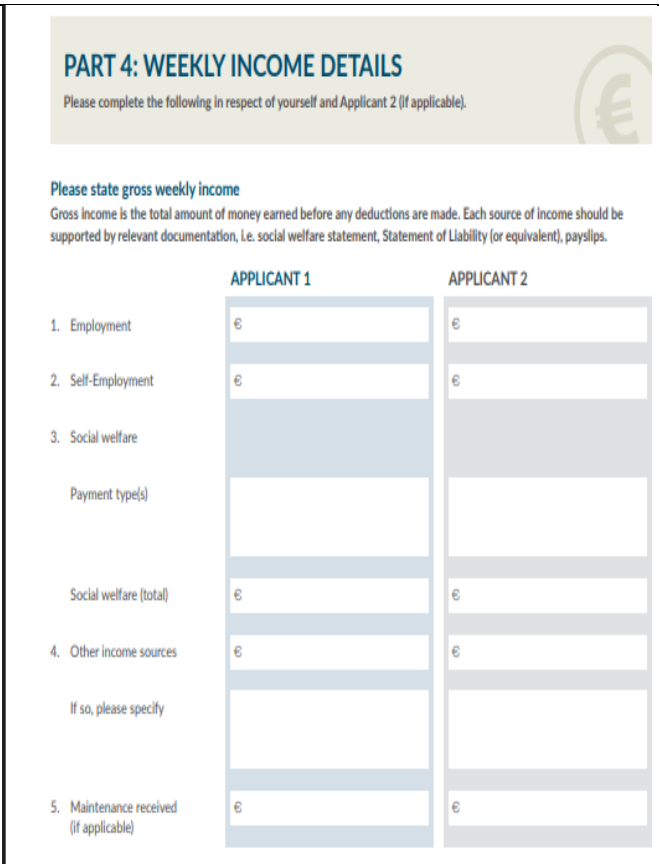
Please complete the following in respect of yourself and Applicant 2 (if applicable).

	APPLICANT 1	APPLICANT 2
1. Employment status	Employed (full-time or part-time) ☐	Employed (full-time or part-time) ☐
	Self-employed ☐	Self-employed ☐
	Participating in a Government employment scheme (e.g. SOLAS scheme) ☐	Participating in a Government employment scheme (e.g. SOLAS scheme) ☐
	Unemployed (receiving social welfare payment) ☐	Unemployed (receiving social welfare payment) ☐
	Pensioner/Retired ☐	Pensioner/Retired ☐
	One-Parent Family Payment ☐	One-Parent Family Payment ☐
	Homemaker (looking after home/family with no income) ☐	Homemaker (looking after home/family with no income) ☐
	Student ☐	Student ☐
	Other, please specify	Other, please specify
2. Employer's name (in the case of self-employed, give company name)		
3. Address of employer (in the case of self-employed, please give company address)		
4. Occupation		
5. Employment status (e.g. permanent, full-time, part-time)		

Provide relevant information if the Service User is employed.

If the Service User is not currently employed, please tick **Unemployed.**

Payslips and other relevant information will need to be submitted if they are in employment. Details of Income to be completed in **Part 4** of the form



PART 4: WEEKLY INCOME DETAILS

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

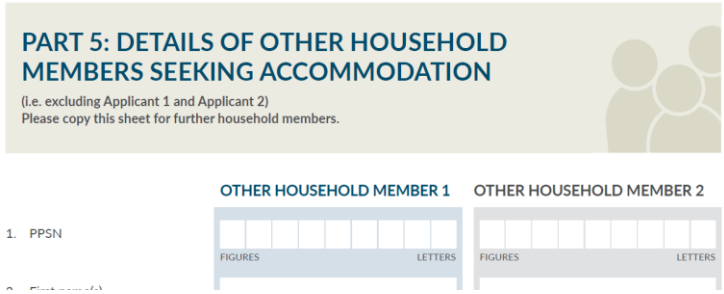
Please state gross weekly income

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	€	€
2. Self-Employment	€	€
3. Social welfare		
Payment type(s)		
Social welfare (total)	€	€
4. Other income sources	€	€
If so, please specify		
5. Maintenance received (if applicable)	€	€

Provide Income details for where appropriate.

- Employment
- Details of Social Welfare Payments
- Any other relevant information, if applicable.

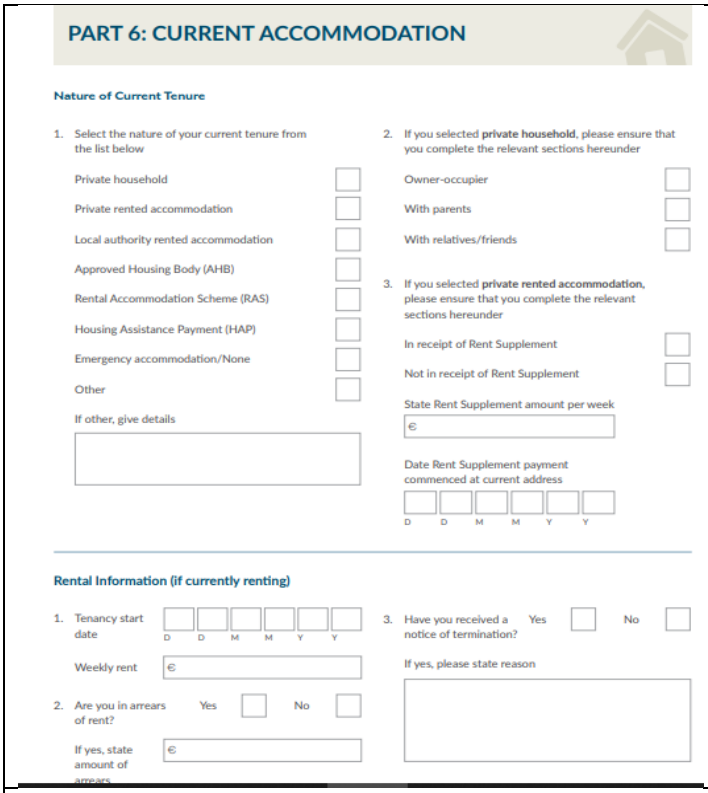


PART 5: DETAILS OF OTHER HOUSEHOLD MEMBERS SEEKING ACCOMMODATION

(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	FIGURES LETTERS	FIGURES LETTERS

No further information needed to be submitted in this section as the application is being made for the Service User alone.



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 ☐

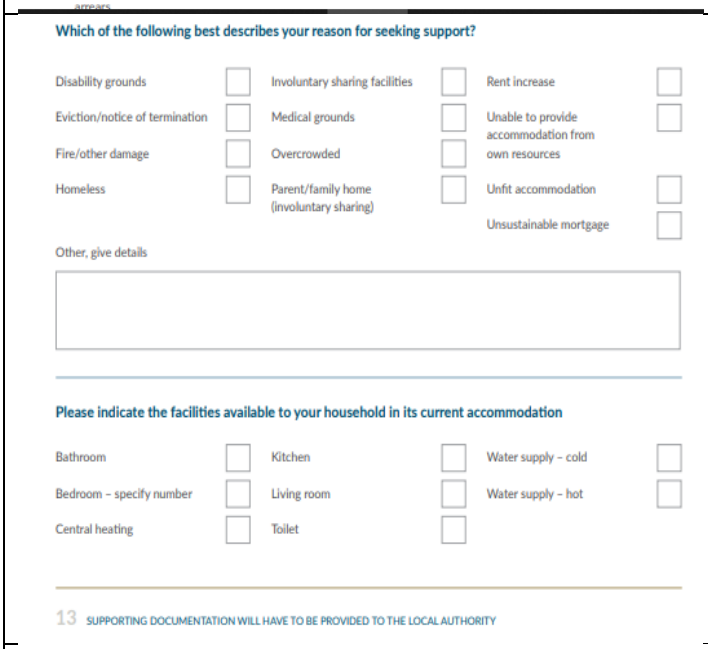
If yes, please state reason

Select the appropriate option from the list for the Service User's current Accommodation/Tenure

Most likely, this will be **Private Household.** If this is the case, ensure that the relevant follow up section is completed.

If the Service is renting or currently housed by Approved Housing Body, this box needs to be ticked with all relevant information noted and relevant documentation submitted

(If you have any further queries, please contact the Housing Dept- Housing@smh.ie)



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

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

Other, give details

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

Bathroom ☐
Bedroom – specify number ☐
Central heating ☐
Kitchen ☐
Living room ☐
Toilet ☐
Water supply – cold ☐
Water supply – hot ☐

13 SUPPORTING DOCUMENTATION WILL HAVE TO BE PROVIDED TO THE LOCAL AUTHORITY

The boxes relating to

- **Disability Grounds &**
- **Medical Grounds** must be ticked

Multiple boxes can also be ticked in this section that pertains to the SU's current living situation

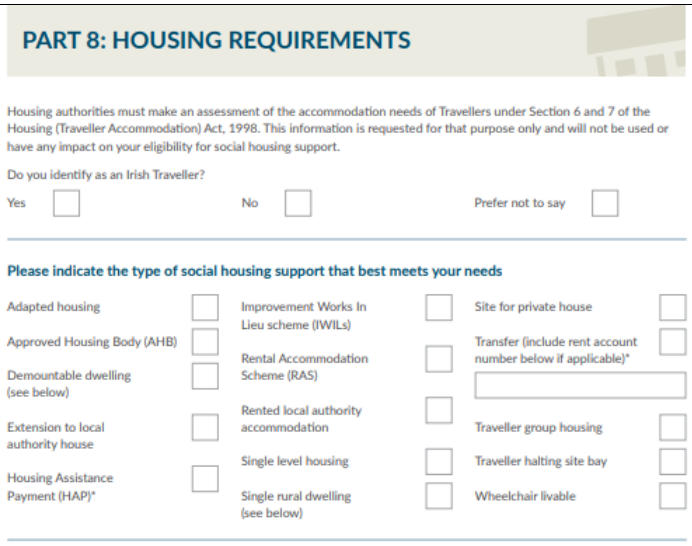
Provide all details relating to the SU's current accommodation.

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 From DD/MM/YY	To DD/MM/YY	Reason for leaving

If applicable, provide any details of accommodation, if the SU lived anywhere else in the past 5 years, ***not*** including the current accommodation.



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

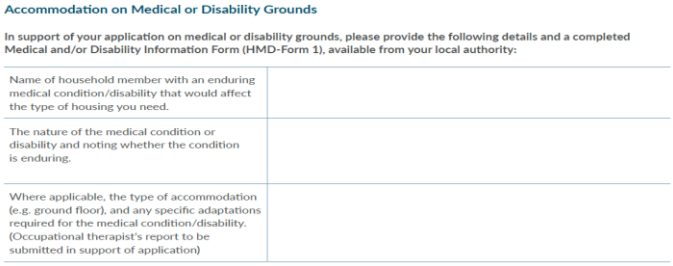
Select appropriate box relating to Identifying as an Irish Traveller.

Select the **Approved Housing Body** box.

You can also specify.

- **Adapted Housing**
- **Single Level Housing**
- **Wheelchair Liveable**,

If appropriate



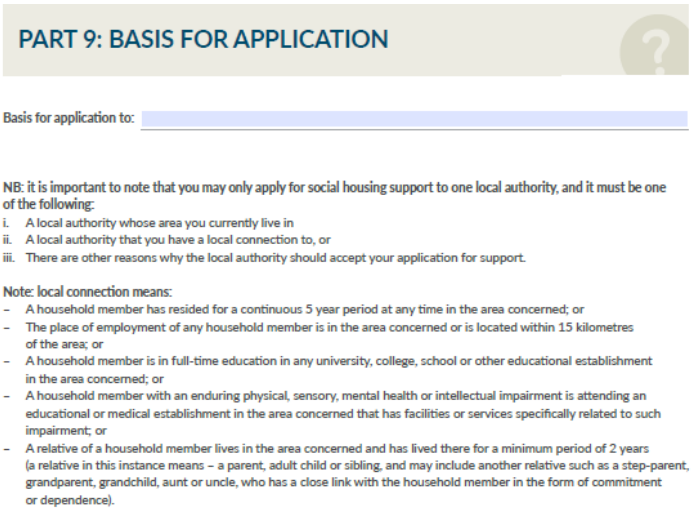
Accommodation on Medical or Disability Grounds

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)	

Provide any relevant information in this section.

This will also be supported by the **HMD Form** to be filled out by **2** relevant Health care Workers/Practitioners



PART 9: BASIS FOR APPLICATION

Basis for application to:

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.

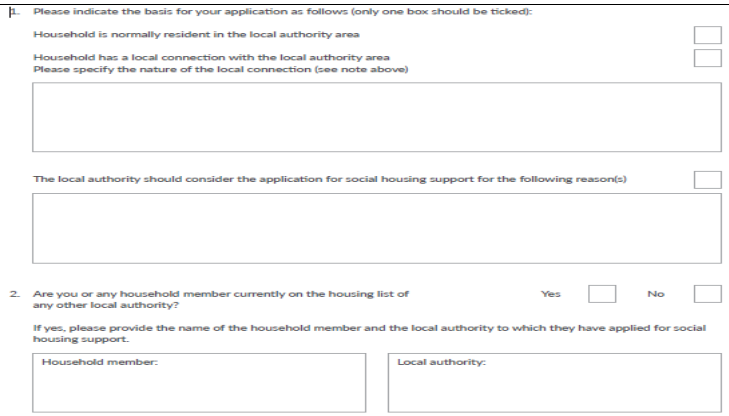
Note: local connection means:

- 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).

If applying to another Local Authority, you must note the reason for this and the nature of the Local Connection.

It is recommended that SUs submit the SHS form to their *own* Local Authority

In the next section, relating to areas of choice, you can nominate other areas in other Local Authorities, whilst still primarily submitting the Application to their original Local Authority



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)

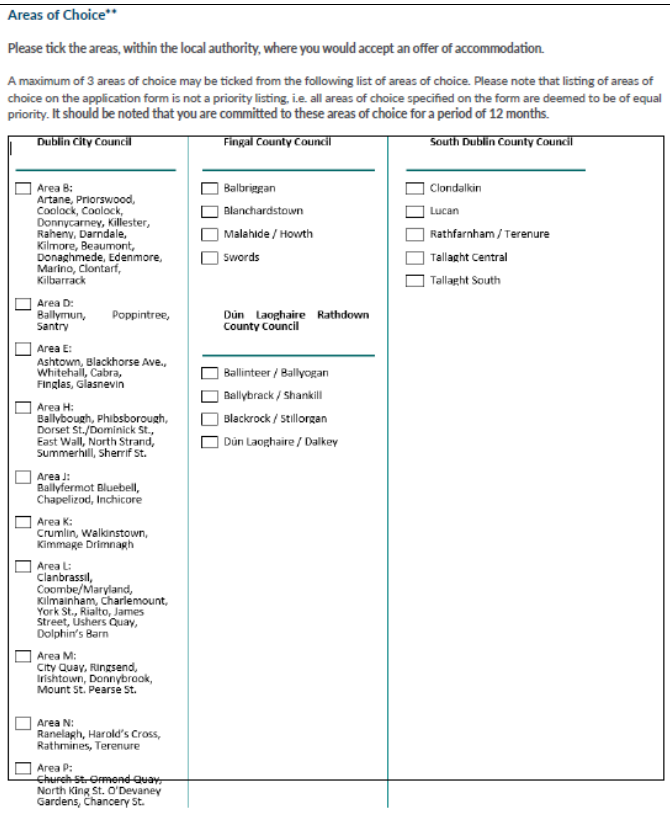
The local authority should consider the application for social housing support for the following reason(s) ☐

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:

(If you have any further queries, please contact the Housing Dept- Housing@smh.ie)



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.

Dublin City Council

- ☐ Area B: Artane, Priorswood, Coolock, Coolock, Donnycarney, Killester, Raheny, Darndale, Kilmore, Beaumont, Donaghmede, Edenmore, Marino, Clontarf, Kilbarrack
- ☐ Area D: Ballymun, Poppintree, Santry
- ☐ Area E: Ashtown, Blackhorse Ave., Whitehall, Cabra, Finglas, Glasnevin
- ☐ Area H: Ballybough, Phibsborough, Dorset St./Dominick St., East Wall, North Strand, Summerhill, Sherrif St.
- ☐ Area J: Ballyfermot Bluebell, Chapelizod, Inchicore
- ☐ Area K: Crumlin, Walkinstown, Kimmage Drimnagh
- ☐ Area L: Clanbrassil, Coombe/Maryland, Kilmainham, Charlemount, York St., Rialto, James Street, Ushers Quay, Dolphin's Barn
- ☐ Area M: City Quay, Ringsend, Irishtown, Donnybrook, Mount St. Pearse St.
- ☐ Area N: Ranelagh, Harold's Cross, Rathmines, Terenure
- ☐ Area P: Church St. Ormond Quay, North King St. O'Devaney Gardens, Chancery St.

Fingal County Council

- ☐ Balbriggan
- ☐ Blanchardstown
- ☐ Malahide / Howth
- ☐ Swords

Dún Laoghaire Rathdown County Council

- ☐ Ballinteer / Ballyogan
- ☐ Ballybrack / Shankill
- ☐ Blackrock / Stillorgan
- ☐ Dún Laoghaire / Dalkey

South Dublin County Council

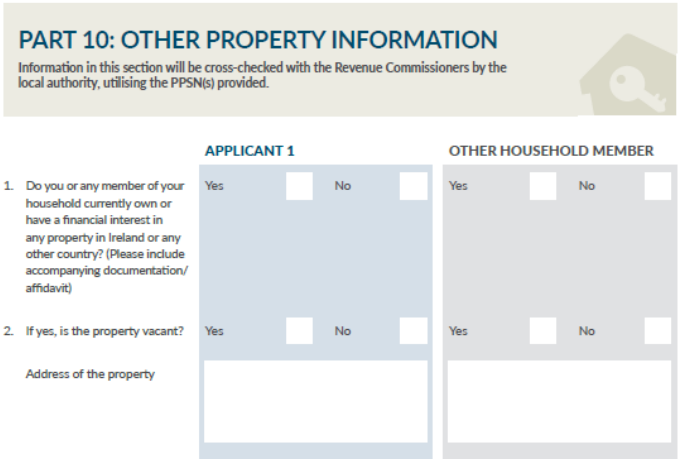
- ☐ Clondalkin
- ☐ Lucan
- ☐ Rathfarnham / Terenure
- ☐ Tallaght Central
- ☐ Tallaght South

** 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).

If application is being made to the Local Authority of origin, you can also nominate areas in other Local Authorities.
It is advisable to nominate areas in other Local Authorities as it increases the opportunities for future housing in an adjacent Local Authority.
e.g. If the SU lives in Crumlin which is in Dublin City Council, they may be considered for appropriate Supported Housing in Terenure/Rathfarnham which is nearby and is in South Dublin County Council.

Once the Application Form has been accepted, you can change and update these options every 12 months

(If you have any further queries on these sections, please contact the Housing Dept- Housing@smh.ie)



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 ☐	No ☐	Yes ☐	No ☐
2. If yes, is the property vacant?	Yes ☐	No ☐	Yes ☐	No ☐
Address of the property				

If applicable, provide relevant information for this section.

(If you have any further queries on this section, please contact the Housing Dept- Housing@smh.ie)

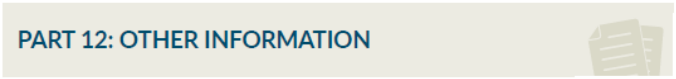
PART 11: PUBLIC ORDER OFFENCES AND OTHER INFORMATION

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)?

If applicable, provide relevant information for this section.



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)

Please provide any additional and relevant information in this section.

Relevant topics include.

- Poor Housing
- If the SU is living with ageing parents
- Changing and future needs of the SU

This can be expanded in more detail in the accompanying **HMD Form**

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.

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)

The Service User should sign or mark and date the Declaration.