

**FORM TO BE COMPLETED BY APPLICANT
WHO CLAIMS TO BE HOMELESS**

False or misleading information may result in rejection of your claim

Name: _____

Present Address: _____

MEMBERS OF FAMILY

<i>NAME</i>	<i>AGE</i>	<i>INCOME</i>

Last Address: _____

Weekly Rent Paid: _____

Date you vacated this accommodation: _____

Date you were first asked to leave: _____

Name and Address of owner of last accommodation:

**WHY DID YOU LEAVE YOUR LAST ACCOMMODATION:
(Please give full details):**

WERE ARREARS OF RENT DUE ON DATE

YOU	VACATED	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
ACCOMMODATION:		:		:	

AMOUNT OF ARREARS: £ _____

**DO YOU HAVE WRITTEN EVIDENCE TO SUPPORT
YOUR CLAIM, I.E. COPY OF COURT ORDER,
NOTICE TO QUIT ETC. (SAME SHOULD BE
ATTACHED TO THIS FORM).**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
:		:	

WHERE IS YOUR FURNITURE STORED AT PRESENT:

IN SUPPORT OF YOUR CLAIM PLEASE COMPLETE PAGE 4 OF THIS CLAIM, GIVING DETAILS OF THE NAMES AND ADDRESSES OF PEOPLE YOU HAVE APPROACHED REGARDING ALTERNATIVE ACCOMMODATION AND WHY YOU WERE UNABLE TO OBTAIN SAME.

STATUTORY DECLARATION

I/WE DO SOLEMNLY AND SINCERELY DECLARE THAT THE INFORMATION GIVEN BY ME/US FOR THE PURPOSE OF OBTAINING RE-HOUSING IS CORRECT AND I/WE MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TRUE AND BY VIRTUE OF THE STATUTORY DECLARATION ACT, 1938.

AND I/WE HEREBY AUTHORISE THE COUNCIL TO MAKE ANY ENQUIRIES FROM OFFICIAL SOURCES AS IT MAY CONSIDER NECESSARY TO ESTABLISH MY/OUR ENTITLEMENT TO RE-HOUSING.

SIGNED:

**DECLARED BEFORE ME BY
WHO IS/ARE PERSONALLY KNOWN TO ME (OR WHO IS/ARE IDENTIFIED TO ME BY**

WHO IS/ARE PERSONALLY KNOWN TO ME AT
..... THIS DAY OF
..... 19.....

SIGNED: (COMMISSIONER
OF OATHS/NOTARY PUBLIC/PEACE
COMMISSIONER/MEMBER OF CLERGY/GARDA
SIOCHANA)*

ADDRESS:

.....

* DELETE WHICHEVER IS APPLICABLE.

WARNING: ANY PERSON WHO HAS GIVEN FALSE OR
MISLEADING INFORMATION FOR THE PURPOSE OF
OBTAINING RE-HOUSING RENDERS HIMSELF/HERSELF
LIABLE TO SERVE PENALTIES.

SIGNED: _____

SIGNED: _____ (SPOUSE)

<i>NAME AND ADDRESS</i>	<i>TYPE OF HOUSING I.E. HOUSE, FLAT</i>	<i>WEEKLY RENT</i>	<i>DATE ENQUIRY MADE</i>	<i>REASON REFUSED</i>

THE DETAILS GIVEN WILL BE CHECKED WITH THE PERSONS NAMED AND FALSE OR MISLEADING INFORMATION MAY RESULT IN REJECTION OF YOUR CLAIM:

Homeless Requirements

1. Letter from Letting Agency advising address of accommodation, deposit required and weekly rent and tenure.
2. Letter from Applicant stating how he/she became homeless and advising how much he/she can pay towards deposit.
3. Complete Homeless Declaration Form.
4. Completed Application Form for Housing Assistance

When completed, your application should be forwarded to your local Public Information Service Centre at the following address:

Glenties Electoral Area, Gweedore Road, Dungloe	074 95 61300
Inishowen Electoral Area, Malin Road, Carndonagh	074 93 73700
Letterkenny Electoral Area, Neil T Blaney Road, Letterkenny	074 91 94200
Milford Electoral Area, Main Street, Milford	074 91 53900
Donegal Electoral Area, Drumlonagher, Donegal Town	074 97 24400
Stranorlar Electoral Area, County House, Lifford	074 91 72222