

APPLICATION FOR RENTED ACCOMMODATION

NAME _____ ADDRESS _____

MARRIED / SINGLE / WIDOWED / SEPARATED (UNDERLINE WHATEVER APPLIES)

TELEPHONE CONTACT _____ DATE OF BIRTH _____

(NAME OF CO-APPLICANT, OTHER THAN SPOUSE _____)

CO-APPLICANT DATE OF BIRTH _____)

OTHER OCCUPANTS IN YOUR ACCOMMODATION _____

TOTAL NUMBER OF OCCUPANTS (including yourself) _____

YOUR PRESENT ACCOMMODATION

Please circle the number which marks your **TYPE** of accommodation.

Bedsitter _____ 1
Self-Contained Flat _____ 2
House; One Storey _____ 3
House; Two Storey _____ 4
House; Multiple-Storey _____ 5
Other; Describe _____

(If a Bedsitter or Flat, say what floor you are on,
for example, Basement, Ground Floor, First Floor Etc. _____)

Who is the **OWNER** of your accommodation?

Owned by Yourself _____ 1
Owned by Your Family _____ 2
Rented; from Private Landlord _____ 3
Rented; from Local Authority _____ 4
Rented; from Voluntary Assoc. _____ 5
Other; Describe _____

What **WEEKLY PAYMENT**, if any, do you pay for your dwelling?

Average Weekly Payment: € _____

The **STATE OF REPAIR** of your dwelling is _____ (please circle the relevant number)

Very Good _____ 1 Good _____ 2 Fair _____ 3
Bad _____ 3 Very Bad _____ 5

Describe _____

HEALTH:

Do you suffer from any Illness or Disability? _____ (Yes/No)
If yes, Please give details _____

If yes, how is your daily activity affected? _____

Does your Spouse/Co-Applicant suffer from any Illness/Disability? _____ (Yes/No)

If Yes, Please give details _____

If Yes, how is your daily activity affected? _____

MOBILITY:

Is your Mobility- Very Good _____1 Good _____2 Fair _____3

Can you climb stairs- Easily _____1 With Difficulty ____2 Not at all _____3

Do you use a Walking Stick _____1 Walking Aid _____2 Wheelchair _____3

INCOME:

What is your **MAIN SOURCE** of Income? _____

Other Sources of Income? Amount per week € _____

Amount per week € _____

Your **TOTAL** Weekly Income € _____

Do you own any Property? (Please List) _____

Note: Please complete this form fully and forward it to:-

**ALLOCATION COMMITTEE,
PARK ROAD CENTRE,
COBH,
CO. CORK.**

Please notify this committee, in writing, of any changes in your circumstances.

I, declare that to the best of my knowledge, the information given on this form is true. I authorise the Park Road Centre Allocation Committee to make any enquiries in regard to this application which may be thought necessary.

Signed: _____ **Date:** _____

OFFICE USE ONLY:-

Date of Reply to Application:- _____

Dates of Visit (s) to Applicant: _____

Application Updated: _____

General Comment:

Signed: _____