

# Housing Application Form



You have expressed an interest in being considered for voluntary housing. This form is designed to provide us with information to assess the type of housing that will be best suited to your needs and to ensure you are provided with support to maintain a tenancy should you require it.

Please ensure that you fill out all relevant sections of the form and that the information you provide us is true and accurate. Withheld or false information may impact on your application for housing with Circle Voluntary Housing Association.

## 1

### Applicant Details

Name	First	Second		
Address	Street			
	Town	City / County	Postcode	
	Phone		Mobile	
	Landline			
Email		Date of Birth		
Nationality		What is your first language		
Are you?	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Housing Reference No.	

## 2

### Joint Applicant Details

Name	First	Second		
Address	Street			
	Town	City / County	Postcode	
	Phone		Mobile	
	Landline			
Email		Date of Birth		
Nationality		What is your first language		
Are you?	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Housing Reference No.	

Relationship to applicant

# 3

## Housing History

We want to know about where you currently live and where you have lived to help us understand what type of accommodation best suits your needs

What is your current living situation (Please tick below)?

Residing in Local Authority housing:

Residing in private rented accommodation:

Residing in another Housing Association property:

Residing in emergency accommodation/refuge:

Other:

How long have you been living there?

Are you currently paying rent or an accommodation charge? Yes  No

If Yes, how much are you paying: €

Please give details of your 4 most recent addresses (starting with the most recent):  
(addresses might include a home you owned, a rented home, social housing or emergency accommodation)

**1. Address:**

**Type of Accommodation**  
(e.g. family home, private rented, Local Authority, Housing Association, emergency accommodation):

**Date From:**  **Date To:**

**Reason you left:**

**2. Address:**

**Type of Accommodation**  
(e.g. family home, private rented, Local Authority, Housing Association, emergency accommodation):

**Date From:**  **Date To:**

**Reason you left:**

**3. Address:**

[Redacted address field]

**Type of Accommodation**

*(e.g. family home, private rented, Local Authority, Housing Association, emergency accommodation):*

[Redacted accommodation type field]

**Date From:**

[Redacted date from field]

**Date To:**

[Redacted date to field]

**Reason you left:**

[Redacted reason you left field]

**4. Address:**

[Redacted address field]

**Type of Accommodation**

*(e.g. family home, private rented, Local Authority, Housing Association, emergency accommodation):*

[Redacted accommodation type field]

**Date From:**

[Redacted date from field]

**Date To:**

[Redacted date to field]

**Reason you left:**

[Redacted reason you left field]

**Have you, or any of the persons listed on this application, ever been evicted from previous housing?**

Yes  No

**If yes, please describe the circumstances relating to this:**

[Redacted description of circumstances field]

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# 4

## Accessibility

Do you, or any of the persons who will be living with you, require accommodation that is specifically adapted for a person with restricted mobility or additional needs, based on physical or medical grounds?

Yes  No

If yes, please describe the circumstances relating to this:

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## Household Details

Who will be living with you if you are allocated a home?

Details	1st Child / Dependent	2nd Child / Dependent	3rd Child / Dependent	4th Child / Dependent	5th Child / Dependent	6th Child / Dependent
Name						
Date of birth						
Gender						
Relationship to main applicant						
Currently living with you? (If not, please indicate where they are currently living)						

# 6

## Support Needs

We want to make sure that you enjoy living in your new home and that you receive any relevant support to do so.

Are you currently receiving support, or do you need support in any of the following areas?

Support Area	Y/N	Nature of support currently being received	Future support needs
Family Current Relationships			
Child Welfare			
Legal Issues			
Income Finance			
Physical Health			
Mental / Emotional Health			
Alcohol Use			
Drug Use			
Other areas of support			

Are you currently receiving support from anyone or another agency (e.g. keyworker, social worker)?  
If so, please provide us with details (including phone no.):

1. Support Worker Name

Role & Organisation

Contact No.

2. Support Worker Name

Role & Organisation

Contact No.

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# 7

## Legal Issues / Offences

Have you or any of the persons listed on this application ever been investigated or convicted or have charges pending in respect to any criminal matter, anti-social behaviour or public order offences?

Yes  No

If yes please provide us with details of each investigation or conviction, including dates:

**1. Type of conviction / investigation**

Date Occurred

Outcome

**2. Type of conviction / investigation**

Date Occurred

Outcome

**3. Type of conviction / investigation**

Date Occurred

Outcome

**4. Type of conviction / investigation**

Date Occurred

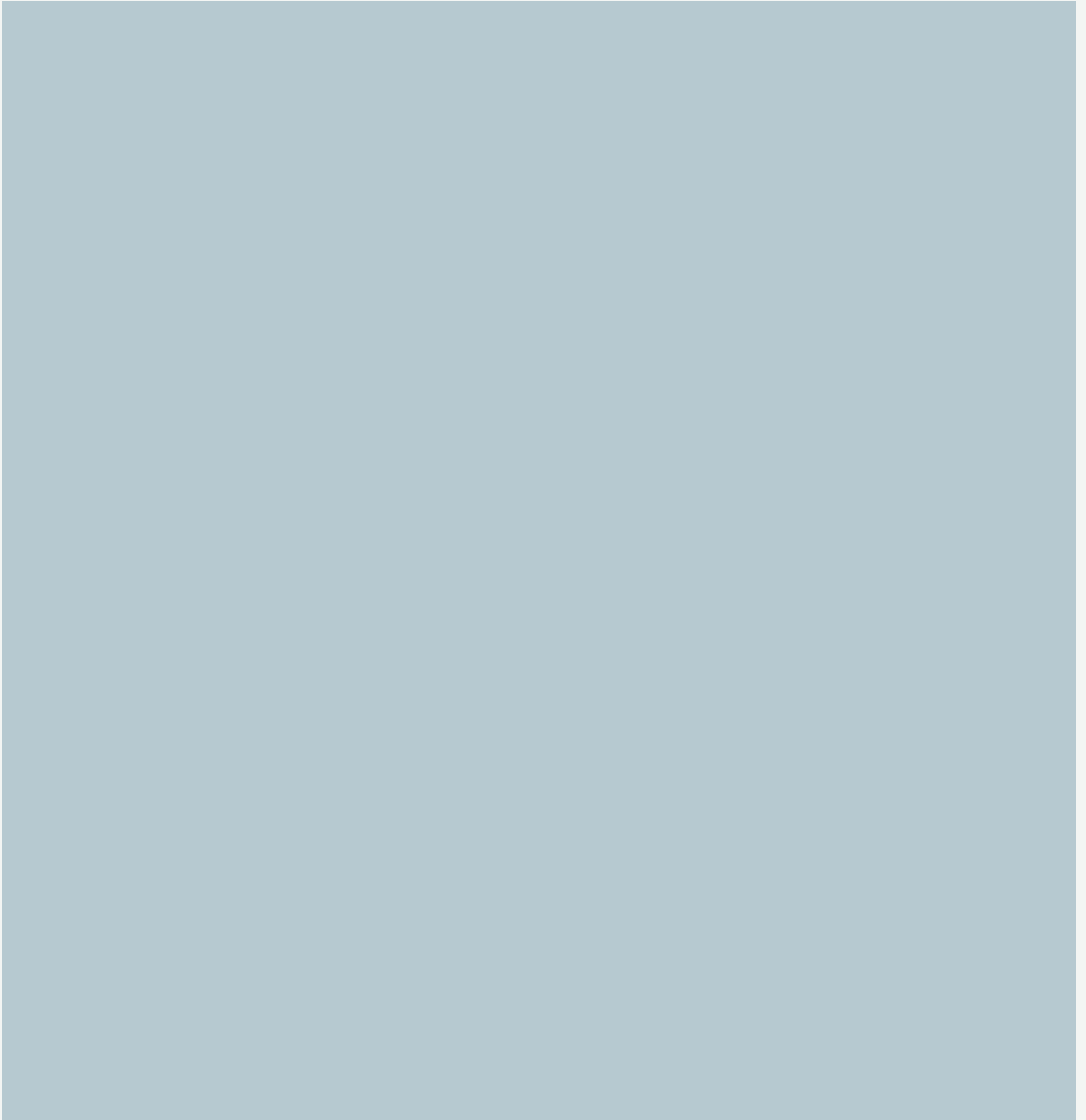
Outcome

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# 8

## Additional Information

If there is any other information that you feel is relevant to your application, please fill in the following section:



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## Your Applicant Agreement

To the best of my knowledge, all the information that I have given on this application form is accurate. I understand that if I have knowingly given inaccurate information my application may be refused.

Signed

Signed

Date

Date

### Sharing of information

Circle Voluntary Housing Association is collecting this information, so we can assess the type of housing that will be best suited to your needs.

To process your application, we will need to share the information you have supplied with your local authority and other relevant services that you have identified on this form. This is to ensure you are safe in your home and to ensure we can support you to live in your home. We ask you to give consent to this.

Circle Voluntary Housing Association will follow the principles of the Data Protection Act and will make sure that the information you have provided is:

- Used fairly and legally.
- Only used for the purposes for which it was collected.
- Adequate, relevant and not excessive.
- Correct and up to date.
- Kept only for as long as needed.
- Processed in accordance with a person's rights.
- Stored safely.

Your confidentiality is assured except when there is an issue around child safety; violence to yourself or others; the courts request a report, or you inform the worker of a criminal act you have committed or intend to commit.

### I agree to my information being shared by the services outlined above

Signed

Signed

Date

Date

### Application Checklist

**PLEASE CHECK THAT YOU FILLED IN ALL RELEVANT SECTIONS OF THE FORM AND THAT YOU HAVE ATTACHED:**

Proof of identity

(e.g., copy of drivers' licence, passport, national age card issued by An Garda Síochána, public services card)

Supporting documentation relating to a requirement for specially adapted accommodation. (If relevant)

Please bring with you to your interview or return to: Housing Management Service,  
Circle Voluntary Housing Association, Phoenix House 32-34 Castle Street, Dublin 2.



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# 10

## Office Use Only

Received By

Date Received

Confidential income assessment received: Yes  No

Date rent assessment completed

Rent assessment completed by

Rent amount

€

Rent payment method

Tenancy Type