CHANGE OF ADDRESS FORM: HOUSING REF. NO:_____

Please ensure that every question is clearly answered and the relevant documentation is submitted. If not, the form will be returned to you immediately.

1. In accordance with Sections 20 & 21 of the Housing Act 2009 which came into effect on 1st April 2011, a person can only apply to one Local Authority for social housing support. This means that if you have an application with another Local Authority, it will be necessary for you to close one of your applications.

Since 1st July, 2011 under the Social Housing Assessment (Amendment) Regulations 2011, Galway City and Galway County are now deemed as one common application area.

Therefore, should you move to an address outside Galway City you will have to prove a local connection with Galway City in order to keep your application open. In these cases, it will be necessary to submit documentary evidence to support your application. In determining a local connection, the following will be considered:

(a) whether applicant or any of his/her household has resided at any time for a continuous 5-year period in the City..

(b) whether the applicant or any of his/her household is currently employed in the City or his or her place of employment is located within 15km of the City.

(c) whether the applicant or any of his/her household is attending an education establishment on a full-time basis or specialist medical facility for an enduring physical, sensory, intellectual or mental health impairment in the City

(d) whether any member of the applicant household has relatives living in the City/County concerned for 2 years or longer. A relative is parent, adult child or sibling, step-parent, grandparent, grandchild, aunt or uncle, where there are close links with the household in the form of a commitment or dependence.

2. Proof of your new address must be submitted with this form, which must contain the applicants name and address and be up-to-date i.e. dated within the last 2 months.

In the case of a joint application, proof of current address for both spouse/partner must be submitted.

The following are examples of what is acceptable as proof of address:-

- *Recent Utility bill, e.g. gas bill, electricity bill etc.*
- *Any recent official letter e.g. from college, hospital or any Government department*
- *Recent Bank statement (not mini-statement) or letter from lending institution*
- *Copy of Tenancy Agreement (which must contain name of applicant /s, name of landlord, address of property and date of commencement of tenancy)*

3. If in receipt of rent supplement, please also submit copy of most recent receipt.

4. Pages 1 & 2 of this form to be completed by applicant/s and page 3 to be completed by landlord.

Please note that Galway City Council does not provide a photocopying service. Please bring the original and photocopies of all documentation that you are submitting to the Housing Department.

PAGE 1: CHANGE OF ADDRESS FORM

Please ensure that every question is clearly answered and the relevant documentation is submitted. If not, the form will be returned to you immediately.

You should mark 'Not Applicable' or N/A to questions which are not relevant to you.

If you are unsure about any parts of this application, please check with member of Housing Staff.

Housing Reference Number: _____ Contact Phone No.'s_____

Name (applicant)_____ PPSN_____

Name (joint applicant)_____ PPSN_____

Address: _____

NOTE: If the above address is outside Co. Galway, please specify the nature of your local connection. Supporting documentation will be required to accompany this form – refer to page one of this application for details.

E-mail address: _____

Details of all other persons to be included on Housing Application:-

Surname	*Name*	*Date Of Birth*	*Relationship to applicant*	*PPS Number*	*Weekly Income*

What type of accommodation are you living in now? Tick box and add description.

☐ House	☐ Mobile Home	☐ Transitional Accommodation	☐ Hospital
☐ Cottage	☐ Maisonette	☐ Tigín	☐ Institution
☐ Apartment	☐ Day House	☐ Bed and Breakfast	☐ Refuge
☐ Flat	☐ Group Housing	☐ Hostel	☐ Prison
☐ Caravan	☐ Halting Bay	☐ Sheltered Accommodation	☐ None/Other

Description of property (e.g. detached, semi-detached, bungalow, etc.) _____

If you are living in apartment, state whether ground, first, second, third floor: _____

PAGE 2: CHANGE OF ADDRESS FORM

Please confirm your last address below:-

ADDRESS	RESIDENCY STATUS, e.g. renting, living with family/friends etc.	DATE FROM	DATE TO	REASON FOR LEAVING

Please indicate the facilities available to your household in your current accommodation: (please tick)

Kitchen □ Living room □ Bathroom □ Toilet: □ Type of heating (oil, gas etc.) _____

Water supply – HOT □ Water supply – COLD □

Total no. of bedrooms in property: _____ No. of bedrooms occupied by you & your family: _____

Nature of Current Accommodation (please tick yes or no)

Do you own this property:
Yes □ No □

Living with parents/family: Yes □ No □

Living with relatives / friends: Yes □ No □

Local Authority Rented Accommodation: Yes □ No □

Rental Accommodation Scheme Yes □ No □

Voluntary / Co-operative Rented Accommodation: Yes □ No □

Emergency Accommodation: Yes □ No □

Rented Accommodation: Yes □□□ No □□

IF YOU ARE RENTING YOUR PRESENT ACCOMMODATION, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Are you currently receiving rent supplement? Yes □ No □ If yes, state amount per week: €_____

Date rent supplement payment commenced at current address: _____

Did you receive rent supplement at previous address? Yes □ No □ If yes, state amount per week: €_____

Please note that further information / documentation may be required if you are not living in private rented accommodation e.g. living with relatives/friends or living with parents/family etc.

I/we declare that the details stated on this form are true and correct and I/we am/are aware that the furnishing of false or misleading information may lead to legal action.

Signed: _____ Date:_____

Please note that Section 32 of the Housing (Misc. Provisions) Act 2009, provides that the provisions of false or misleading information is an offence which is prosecutable under law (fine not exceeding €2,000)

PAGE 3 : TO BE COMPLETED BY LANDLORD

Landlord's Full Name :_____

Landlord's Address:_____

Landlord's Phone Number(s) _____

If property is registered with letting agency, state name and address of letting agency:_____

_____

Contact name & phone no: _____

Is the applicant's rent paid up-to-date? ***Yes □ No □***

Is there any monies due for other charges, e.g. electricity, gas, refuse charges etc.? ***Yes □ No □***

If there is rent or other charges due in regard to the above named applicant/s please give details of same (i.e. what arrears are in relation to, amount due, and how many weeks or months in arrears)

_____

Was there was any record to anti-social behaviour during the applicant's tenancy? ***Yes □ No □***

If so, please give details:_____

Total Rent payable for above property: _€_____ **(weekly, 4 weekly, monthly)**

Portion of this rent payable by above named applicants: _€_____**(weekly, 4 weekly, monthly)**

Date of commencement of tenancy _____

Is there a Tenancy Agreement in place? ***Yes □ No □*** **Is there a Rent Book in place?** ***Yes □ No □***

Is the property shared with any person/s other than above named applicant/s: ***Yes □ No □***

If yes, please list the name/s of all other person/s and state their residential status, e.g. other tenant etc. and relationship, if any to applicant or joint applicant.

FIRST NAME	SURNAME	RELATIONSHIP TO APPLICANT

I confirm that the above named applicant is renting/leasing and occupying living accommodation from me and that the information supplied by me is correct and accurate. I understand that it is an offence to provide false or misleading information and I authorise Galway City Council to contact me for further information if required.

Signature of Landlord_____ Date:_____