

REMOVING AN APPLICANT / DEPENDANT FROM A SOCIAL HOUSING APPLICATION

This application form is to remove an Applicant / Dependant from your Social Housing Application.
All documentation indicated on this form must be enclosed.

REF NO: _____

Main Applicant: _____

Joint Applicant: _____

NAME(S) OF APPLICANT / DEPENDENT TO BE REMOVED

Name of Applicant: _____

Name of Dependent(s): _____

(If applicable):

Reason: (BLOCK CAPITALS)

The following documentation will be required as applicable:

APPLICANT

- If you are married/civil partner, Galway City Council will require a copy of separation/divorce agreement. Legal Documentation will be required if no legal separation /divorce agreement.
- Proof of new address for the person that is being removed from the application. i.e Current Utility Bill, Lease or rental statement, an official letter ie. bank, college, hospital or any Government Department .i.e. Social Welfare, Bank Statement.

DEPENDENT

- If any dependent previously on application is no longer living with family, proof of new address is required.

Please be aware that once you are removed from a Social Housing Application you will need to make a new Social Housing Application in order to be reassessed for Social Housing Support with Galway City Council.

MAIN APPLICANT

Block Capitals:

*Signed:

Date:

JOINT APPLICANT

Block Capitals:

*Signed:

Date: