

DATE RECEIVED

Affix date stamp here

Received by \_\_\_\_\_

NAME OF APPLICANTS  
BLOCK CAPITALS

a)

b)

**Comhairle Contae  
Fhine Gall**  
Fingal County  
Council



**FINGAL COUNTY COUNCIL**  
Social Housing Application Amendment Form

Please return completed application form to

Fingal County Council  
Housing Support Team  
Housing Department  
Grove Road  
Blanchardstown  
D15 W638

Telephone No: 01 8905000 / 01 8905902

Email: [housing.allocations@fingal.ie](mailto:housing.allocations@fingal.ie)

Website: [www.fingal.ie](http://www.fingal.ie)

**ACKNOWLEDGEMENT FOR SOCIAL HOUSING APPLICATION AMENDMENT FORM**

Please fill in your name and address below.

Fingal County Council has received an application from:

Affix date stamp here

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Please read these notes carefully before completing application for Change of Circumstance.**

**1. General:**

This form can be used to change any of the following details in relation to a current active social housing application

- Adding a person to an application
- Removing a person from an application
- Change of address

**2 Documents required:**

- (a) When requesting to add a person(s) to an application a copy of birth certificate, proof of PPSN and Photo Identification is required
- (b) Photo Identification – current passport or Irish driving licence
- (c) When adding a new baby to an application a copy of the birth certificate and proof of PPSN are required
- (d) If adding children to an application who ordinarily reside with the other parent, overnight access and documentation relating to this must be provided
- (e) Marriage Certificate is required if creating a joint application on marriage
- (f) Death Certificate (if a current applicant has passed away)
- (g) Custodial Order/Separation Order/ Divorce Decree (if application change being requested is in the event of relationship breakdown and removal of one applicant from the application). In the case of removal of applicant from an application proof of applicant's new address and letter stating they want to be removed is required

**Additional Information – Important please read carefully**

The Council may, for the purpose of its functions under the Housing Acts 1966 to 1997, request and obtain information from another local authority, the Criminal Assets Bureau, a member of An Garda Síochána, the Revenue Commissioners, the Minister for Social Welfare, a Health Board or a Voluntary Housing Body approved for the purposes of Section 6 of the Housing (Miscellaneous Provisions) Act 1992, in relation to occupants or prospective occupants of, or applicants for local authority housing or any other persons the authority consider may be engaged in antisocial behaviour.

## PART 1: PERSONAL DETAILS

Please complete the following in respect of yourself and applicant 2 (if applicable)

Please answer ALL questions and place a tick (✓) in the boxes provided. Please use BLOCK LETTERS.

Tick if a Joint Applicants

### APPLICANT 1

### APPLICANT 2

1. PPSN

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FIGURES

LETTERS

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FIGURES

LETTERS

2. First Name



Surname



3. Address



Eircode

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How long have you lived at this address



YEARS

MONTHS



YEARS

MONTHS

4. Telephone/mobile number



5. Date of birth

--	--	--	--	--	--

D D M M Y Y

--	--	--	--	--	--

D D M M Y Y

6. Gender



7. Marital details

Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Civil Partner	<input type="checkbox"/>	Separated Legally	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Civil Partner	<input type="checkbox"/>	Separated Legally	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Other	<input type="checkbox"/>		

8. Date of marriage (if applicable)

(attach marriage certificate)

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D D M M Y Y

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D D M M Y Y



Please list person(s) to be added to application below

Name	<u>Date of Birth</u>						<u>PPSN</u>										Relationship to applicant							
	D	D	M	M	Y	Y	FIGURES					LETTERS												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list person(s) to be removed from application below

Name	<u>Date of Birth</u>						<u>PPSN</u>										Relationship to applicant						
	D	D	M	M	Y	Y	FIGURES					LETTERS											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Which of the following best describes your reason for completing a Social Housing Application Amendment Form**

Adding a Person

Removing a Person

Change of Address

Other, give details

## SOCIAL HOUSING APPLICATION AMENDMENT FORM

**Please read the following information relating to the collection and use of your personal data and the declaration carefully. The declaration should only be signed and dated if you are entirely satisfied that you understand all of the information presented in this form. Please note that an application for social housing support can only be accepted when the application has been completed, and this declaration has been signed.**

### Collection and Use of Personal Data

ALL data supplied by you when completing this form (including any personal data you submit) will be used for the purposes of assessing and administering your application for Social Housing Support. The law allows this local authority in certain circumstances to share your data with other public bodies. For example, we may share your data with the Central Statistics Office under the Statistics Act 1993. The data supplied by you when completing this application may be shared with the Local Government Management Agency (LGMA) and The Housing Agency in order to fulfil a statutory requirement to provide an annual Summary of Social Housing Assessments, including the production at a national level of statistical reports that inform policy and future planning in terms of the national housing need.

In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain information from other organisations. These include another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to current or prospective occupants of, or applicants for, local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.

Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly set out in [Fingal County Council's Privacy Statement](#). Copies of this are available from [www.fingal.ie](http://www.fingal.ie)

If you have any questions about your rights under GDPR, you can contact [Fingal County Council's Data Protection Officer](#), or you may also contact the Data Protection Commission (DPC).

For more information, please contact [Mr. Colm McQuinn](#)

Tel: [01 8905162](tel:018905162) Email: [colm.mcquinn@fingal.ie](mailto:colm.mcquinn@fingal.ie)

## Declaration

1. I (or we) declare that the information and details given by me (or us) on this application are true and correct.

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2. I (or we) promise to notify the local authority of any change in my (or our) household circumstances such as our address, the people who make up the household, their wages or payments, or medical conditions if this changes from the details we gave on this form.

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3. I (or we) also agree that the local authority can make whatever enquiries it considers necessary to check that the details of this application are correct.

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4. I am (or we are) aware that it is against the law to give false information on this form and that I (or we) can be prosecuted for doing that.

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5. I (or we) understand that my (or our) personal data will be shared with the LGMA, and The Housing Agency for the purposes set out above.

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6. I (or we) understand that my (or our) personal data will be shared with other public bodies only as provided by law.

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7. I (or we) understand that a failure to respond to a request for updated information, as part of the Summary of Social Housing Assessment process may result in my (or our) housing application being closed.

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### Applicant 1

Signed \_\_\_\_\_

Date

D	D	M	M	Y	Y

### Applicant 2

Signed \_\_\_\_\_

Date

D	D	M	M	Y	Y