

**COMHAIRLE CATHRACH & COUNTAE PHORTLAIRGE  
WATERFORD CITY & COUNTY COUNCIL  
City Hall, The Mall, Waterford.  
Tel: 0761 - 102020**

Date: \_\_\_\_\_

Ref: \_\_\_\_/\_\_\_\_

***CHANGE OF CIRCUMSTANCES FOR HOUSING APPLICANTS***

***N.B.*** All sections of this form ***must*** be completed and the relevant documentation provided;  
otherwise the form cannot be accepted

**SECTION 1: MEMBERS OF HOUSEHOLD – please complete all areas.**

**(Tenant's Agreement/Contract must be attached)**

Address: \_\_\_\_\_

Tel No: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

	FIRST NAME	SURNAME	D.O.B.	OCCUPATION	INCOME PER WEEK (provide proof)	P.P.S. NO.
APPLICANT 1						
APPLICANT 2						

Married      Separated/Divorced      Single      Co-habiting      Other (Specify) \_\_\_\_\_  
(Marriage Certificate/Separation Agreement must be attached)

Applicant(s) Nationality: \_\_\_\_\_ / \_\_\_\_\_

**CHILDREN/DEPENDANTS OF APPLICANT:**

**(Copies of Birth Certificates must be attached and P.P.S. Nos. must be included)**

FIRST NAME	SURNAME	SEX M/F	D.O.B.	OCCUPATION	LIVING WITH APPLICANT	P.P.S. NO.	INCOME PER WEEK IF APPLICABLE

**SECTION 2: PREVIOUS ACCOMMODATION**

ADDRESS	OWNED	RENTED	FROM	TO
1. _____			_____	_____
2. _____			_____	_____
3. _____			_____	_____

**Please Indicate in Order of Choice Your Preferred Areas For Housing:**

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**SECTION 3: PRESENT CIRCUMSTANCES**

**Please Indicate the Type of Accommodation You Occupy:**

House      Parent's House      Apartment      Caravan      Other (Specify) \_\_\_\_\_

**Please Indicate the Rooms Available to You and Your Children:**

Kitchen      Living Room      Bathroom/Toilet      Bedrooms      (specify no. available to you)

Do you own this accommodation?      Yes      No

If yes, mortgage repayments per week? € \_\_\_\_\_

Do you rent this accommodation?      Yes      No

If yes, rent per week? € \_\_\_\_\_      Rent Allowance per week? € \_\_\_\_\_

Is this a City Council owned house?      Yes      No

Date you started living here? \_\_\_\_\_

Name of Owner (if not owned by you)? \_\_\_\_\_

Address of Owner? \_\_\_\_\_

**Any Other Information Which You Might Consider Relevant To Your Application:**

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**I/We declare that the information and particulars given by me/us on this form are true and correct and I/we undertake to notify Waterford City & County Council of any other change in my/our circumstances.**

**Signed:**      Applicant 1: \_\_\_\_\_      Date: \_\_\_\_\_

Applicant 2: \_\_\_\_\_      Date: \_\_\_\_\_