LOCAL AUTHORITY AFFORDABLE PURCHASE SCHEME - SAMPLE APPLICATION FORM ONLY

Which location are you applying for – please select:

- 1) Location 1
- 2) Location 2
- 3) Both locations

Is this a joint application (is there a second applicant)? – please select:

- Yes
- No

Personal details

Applicant 1 First Name Surname Date of Birth PPSN Address No of years at this address **Contact No. Email Relationship Status** Nationality (Irish, EU/EEC, UK, other) **Confirmation of right to reside** Gender Number of Persons in Household¹ (including you) Please state relationship of each household member to you Have you ever built or purchased a property? If yes, please give details Have you an interest in a dwelling in Ireland? If yes, please give details Are you first time buyers? - Please note 'First-Time-Buyers' applies if both

| applicants are buying their home for the first time. If 'Yes' – proof required | |
|---|------------------|
| | |
| Applicant 2 | |
| First Name | |
| Surname | |
| Date of Birth | |
| Relationship to Applicant 1 | |
| PPSN | |
| Address | |
| Contact No. | |
| Email | |
| Relationship Status | |
| Nationality (Irish, EU/EEC, UK, other) | |
| Confirmation of right to reside | |
| Gender | |
| Have you ever built or purchased a property? | |
| If yes, please give details | |
| Have you an interest in a dwelling in Ireland? If yes, please give details | |
| | |
| Employment status | |
| First applicant | Second applicant |
| ☐ Employed ☐ Self-Employed ☐ N | ot Employed |

N.B Applicants can select all that apply. Proof of income from each employment will be required. Applicants who are not employed require Unemployment/Social Welfare Benefit Confirmation completed by an official at the Department of Social Protection.

Employment details

| Emp | loyer | name: |
|-----|-------|-------|
|-----|-------|-------|

Employer address:

Eircode:

State type of business:

Occupation:

Employment status e.g. permanent, probation, contract etc.:

Date commenced present employment:

Gross basic salary p.a. €

Overtime per annum €

Bonus per annum €

Allowance per annum €

Commission per annum €

Other income per annum €

If less than 6 months in current employment, please give previous employment details:

N.B

Overtime: generally restricted to 10% of basic income but regular rostered overtime may be taken into account.

Bonus: restricted to a maximum of 10% basic

income

Commission: restricted to a maximum of 30% of

Basic Income where applicable.

Employer name:

Employer address:

Eircode:

State type of business:

Occupation:

Employment status e.g. permanent, probation, contract etc.:

Date commenced present employment:

Gross basic salary p.a. €

Overtime per annum €

Bonus per annum €

Allowance per annum €

Commission per annum €

Other income per annum €

If less than 6 months in current employment, please give previous employment details:

Self-employment details

| First applicant | Second applicant |
|--|--|
| Trading name and address: | Trading name and address: |
| | |
| | |
| | |
| Date of commencement of business: | Date of commencement of business: |
| Nature of business: | Nature of business: |
| Sole trader Director/partner | Sole trader Director/partner |
| | |
| State your % shareholding | State your % shareholding |
| Total net profit (all partners, before drawings) € | Total net profit (all partners, before drawings) € |
| Drawings (state your drawings only) | Drawings (state your drawings only) |
| € | € |

Financial history

Savings

| | First applicant | Second applicant | Financial Institution |
|--------------------------|-----------------|------------------|-----------------------|
| Deposit | | | |
| Savings Account | | | |
| Current Account | | | |
| Other e.g., Credit Union | | | |

RELEVANT ATTACHMENTS FROM THE SCHEME CHECKLIST WILL BE REQUIRED FOR UPLOAD INVARIOUS SECTIONS AS PART OF THIS FORM.