



Kilkenny County Council

Comhairle Chontae Chill Chainnigh

INCREMENTAL PURCHASE SCHEME APPLICATION FORM

***IMPORTANT
PLEASE READ THE FOLLOWING INFORMATION CAREFULLY***

1. If you are unsure about how to answer any of the questions in this application form, please ask an officer in the Housing Department to help you.
2. Please sign Terms and Conditions acceptance forms and retain applicant's copy for your own reference.
3. When filling out this form please make sure to write clearly so that your application can be processed as quickly as possible.
4. Make sure you have answered all of the questions fully where they are relevant to you. If you do not answer all questions, we may have to return the form to you and this will delay your application. Only fully completed applications will be processed. Late applications will not be accepted for consideration under the scheme.
5. Be sure of your answers and do not give false or misleading information. The local authority may request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Síochána, the Minister for Social Protection, the Health Service Executive (HSE) or an Approved 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 and any other person the authority considers may be engaged in anti-social behaviour.
6. You must supply the relevant supporting documentation so that your application can be processed quickly. Please use the checklist provided to make sure you have included everything which is needed to consider your application.
7. While a household may meet the minimum income requirements of the scheme, this does not guarantee the approval of their application to purchase. A household will not be accepted onto the scheme, where having regard to its overall financial situation (including other liabilities) the repayment of their mortgage, and other related housing costs (e.g. insurance or maintenance costs), would place the household in financial hardship.

***ONLY FULLY COMPLETED APPLICATIONS SUBMITTED ON OR BEFORE THE
CLOSING DATE WILL BE CONSIDERED UNDER THIS SCHEME.***

CLOSING DATE: 31st AUGUST, 2020

Incremental Purchase Scheme- Application Form

CHECKLIST FOR APPLICANT(S)

Please ensure that your application includes the following:

| <i>Items requested:-</i> | <i>Tick</i> |
|--|-------------|
| Fully completed Application Form (including signed customer declarations). | |
| Signed terms and conditions (local authority copy) | |
| Photographic identification (current passport or drivers licence only) – for both applicants where applicable | |
| Birth Certificate(s) for each person and child listed on application | |
| Proof of current address (utility bill, lease or rental statement) – for both applicants where applicable. | |
| Fully completed, signed and stamped attached Salary Certificate – for both applicants (where applicable), together with 4 current payslips showing both Gross and Net figures. | |
| Please arrange to submit P60 for both applicants, (where applicable), for the previous Tax Year. | |
| Fully completed, signed and stamped attached Social Welfare form – for both applicants (where applicable). | |
| Separation / divorce agreement or Solicitor’s letter – (for both applicants where applicable), indicating any financial settlements that may be included as income and details of any payment to be made in respect of buy-out of spousal rights to the existing family other property. | |
| If you are in receipt of Maintenance Payments, please submit evidence showing payments in respect of same being made for the past 12 months. | |
| If you are not a citizen of the European Union, you must submit Evidence of entitlement to reside in Ireland. | |
| Letter of ‘Approval in Principle’ from a bank/building society indicating the amount of finance they would be willing to provide you with, for the purchase of a house under the above Scheme. In the event you unable to obtain finance, please submit evidence from <u>at least two lenders</u> showing evidence of refusals. | |
| If you are self-employed , you must submit an Agreed Tax Assessment (signed and Stamped by the Inspector of Taxes) together with Certified Audited Accounts for two Years preceding the date of application, together with Current Projected Income for the coming 12 months. | |
| Completed HPL 1 Form(s) for both applicants, where applicable usually sourced from the Revenue Commissioners. In light of Covid19 Emergency, a temporary alternate arrangement has been put in place whereby the applicant can request Kilkenny County Council to obtain this information from The Revenue Commissioners on their behalf. In such cases, a signed letter authorising same must be included with application. | |

INCREMENTAL PURCHASE SCHEME – TERMS AND CONDITIONS
(APPLICANT(S) COPY)

The broad terms and conditions of the Incremental Purchase scheme which the purchaser(s) agree to are:

1. the purchaser will take out a mortgage from a financial institution or local authority to pay for a specified proportion of the sale/purchase price of the dwelling;
2. the proportion of the equity not paid for will be registered as a charge on the property in favour of the housing authority. This charged share will be reduced in equal proportions of 2% per annum over the period of the charge with the reduction for the first 5 years of occupancy being held and applied on expiry of that period;
3. the property can be resold by the purchaser at any time and the market price obtained for the property divided on the basis of the prevailing equity division between the authority and the purchaser;
4. the housing authority will have a first option to buy in the event of the resale of a dwelling by the purchaser while the charge in favour of the housing authority remains on the property;
5. special arrangements will be in place to allow purchasers to undertake major improvement works, only with the agreement of the authority, expenditure on which will be taken into account in the division of monies obtained on the resale of the dwelling;
6. the purchaser will be fully responsible for repair and maintenance of the property and will have to maintain insurance cover on the whole property;
7. there are a number of important terms and conditions (contained in the transfer and charge orders) which go with the transfer of the title of the property to the purchaser including:
 - a. that the dwelling must be the normal place of residence of the purchaser and/or his or her family;
 - b. that within the relevant period the housing authority must be notified of the intention to resell the property and be given an option to purchase;
 - c. that substantial material improvements cannot be made to the property without the prior consent of the authority;
 - d. that the property must be maintained to an appropriate standard set by the housing authority; and
 - e. that adequate insurance cover be maintained on the property.

These terms and conditions, with others, will be enforced through the terms of the transfer and charging orders.

I have read and agree to the terms and conditions of the Incremental Purchase Scheme, as listed above:

Signed: _____
(First Applicant)

Date: _____

Signed: _____
(Second Applicant)

Date: _____

INCREMENTAL PURCHASE SCHEME – TERMS AND CONDITIONS
(LOCAL AUTHORITY COPY)

The broad terms and conditions of the Incremental Purchase scheme which the purchaser(s) agree to are:

1. the purchaser will take out a mortgage from a financial institution or local authority to pay for a specified proportion of the sale/purchase price of the dwelling;
2. the proportion of the equity not paid for will be registered as a charge on the property in favour of the housing authority. This charged share will be reduced in equal proportions of 2% per annum over the period of the charge with the reduction for the first 5 years of occupancy being held and applied on expiry of that period;
3. the property can be resold by the purchaser at any time and the market price obtained for the property divided on the basis of the prevailing equity division between the authority and the purchaser;
4. the housing authority will have a first option to buy in the event of the resale of a dwelling by the purchaser while the charge in favour of the housing authority remains on the property;
5. special arrangements will be in place to allow purchasers to undertake major improvement works, only with the agreement of the authority, expenditure on which will be taken into account in the division of monies obtained on the resale of the dwelling;
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 - a. that the dwelling must be the normal place of residence of the purchaser and/or his or her family;
 - b. that within the relevant period the housing authority must be notified of the intention to resell the property and be given an option to purchase;
 - c. that substantial material improvements cannot be made to the property without the prior consent of the authority;
 - d. that the property must be maintained to an appropriate standard set by the housing authority; and
 - e. that adequate insurance cover be maintained on the property.

These terms and conditions, with others, will be enforced through the terms of the transfer and charging orders.

I have read and agree to the terms and conditions of the Incremental Purchase Scheme, as listed above:

Signed: _____
(First Applicant)

Date: _____

Signed: _____
(Second Applicant)

Date: _____

Incremental Purchase Scheme Application Form

PERSONAL DETAILS

First Applicant

first name:

 middle initial:

surname:

maiden name if applicable:

date of birth:

 / /

PPSN:

sex:

female

male

nationality:

mother's maiden name:

marital status: married single separated

divorced widowed other

if separated or divorced, please see page 13

e-mail:

work tel:

home tel:

mobile:

current address:

how long at this address: years: months:

previous address:

number of dependants: ages:

have you previously bought a local authority house?

yes no

please provide details (e.g. address, ownership, etc.)

Second Applicant

first name:

 middle initial:

surname:

maiden name if applicable:

date of birth:

 / /

PPSN:

sex:

female

male

nationality:

mother's maiden name:

marital status: married single separated

divorced widowed other

if separated or divorced, please see page 13

e-mail:

work tel:

home tel:

mobile:

current address:

how long at this address: years: months:

previous address:

number of dependants: ages:

have you previously bought a local authority house?

yes no

please provide details (e.g. address, ownership, etc.)

ADDITIONAL HOUSEHOLD MEMBERS (IF APPLICABLE)

Please provide details of additional household members (non purchasing) below:

Additional member - one

first name: middle initial:

surname: marital status:

date of birth: / / PPSN:

sex: female male

current address:

employment status:

Additional member - two

first name: middle initial:

surname: marital status:

date of birth: / / PPSN:

sex: female male

current address:

employment status:

additional member - three

first name: middle initial:

surname: marital status:

date of birth: / / PPSN:

sex: female male

current address:

employment status:

additional member - four

first name: middle initial:

surname: marital status:

date of birth: / / PPSN:

sex: female male

current address:

employment status:

Please copy this sheet for additional household members.

EMPLOYMENT STATUS AND DETAILS

First Applicant

employed: self-employed: not employed:

employer name:

employer address:

state type of business:

occupation:

employment status e.g. permanent, etc:

date commenced present employment: / /

gross basic salary p.a.: €

overtime p.a. €

bonus p.a. €

commission p.a. €

other income p.a.: €

source of other annual income:

deductions p.a. €
€

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

Second Applicant

employed: self-employed: not employed:

employer name:

employer address:

state type of business:

occupation:

employment status e.g. permanent, etc:

date commenced present employment: / /

gross basic salary p.a.: €

overtime p.a. €

bonus p.a. €

commission p.a. €

other income p.a.: €

source of other annual income:

deductions p.a. €
€

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

SELF-EMPLOYMENT DETAILS

first applicant

trading name and address:

| |
|--|
| |
| |
| |

date of commencement of business: / /

nature of business:

| |
|--|
| |
|--|

sole trader: director / partner:

state % shareholding:

total net profit: €

(all partners, before drawings)

drawings: €

(state your drawings only)

previous employer's name and address:

| |
|--|
| |
| |
| |

previous employment from: / /

previous employment to: / /

nature of business:

| |
|--|
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occupation:

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second applicant

trading name and address:

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| |

date of commencement of business: / /

nature of business:

| |
|--|
| |
|--|

sole trader: director / partner:

state % shareholding:

total net profit: €

(all partners, before drawings)

drawings: €

(state your drawings only)

previous employer's name and address:

| |
|--|
| |
| |
| |

previous employment from: / /

previous employment to: / /

nature of business:

| |
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occupation:

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| |
|--|

NATURE OF CURRENT TENURE

First applicant

do you rent your current accommodation?

yes: no:

if yes, weekly rent payable is: €

if payable monthly, monthly rent is: €

are you (please tick one of the following)

- Tenant of local authority
- Tenant of housing assistance payment
- Tenant of rental accommodation scheme
- Tenant of voluntary housing body
- Tenant of long-term leasing
- Approved applicant on housing list

tenant/applicant reference number (if known)

name and address of your landlord:

is rent supplement payable to the household for your accommodation?

yes: no:

if yes, the amount of weekly rent contribution received by the household is:

€

Second applicant

do you rent your current accommodation?

yes: no:

if yes, weekly rent payable is: €

if payable monthly, monthly rent is: €

are you (please tick one of the following)

- Tenant of local authority
- Tenant of housing assistance payment
- Tenant of rental accommodation scheme
- Tenant of voluntary housing body
- Tenant of long term leasing
- Approved applicant on housing list

tenant/applicant reference number (if known)

name and address of your landlord:

is rent supplement payable to the household for your accommodation?

yes: no:

if yes, the amount of weekly rent contribution received

RENT ARREARS HISTORY (only applicable to existing Tenants of a Local Authority, Approved Voluntary Housing Body or RAS)

If you are a Tenant of any of the above, please indicate any instances in the 3 year period prior to the date of this application where arrears of rent were due to the Housing Authority in respect of any dwelling let to you by the authority:-

PUBLIC ORDER OFFENCES

In accordance with Section 14 of the Housing (Miscellaneous Provisions) Act 1997, as amended by Section 8 of the Housing (Miscellaneous Provisions) Act 2009, a housing authority may refuse to sell or allocate a dwelling to a tenant where the authority considers that the tenant is or has been engaged in anti-social behaviour or that a sale or allocation to that tenant would not be in the interest of good estate management.

In the 5 year period prior to the date of this application has **any member** of the household been convicted of offences under the following?

- Section 5: Disorderly conduct in a public place**
Section 6: Threatening, abusive or insulting behaviour in a public place
Section 7: Distribution or display in a public place of material which is threatening, abusive, insulting or obscene
Section 14: Riot
Section 15: Violent disorder, or
Section 19: Assault or obstruction of a peace officer or emergency services personnel

of the Criminal Justice (Public Order) Act 1994 (No. 2 of 1994),

yes no

If yes, please give details (including name, address and date and details of conviction)

- Section 117 of the Criminal Justice Act 2006 (No. 26 of 2006): withholding or giving false name and address or does not comply with a behaviour order.**

yes no

if yes, please give details (including name, address and date and details of conviction)

- Section 257F of the Children Act 2001 (No. 24 of 2001): a child withholding or giving false name and address or does not comply with a behaviour order.**

yes no

if yes, please give details (including name, address and date and details of conviction)

MARITAL SEPARATION / DIVORCE

Where an applicant/joint applicant for Incremental Purchase Scheme is separated or divorced, the following (A or B) applies:

A. Separation Agreement

Where a separation agreement is in place, a copy of the agreement confirming the below details must be included with this application.

The agreement must identify:

1. The extent of maintenance being received or paid by the applicant;
2. The circumstances under which the maintenance payments can cease;
3. Details of any payment to be made in respect of buy-out of spousal rights to the existing family home or other property which could have a bearing on the applicant's ability to purchase the dwelling;
4. That no onerous conditions exist.

In exceptional circumstances, a letter from the applicant's solicitor confirming the above details is acceptable.

B. No Separation Agreement

If there is no separation agreement, a letter from the applicant's solicitor must be included with this application confirming:

1. That there is no formal separation agreement;
2. That there are no court proceedings pending under family law legislation;
3. The position in relation to maintenance and other payments.

Maintenance Payments

Where the applicant is in receipt of maintenance payments these will be considered as assessable income.

Where the applicant pays maintenance, evidence must be provided that the required payments have been made for at least the previous 12 months, without interruption.

SALARY CERTIFICATE – TO BE COMPLETED BY FIRST APPLICANT’S EMPLOYER

EMPLOYMENT DETAILS

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No

Is employee on probation period? Yes No

So far as are you able to tell will he/she continue to be in your service? Yes No

If employee is on a salary scale, what is the maximum of such scale and by what annual increments reached? _____

SALARY DETAILS

| | Guaranteed | Regular | Irregular |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Gross basic wage/salary: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overtime: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonus: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commission: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other income*: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Please give details of other income: _____

THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____

**Please authenticate with
company stamp or seal**

Tel Number: _____ Date: _____

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

SALARY CERTIFICATE – TO BE COMPLETED BY SECOND APPLICANT’S EMPLOYER

EMPLOYMENT DETAILS

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No

Is employee on probation period? Yes No

So far as are you able to tell will he/she continue to be in your service? Yes No

If employee is on a salary scale, what is the maximum of such scale and by what annual increments reached?

SALARY DETAILS

| | Guaranteed | Regular | Irregular |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Gross basic wage/salary: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overtime: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonus: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commission: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other income*: _____ p.a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Please give details of other income: _____

THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____

**Please authenticate with
company stamp or seal**

Tel Number: _____ Date: _____

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

FOR COMPLETION BY SOCIAL WELFARE – FIRST APPLICANT

THIS FORM IS REQUIRED ONLY IF FIRST APPLICANT IS ON SOCIAL WELFARE.

Name: _____

Address: _____

PPS Number: _____

In relation to the above named applicant I confirm that the following information is correct:

TOTAL AMOUNT OF BENEFIT/ASSISTANCE RECEIVED FROM:

1st January _____ to 31st December _____ = € _____

AMOUNT OF BENEFIT/ASSISTANCE CURRENTLY BEING RECEIVED IS

€ _____ PER WEEK **TYPE OF BENEFIT:** _____

**TO BE COMPLETED BY AN OFFICIAL OF
THE DEPARTMENT OF SOCIAL PROTECTION / LOCAL SOCIAL WELFARE OFFICE**

I hereby certify, in accordance with my records and to the best of my knowledge that the above named person is in receipt of social welfare payments as detailed above.

SIGNED

DATE

OFFICIAL STAMP

FOR COMPLETION BY SOCIAL WELFARE – SECOND APPLICANT

THIS FORM IS REQUIRED ONLY IF SECOND APPLICANT IS ON SOCIAL WELFARE.

Name: _____

Address: _____

PPS Number: _____

In relation to the above named applicant I confirm that the following information is correct:

TOTAL AMOUNT OF BENEFIT/ASSISTANCE RECEIVED FROM:

1st January _____ to 31st December _____ = € _____

AMOUNT OF BENEFIT/ASSISTANCE CURRENTLY BEING RECEIVED IS

€ _____ PER WEEK **TYPE OF BENEFIT:** _____

**TO BE COMPLETED BY AN OFFICIAL OF
THE DEPARTMENT OF SOCIAL PROTECTION / LOCAL SOCIAL WELFARE OFFICE**

I hereby certify, in accordance with my records and to the best of my knowledge that the above named person is in receipt of social welfare payments as detailed above.

SIGNED

DATE

 / /

OFFICIAL STAMP

FINANCIAL HISTORY & COMMITMENTS

savings

| | first applicant | second applicant | financial institution(s) |
|------------------|------------------------|------------------------|--------------------------|
| deposits: | € <input type="text"/> | € <input type="text"/> | <input type="text"/> |
| current account: | € <input type="text"/> | € <input type="text"/> | <input type="text"/> |
| other: | € <input type="text"/> | € <input type="text"/> | <input type="text"/> |

Borrowings/loans (include credit card debt)

| borrower | purpose | € amount owing | € monthly repayment | lender |
|----------------------|----------------------|-------------------------------|-------------------------------|----------------------|
| <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"/> |
| | | € <u> </u> | € <u> </u> | |

Weekly, Monthly & Annual outgoings:

| Purpose | Amount | Weekly | Monthly | Annually |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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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| <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"/> |

first applicant

have you or your spouse ever been insolvent, bankrupt, involved in court proceedings for debt or compounded with creditors? have any judgements been registered against you personally? have any judgements been registered against a company of which you are a director?

Yes No

if yes to any of the above, please give details:

| |
|--|
| |
| |
| |

second applicant

have you or your spouse ever been insolvent, bankrupt, involved in court proceedings for debt or compounded with creditors? have any judgements been registered against you personally? have any judgements been registered against a company of which you are a director?

Yes No

if yes to any of the above, please give details:

| |
|--|
| |
| |
| |

DECLARATIONS

Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that the application will only be accepted when this declaration has been signed.

Collection and use of data: Kilkenny County Council will use the data which you have supplied to assess and administer your application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. Kilkenny County Council may also process this data for research purposes in conjunction with the Department of the Environment, Heritage and Local Government.

Kilkenny County Council may, for the purpose of its functions under the Housing Acts 1966 to 2009, request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Síochána, the Minister for Social Protection, the Health Service Executive (HSE) or an Approved 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 and any other person the authority considers may be engaged in anti-social behaviour.

Housing (Miscellaneous Provisions) Act 2009: Section 32(7) of the Housing (Miscellaneous Provisions) Act 2009 provides that it is an offence, punishable on conviction by a maximum fine of €2,000, for a person to knowingly conceal any material fact in relation to the purchase of a dwelling under an incremental purchase arrangement. Section 32(8) of the 2009 Act provides that a housing authority may recover from a person convicted of an offence under section 32(7) any higher expenditure that it incurred on the sale of the dwelling due to reliance on false, misleading or undisclosed information.

Declaration: I/ we declare that the information and particulars given by me/us on this application are true and correct, and I/we understand that the provision of any false or misleading statements may lead to this application being cancelled. In respect of an IPS application received from a person/household on the local authority's waiting list, the local authority reserves the right to exclude an applicant from consideration for both an IPS purchase and for social housing support generally if he/she supplies false information or withholds relevant information on this form or at subsequent interviews. In relation to applications received from current tenants of the local authority, the local authority reserves the right to exclude a tenant from consideration for purchase of a housing unit if he/she supplies false information or withholds relevant information on this form or at subsequent interviews. In addition any person who gives false or misleading information may be guilty of a serious offence and may be liable for prosecution.

I hereby consent to my data being processed, shared and stored by Kilkenny County Council for the purpose of assessing your application.

I/we undertake to notify Kilkenny County Council immediately should there be any changes from the information provided, or in my/our circumstances. I/we also authorise Kilkenny County Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

SIGNATURES

first applicant:

date:

second applicant:

date:

HPL1 Form / First Applicant

THIS FORM MUST BE COMPLETED BY THE REVENUE COMMISSIONERS AND RETURNED WITH EVERY APPLICATION

PLEASE NOTE: IN LIGHT OF THE COVID 19 EMERGENCY, A TEMPORARY ALTERNATE ARRANGEMENT HAS BEEN PUT IN PLACE WHEREBY THE APPLICANT CAN REQUEST KILKENNY COUNTY COUNCIL TO OBTAIN THIS INFORMATION FROM THE REVENUE COMMISSIONERS ON THEIR BEHALF. IN SUCH CASES, A SIGNED LETTER AUTHORIZING SAME MUST BE INCLUDED WITH THE APPLICATION.

| | |
|-----------------------------------|----------------------|
| YOUR FULL NAME (BLOCK LETTERS) | <input type="text"/> |
| PREVIOUS NAME (IF ANY) | <input type="text"/> |
| PRESENT ADDRESS | <input type="text"/> |
| PREVIOUS ADDRESS (IF ANY) | <input type="text"/> |
| PPS NUMBER (PRSI NUMBER) | <input type="text"/> |

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED DATE

OFFICIAL STAMP

Please send to the following address:-

TRS Section,
Revenue Office,
Government Offices,
Hebron Road,
Kilkenny.

HPL1 Form / Second Applicant

THIS FORM MUST BE COMPLETED BY **THE REVENUE COMMISSIONERS** AND RETURNED WITH EVERY APPLICATION

PLEASE NOTE: IN LIGHT OF THE COVID 19 EMERGENCY, A TEMPORARY ALTERNATE ARRANGEMENT HAS BEEN PUT IN PLACE WHEREBY THE APPLICANT CAN REQUEST KILKENNY COUNTY COUNCIL TO OBTAIN THIS INFORMATION FROM THE REVENUE COMMISSIONERS ON THEIR BEHALF. IN SUCH CASES, A SIGNED LETTER AUTHORIZING SAME MUST BE INCLUDED WITH THE APPLICATION.

| | |
|-----------------------------------|----------------------|
| YOUR FULL NAME (BLOCK LETTERS) | <input type="text"/> |
| PREVIOUS NAME (IF ANY) | <input type="text"/> |
| PRESENT ADDRESS | <input type="text"/> |
| PREVIOUS ADDRESS (IF ANY) | <input type="text"/> |
| PPS NUMBER (PRSI NUMBER) | <input type="text"/> |

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED

DATE

OFFICIAL STAMP

Please send to the following address:-

TRS Section,
Revenue Office,
Government Offices,
Hebron Road,
Kilkenny.