

*For office use only:*  
 FMS property: .....  
 Date received: .....  
 Rent account: .....



**Comhairle Chontae na Gaillimhe**  
 Galway County Council

**APPLICATION TO PURCHASE A COUNCIL HOUSE UNDER THE TERMS OF  
 Tenant (Incremental) Purchase Scheme 2016 &  
 Housing (Sale of Local Authority Houses) (Amendment) Regulations 2021**

**Customer No:** \_\_\_\_\_

**Address of Property :** \_\_\_\_\_

**Eircode:** \_\_\_\_\_

Applicant Details:	Tenant	Joint Tenant
Name		
PPS Number		
Phone Number		
Date of birth		
Email Address		
Civil (Marital) Status		
Income Source(s)*		
Gross Annual Income		

**Tenant's Spouse/Civil Partner/Co-habitant Resident in the House (if not a joint tenant):**

Name	Relationship to tenant	PPSNo.	Income Source(s)*	Gross annual income

\* Evidence of income must be supported by documentation as detailed on the attachment page. Sources of income that cannot be included are also attached.

**Have you previously purchased a dwelling under a tenant purchase or incremental purchase scheme?**

Yes:                       No:

**What is the intended source of funding for the purchase money?**

Own Resources\*:     Private Mortgage:     Local Authority Loan:

**\*Cash payments will not be accepted**

**Public Order Offences**

In the 5-year period prior to the date of this application, has any member of the household been convicted of an offence under the following sections of the Criminal Justice (Public Order) Act 1994?

- 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

Yes:  No:

If 'Yes', please give details: \_\_\_\_\_  
(including name, address and details of conviction)

In the 5-year period prior to the date of this application, has any member of the household been the subject of Court Orders under the following statutory provisions?

- Sections 3, 3A or 4 Housing (Miscellaneous Provisions) Act 1997: Subject of an excluding order or interim excluding order,
- Section 257D of the Children Act 2001 (No. 24 of 2001): Subject of a behaviour order, or
- Section 115 of the Criminal Justice Act 2006 (No. 26 of 2006): Subject of a civil order.

Yes:  No:

If 'Yes', please give details: \_\_\_\_\_  
(including name, address and details of the order)

**IMPORTANT - Information for the attention of the applicant**

**Notice about Offences**

Section 32(7) of the Housing (Miscellaneous Provisions) Act 2009 and section 6 of the Fines Act 2010 provide that it is an offence, punishable on conviction by a class C fine (i.e. an amount not greater than €2,500 but greater than €1,000), for a person to knowingly provide false or misleading information or documents or to knowingly conceal any material fact in relation to the purchase of a house under Part 3 of the Housing (Miscellaneous Provisions) Act 2014. 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 the authority incurred on the sale of a house due to reliance on false, misleading, or undisclosed information.

**Collection and Use of Data**

The housing authority will use the data which you have supplied to assess and administer your application. Data may be shared and verified with other public bodies for the purpose of the prevention or detection of fraud. The housing authority may, in conjunction with the Department of the Environment, Community & Local Government, process this data for research purposes.

**Additional Information**

Where requested by Galway County Council, additional information must be provided by the applicant(s) within four weeks.

All correspondence between Galway County Council and the applicant(s) is without prejudice and subject to any Transfer Order.

**Declaration**

I/We\* hereby apply to Galway County Council to purchase the above house under the terms of Tenant (Incremental) Purchase Scheme 2016 & Housing (Sale of Local Authority Houses) (Amendment) Regulations 2021

I/We\* accept that sale of a house under this scheme does not imply any warranty on the part of the housing authority in relation to the state of repair or condition of the house or its fitness for human habitation and that as the house will be valued on the basis of its existing condition, the housing authority is under no obligation to put the house being purchased under the scheme into good structural condition prior to sale.

I/We\* accept that the maintenance and repair of the dwelling after sale is the responsibility of the purchaser.

I/We accept that unless otherwise instructed, Galway County Council will upon completion of the purchase, arrange to have the house vested in the joint names of the tenant and his/her spouse/partner.

I/We\* declare that the information and particulars given by me/us on this application are true and correct.

I/We\* authorise the housing authority to make whatever enquiries it considers necessary to verify details of my/our application.

I/We\* am/are aware that the furnishing of false or misleading information is an offence liable to prosecution.

\* (Delete where appropriate)

Signed: \_\_\_\_\_  
Tenant

Signed: \_\_\_\_\_  
Joint Tenant

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

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

## **Supporting Documentation to Accompany Application**

The following documentary evidence, verifying the different types of reckonable income, must be submitted.

### **Employee income:**

- Both Form P60 and 3 payslips for each employment and, where necessary, a signed and stamped employer's salary certificate, stating employment terms, basic salary, overtime, commission, bonuses, and any other payments; P21 is also required.

### **Income from self-employment:**

- a copy of the income and expenditure accounts for each business or such documentation that satisfies the housing authority as to the nature and amount of income involved.

### **Payments made by the Department of Social Protection:**

- documents issued by that Department, detailing the payments made;

The following payments are considered as a primary source of income: the State Contributory and Non-Contributory Pensions, Widow's, Widower's, Surviving Civil Partner's (Contributory and Non-Contributory) Pension, Blind Pension, Invalidity Pension and Disability Allowance.

Income from all other social welfare payments by the Department of Social Protection, will only be reckonable where these payments constitute a secondary source of income, i.e., a social welfare payment to a tenant in receipt of income from employment is reckonable income, as is a social welfare payment to the spouse, civil partner, or cohabitant of a tenant in employment, whether that payment is in addition to employment income of that spouse, civil partner or cohabitant;

### **Rental income from land or property:**

- a copy of accounts or a statement of rental income;

### **Interest on savings, investments, or dividends:**

- a statement from the financial institution or other provider, detailing the amount paid;

### **A pension:**

- a document issued by the body involved, detailing the payments made;

### **Maintenance payments received:**

- the Court Order, formal or informal maintenance arrangement or agreement, or solicitor's statement, detailing the amount and frequency and end-date of payments, and documentary evidence that the required payments are being made in accordance with the order, arrangement, agreement, or statement concerned;

### **Income from any other source:**

- documentary evidence from the appropriate person or body involved, detailing the source and nature of the income and the amount paid.

## **Proof of Receipt of Social Housing Support**

The period of time tenants will be required to be in receipt of social housing support to be considered eligible under the scheme remains at 10 years. However, in the case of joint tenancies only one tenant is required to have been in receipt of social housing supports for 10 years.

Documentary evidence must be provided, where necessary, and this may include proof of receipt of Rent Supplement, Housing Assistance Payment, Rental Accommodation Scheme assistance and the submission of social housing tenancy details etc. as applicable to each applicant(s),

### **Income Disregards**

Income from the following sources is not reckonable under the scheme and is not included in determining a tenant's gross income:

(a) Payments by the Department of Social Protection under the Social Welfare Acts in respect of –

- (i) Child Benefit
- (ii) Guardian's Payments (Contributory)
- (iii) Guardian's Payments (Non-Contributory) (iv) Carer's Allowance (Full or half rate)
- (v) Carer's Benefit
- (vi) Domiciliary Care Allowance
- (vii) Constant Attendance Allowance
- (viii) Prescribed Relatives Allowance
- (ix) Household Benefits Package (including Electricity & Gas Allowance) (x) Fuel Allowance
- (xi) Telephone Allowance
- (xii) Increase for living on a Specified Island
- (xiii) Living Alone (Pension) Allowance
- (xiv) Diet Supplement
- (xv) Payments under Medical Care Scheme
- (xvi) Back to Work Family Dividend
- (xvii) Disablement Benefit

Once off payments or irregular payments, including for example Carer's Support Grant, Training Support Grant, Back to School Clothing and Footwear Allowance, Additional Needs Payment (including Exceptional Needs Payment and Urgent Needs Payment), Humanitarian Assistance Scheme, Funeral Grant.

(b) Community employment schemes such as Community Employment Programme, Community Services Programme, Gateway (Local Authority Activation Scheme), the Work Placement Experience Programme, Tús (Community Work Placement Initiative); the amount of income in excess of the Supplementary Welfare rate.

(c) Payments from the Department of Social Protection or the Department of Education / Department of Further and Higher Education, Research, Innovation and Science or any Government Department or state agency in respect of an education or training course: the amount of income in excess of the Supplementary Welfare rate.

(d) Payments by the Health Service Executive in respect of—

- (i) Foster Care Allowance
- (ii) Blind Welfare Allowance
- (iii) Mobility allowance

(e) Payments by the Department of Education, or under schemes funded by that Department, in respect of—

- (i) Student grants schemes
- (ii) Home Tuition Grant Scheme
- (iii) Youthreach training allowance

(f) Payments received as a training allowance while undergoing a course of rehabilitation training by an organisation approved by the Minister for Health;

The following miscellaneous payments:

(g) Payments by charitable organisations, being bodies the activities of which are carried on otherwise than for profit (but excluding any local authority or other public authority) and one of the functions of which is to assist persons in need by making grants of money to them;

(h) Payments made by another EU Member State and / or the United Kingdom (Common Travel Area) that correspond to Child Benefit;

(i) Scholarships in respect of attending approved courses provided by approved institutions, within the meaning of sections 7 and 8 of the Student Support Act 2011 (No. 4 of 2011), respectively;

(j) Income earned by children.

**Appendix I - SALARY CERTIFICATE – (to be completed by First Applicants 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 are you able to tell will he/she continue to be in your service? Yes  No

If so, 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 AUTHOIRISED COMPANY OFFICAL**

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

**Appendix I - SALARY CERTIFICATE – (to be completed by Second Applicants 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 are you able to tell will he/she continue to be in your service? Yes  No

If so, what is the maximum of such scale and by what annual increments reached?

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

**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: \_\_\_\_\_

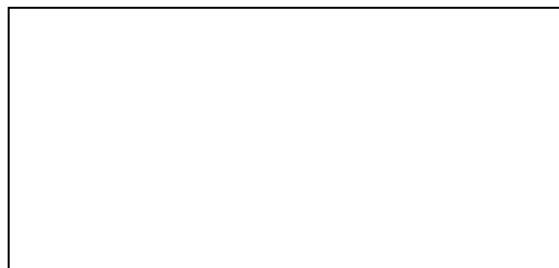
**THIS SECTION IS TO BE COMPLETED BY AN AUTHOIRISED COMPANY OFFICAL**

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

Tel Number: \_\_\_\_\_ Date: \_\_\_\_\_

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE



**THIS FORM IS REQUIRED FOR APPLICANT ON SOCIAL WELFARE.**

**Name:**

---

**Address:**

---

---

**PPS Number:**

---

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

**AMOUNT OF SOCIAL WELFARE PAYMENTS (UNEMPLOYMENT BENEFIT /ASSISTANCE) RECEIVED FROM:**

1<sup>st</sup> January \_\_\_\_\_ to 31<sup>st</sup> December \_\_\_\_\_ = € \_\_\_\_\_

**CURRENT AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE BEING RECEIVED**

€ \_\_\_\_\_ WEEKLY

**STATEMENT OUTLINING BREAKDOWN OF SOCIAL WELFARE PAYMENTS TO BE SUBMITTED**

**TO BE COMPLETED BY AN OFFICIAL OF THE DEPARTMENT OF SOCIAL WELFARE/EMPLOYMENT EXCHANGE**

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.

**SIGNED**

---

**DATE**

---

**OFFICIAL STAMP**

**THIS FORM IS REQUIRED FOR APPLICANT ON SOCIAL WELFARE.**

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**PPS Number:**

\_\_\_\_\_

**AMOUNT OF SOCIAL WELFARE PAYMENTS (UNEMPLOYMENT BENEFIT /ASSISTANCE) RECEIVED FROM:**

**TOTAL AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE RECEIVED FROM:**

1<sup>st</sup> January \_\_\_\_\_ to 31<sup>st</sup> December \_\_\_\_\_ = € \_\_\_\_\_

**CURRENT AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE BEING RECEIVED**

€ \_\_\_\_\_ WEEKLY

**STATEMENT OUTLINING BREAKDOWN OF SOCIAL WELFARE PAYMENTS TO BE SUBMITTED**

**TO BE COMPLETED BY AN OFFICIAL OF THE DEPARTMENT OF SOCIAL WELFARE/EMPLOYMENT EXCHANGE**

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.

**SIGNED**

\_\_\_\_\_

**DATE**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICIAL STAMP**

\_\_\_\_\_