



Comhairle Contae Thiobraid Árann
Tipperary County Council

APPLICATION FOR A LOAN FOR THE RECONSTRUCTION OF A HOUSE

(REC1)

IMPORTANT: ALL QUERIES ON THIS FORM MUST BE ANSWERED (FOR EACH APPLICANT, WHERE APPROPRIATE). FAILURE TO DO SO WILL RESULT IN UNNECESSARY DELAYS IN PROCESSING YOUR APPLICATION. IF YOU SUPPLY FALSE OR MISLEADING INFORMATION YOUR APPLICATION **WILL BE REJECTED.** COMPLETED APPLICATIONS SHOULD BE RETURNED TO THE HOUSING SECTION, TIPPERARY COUNTY COUNCIL, CIVIC OFFICES, CLONMEL, CO. TIPPERARY

A. APPLICANT(S) DETAILS:

	APPLICANT A.	APPLICANT B.
1. NAME	<hr/> <hr/>	<hr/> <hr/>
2. ADDRESS	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
3. P.P.S. NO.	<hr/>	<hr/>
4. DATE OF BIRTH	<hr/>	<hr/>
5. MARITAL/CIVIL STATUS	<hr/>	<hr/>
6. OCCUPATION	<hr/>	<hr/>
7. (a) NAME & ADDRESS OF EMPLOYER.	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(b) HOW LONG EMPLOYED.	<hr/>	<hr/>
(c) IS EMPLOYMENT PERMANENT (PLEASE PLACE "X" IN APPROPRIATE BOX.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. (a) IF UNEMPLOYED HOW LONG SINCE LAST PERMANENT EMPLOYMENT.	<hr/>	<hr/>
(b) REASON FOR LEAVING	<hr/>	<hr/>
9. GROSS INCOME FOR LAST TAX YEAR	<hr/>	<hr/>
10. CURRENT WEEKLY <u>TAKE HOME PAY.</u>	<hr/>	<hr/>

NOTE: ALL INCOME MUST BE CERTIFIED AS FOLLOWS: -

- (1) IF EMPLOYED - P.60 FOR LAST FULL TAX YEAR PLUS CURRENT PAYSLEIPS FOR TWO WEEKS PRIOR TO APPLICATION.
- (2) IF SELF EMPLOYED - AUDITED ACCOUNTS FOR PREVIOUS TAX YEAR PLUS COPY OF TAX ASSESSMENT (P.21).
- (3) IF UNEMPLOYED - CERTIFICATE FROM DEPARTMENT OF SOCIAL WELFARE SETTING OUT INCOME FOR LAST FULL TAX YEAR AND CURRENT WEEKLY INCOME.

(INCOME MUST BE FULLY CERTIFIED FOR BOTH APPLICANTS WHERE APPROPRIATE).

B. DETAILS OF APPLICANTS FAMILY

NAME	AGE	RELATIONSHIP TO APPLICANTS	OCCUPATION	WEEKLY INCOME (IF ANY)	P.P.S. NO

(NOTE: INCLUDE ONLY DETAILS OF FAMILY MEMBERS NORMALLY RESIDENT WITH THE APPLICANT(S).)

C. DETAILS OF CURRENT ACCOMMODATION:

(NOTE: IF APPLICANTS ARE CURRENTLY RESIDING APART PLEASE SUPPLY FULL DETAILS FOR EACH APPLICANT)

	APPLICANT A.	APPLICANT B.
1. ADDRESS OF CURRENT RESIDENCE:	_____ _____	_____ _____
2. TELEPHONE NO. (IF ANY)	_____	_____
3. DATE HOUSE BUILT	_____	_____
4. NUMBER OF BEDROOMS	_____	_____
NUMBER OF LIVING ROOMS (INCLUDING KITCHEN)	_____	_____
BATHROOM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
TOILET FACILITIES :	INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> NONE <input type="checkbox"/>	INDOOR <input type="checkbox"/> OUTDOOR <input type="checkbox"/> NONE <input type="checkbox"/>
5. ARE YOU OWNER OF THE PROPERTY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

D. DETAILS OF PROPOSED IMPROVEMENTS:

1. GIVE BRIEF DESCRIPTION OF PROPOSED IMPROVEMENTS

NOTE: IF THE PROPOSALS INVOLVE THE ERECTION OF AN EXTENSION OR OTHER STRUCTURAL ALTERATION THIS APPLICATION MUST BE ACCOMPANIED BY SITE MAP, PLANS AND SPECIFICATIONS FOR THE WORK. THESE PLANS MUST CLEARLY DIFFERENTIATE BETWEEN NEW AND EXISTING CONSTRUCTION.

2. NAME AND ADDRESS OF CONTRACTOR.

3. CONTRACTOR'S TAX CLEARANCE NO.

4. ESTIMATED COST OF WORK.
(Application must be accompanied by two written contractor's estimates)

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5. (A) IS PLANNING PERMISSION REQUIRED. YES NO

(B) IF YES, HAS PERMISSION BEEN OBTAINED. YES NO

(C) IF YES, QUOTE REFERENCE NO.

E. LOAN DETAILS

1. AMOUNT OF LOAN SOUGHT.
(Maximum €38,000 or 95% of the cost of work, whichever is the less)

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NOTE: THE MAXIMUM UNSECURED LOAN (I.E.) WITHOUT COMPLETION OF MORTGAGE DOCUMENTS IS €15,000.

2. TOTAL COST OF PROPOSED WORK.

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3. HOW DO YOU PROPOSE TO FINANCE THE BALANCE OF THE COST.

4. DO YOU HAVE THIS SUM AVAILABLE FROM YOUR OWN RESOURCES/SAVINGS. YES NO

5. (A) DO YOU HAVE AN EXISTING LOAN/ MORTGAGE IN RESPECT OF THIS PROPERTY. YES NO

(B) IF YES, GIVE DETAILS OF:-

(I) NAME & ADDRESS OF LENDER.

(II) AMOUNT OF LOAN.

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(III) DATE TAKEN OUT.

(IV) TERM OF LOAN (YEARS).

(V) AMOUNT OF WEEKLY REPAYMENTS.

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6. (A) DO YOU HAVE ANY OTHER OUTSTANDING LOANS FOR ANY PURPOSE.

YES NO

(B) IF YES, GIVE DETAILS OF SAME.

7. HAVING REGARD TO YOUR NETT HOUSEHOLD INCOME AND YOUR EXISTING COMMITMENTS, WHAT IS THE MAXIMUM ADDITIONAL WEEKLY REPAYMENT YOU FEEL YOU CAN AFFORD.

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I/WE HAVE READ THE CONDITIONS UNDER WHICH THE COUNCIL WILL GRANT AN ADVANCE FOR SUCH PURPOSES THE SCHEDULES THERETO AND AGREE TO BE BOUND BY THEM.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

I/WE IN MAKING THE APPLICATION I/WE HEREBY DO SOLEMNLY AND SINCERELY DECLARE THAT THE PARTICULARS GIVEN ARE COMPLETE AND TRUE IN EVERY RESPECT AND MAKE THIS DECLARATION FOR THE SATISFACTION OF TIPPERARY COUNTY COUNCIL, CONSCIENTIOUSLY BELIEVING SAME TO BE TRUE AND BY VIRTUE OF THE STATUTORY DECLARATIONS ACT, 1938.

SIGNED AND DECLARED BEFORE ME BY:

SIGNED: _____
APPLICANT DECLARANT

SIGNED: _____
APPLICANT DECLARANT

WHO IS/ARE PERSONALLY KNOWN TO ME OR WHO IS/ARE IDENTIFIED BY:

WHO IS KNOWN TO ME AT:

IN THE COUNTY OF:

AND I KNOW THE DECLARANT.

THIS _____ DAY OF _____ 20_____

PEACE COMMISSIONER IN AND FOR THE COUNTY.