[](http://www.mayo.ie/)

**RECONSTRUCTION LOAN**

**APPLICATION FORM**

**PLEASE READ THE FOLLOWING NOTES CAREFULLY**

Mayo County Council can consider applications for loans to persons proposing to execute reconstruction, repair or improvement works on a house for their own occupation.

**The following is a quick checklist of eligible criteria:**

**Income Test**

1. Single-income household: If your gross income before tax in the last income tax year was €40,000 or less, you are eligible.
2. Two-income households: Multiply the gross income (before tax) of the higher earner in the last income tax year by 2.5 and add the gross income of the other earner in the last income tax year. If the answer is €100,000 or less, you are eligible.

**Rates**

The maximum improvement loans are: -

* €38,000 where the loan is secured by a mortgage on the house (or €50,000 on offshore islands) - or
* €15,000 where the loan is not secured by a mortgage on the house.

A variable interest rate applies on these loans.

1. The rate of interest to be charged will be the rate determined by the Department of the Environment and Housing Finance Agency and may vary from time to time as directed by the Housing Finance Agency. There is no Fixed Interest rate available.

**FORM OF APPLICATION FOR A LOAN UNDER THE PROVISIONS OF**

**THE HOUSING ACT, 1966 –SECTION 40**

**1.** Name of Applicant:

**Applicant A Applicant B**

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**2.** Current Address:

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**3.** P.P.S. No.:

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4. Date of Birth:

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5. Contact Tel No:

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**6.** Relationship Status:

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| Single ⬜ Married ⬜ Legally Separated ⬜ Divorced ⬜  Other ⬜ (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Single ⬜ Married ⬜ Legally Separated ⬜ Divorced ⬜  Other ⬜ (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**7.** Dependants:

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| Name | Age | Relation to Applicant |
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Address of Property the subject of the loan?

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Details of tenure/ownership i.e. owner, rented, other?

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Have you ever previously owned a property?

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| Yes ⬜ No ⬜  If ‘Yes’ please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes ⬜ No ⬜  If ‘Yes’ please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Description of work or reconstruction, repair or improvements to be carried out?

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Estimate Cost of works?

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| €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Amount of Loan required?

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| --- |
| €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Amount of State Grant, if any?

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| €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Planning Permission

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| Is Planning Permission required: Yes ⬜ No ⬜  If ‘Yes’ please give details – Planning Ref. etc  Note: Plans, specifications and estimates of the proposed work must be submitted with the application |

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| **EMPLOYMENT STATUS** | | |
| Employed ⬜ Self Employed ⬜ Not Employed ⬜ | Employed ⬜ Self Employed ⬜ Not Employed ⬜ |

**Employment Details Employment Details**

Name & Address of Employer Name & Address of Employer

|  |  |
| --- | --- |
|  |  |
| Type of Business | Type of Business |
| Employment status e.g. permanent, etc | Employment status e.g. permanent, etc |
| Date commenced present employment  \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | 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 | Gross basic salary p.a. €  Overtime p.a. €  Bonus p.a. €  Commission p.a. €  Other income p.a. €  Source of other annual income |
| If less than 6 months in current employment, please give previous employment contact details: | If less than 6 months in current employment, please give previous employment contact details: |
| **Self Employment Details** | **Self Employment Details** |
| Trading Name & Address | Trading Name & Address |
| Date of commencement of business  \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | Date of commencement of business  \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Nature of Business | Nature of Business |
| State % shareholding | State % shareholding |
| Sole Trader ⬜ Director / Partner ⬜ | Sole Trader ⬜ Director / Partner ⬜ |
| Total net profit €  (all partners, before drawings)  Drawings € | Total net profit €  (all partners, before drawings)  Drawings € |
| Previous employer’s name & address | Previous employer’s name & address |
| Previous employment from  \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  Previous employment to  \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | Previous employment from  \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  Previous employment to  \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Nature of Business  Occupation | Nature of Business  Occupation |

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| **FINANCIAL HISTORY & COMMITMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SAVINGS** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | |  | **first applicant** | | | | | | | |  | **second applicant** | | | |  | | **financial institution(s)** | | | | | | | | | | |
| **Deposits:** | | | |  | **€** | | | | | | |  | **€** | | | |  | |  | | | | | | | | | | |  | | | | | |
| **Current account:** | | | |  | **€** | | | | | | |  | **€** | | | |  | |  | | | | | | | | | | |  | | | | | |
| **Other:** | | | |  | **€** | | | | | | |  | **€** | | | |  | |  | | | | | | | | | | |  | | | | | |
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| **BORROWINGS**  ***(INCLUDE CREDIT CARD DEBT)*** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **borrower** | | |  | **purpose** | | | | | | | |  | **€ amount owing** | | | |  | **€ monthly repayment** | | | | | | |  | **lender** | | | |
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| **First Applicant** | | | | | | | | | | | | | | | | | **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?** | | | | | | | | | | | | | | | |  | **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?** | | | | | | | | | | | | | | | | |
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| **Yes** |  |  | | **No** | | |  |  | | | | | | | |  | **Yes** | | |  | |  | **No** |  | |  | | | | | | | |
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| **If yes to any of the above, please give details:** | | | | | | | | | | | | | | | |  | **If yes to any of the above, please give details:** | | | | | | | | | | | | | | | | |
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| **Are you obliged to pay alimony/child support or separation maintenance?** | | | | | | | | | | | | | | | |  | **Are you obliged to pay alimony/child support or separation maintenance?** | | | | | | | | | | | | | | | | |
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| **Yes** |  |  | | **No** | | |  |  | | | | | | | |  | **Yes** | | |  | |  | **No** |  | |  | | | | | | | |
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| **If yes, please state monthly amount:** | | | | | | | | | | | | | | | |  | **If yes, please state monthly amount:** | | | | | | | | | | | | | | | | |
| **€** | | | | | | | | |  | | | | | | |  | **€** | | | | | | | | | | |  | | | | | |

**Have you ever had a loan or made a previous application Have you ever had a loan or made a previous application**

**to any other lending agency? to any other lending agency?**

**Yes: No: Yes: No:**

**If yes, please give details: If yes, please give details:**

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| **WARNINGS**  YOUR HOME IS AT RISK IF YOU DO NOT KEEP UP PAYMENTS ON A MORTGAGE OR ANY OTHER LOAN SECURED ON IT.  THE PAYMENT RATES ON A HOUSING LOAN MAY BE ADJUSTED BY THE LENDER FROM TIME TO TIME.  THE COST OF MONTHLY REPAYMENTS MAY RISE. |

I / WE ACCEPT THAT THE GRANTING OF LOAN APPROVAL OR PAYMENT OF AN IMPROVEMENT LOAN INVOLVES NO WARRANTY AS TO THE WORKS CARRIED OUT TO THE DWELLING AND IMPLIES NO WARRANTY ON BEHALF OF MAYO LOCAL AUTHORITIES OR ITS OFFICIALS AS TO THE STRUCTURAL SOUNDNESS OF THE DWELLING HOUSE.

I / WE CONFIRM THAT ALL OF THE INFORMATION OUTLINED ABOVE IS CORRECT TO THE BEST OF MY / OUR KNOWLEDGE.

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| **Signatures** | | |
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| First Applicant: |  | Date: |
|  |  |  |
| Second Applicant: |  | Date: |
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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Important Notices**

**Consent to contact applicant**

Consent is required if the customer wishes the local authority to be able to telephone him/her at his/her place of employment/business in connection with a Credit Agreement. From time to time the local authority may need to contact you during working hours in connection with the Account. Should you wish to give your consent you should sign this part

I/we hereby consent to the local authority contacting me/us by telephone at my/our place of

employment/business.

Signature of Fist Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of second Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Property Tax**

A Local Property Tax check is carried out by the **Local Authority.** The LPT check will compare the applicant(s) PPSN against a database of people registered for the Local Property Tax.

I/We authorise the local authority to carry out LPT check against me/us.

Signature of Fist Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of second Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Central Credit Register and reporting**

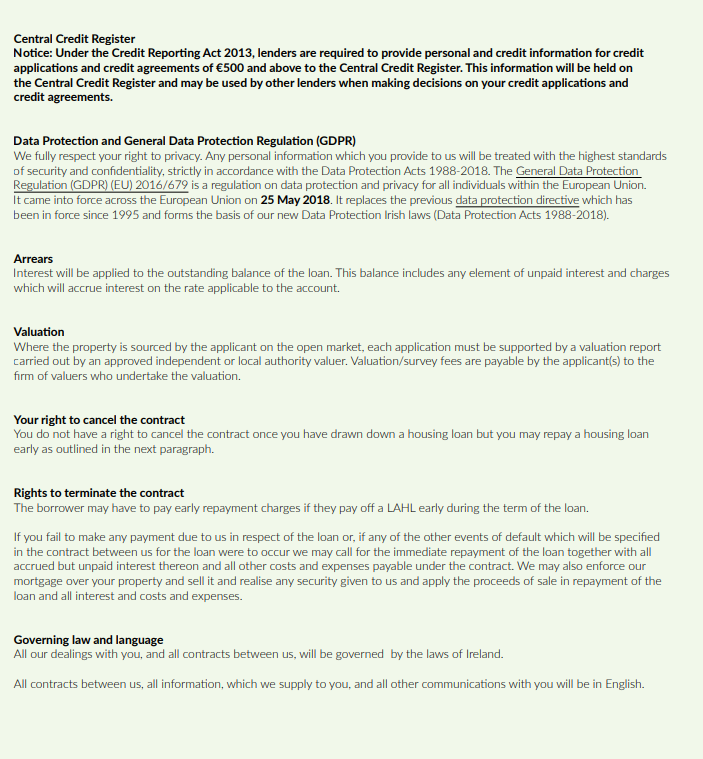
**The local authority** will use your PPSN to complete a New Application Enquiry(NAE) check on the CCR. When such a search is made the Central Credit Register will keep a record for a period (usually for a year) that the search has been made. **The local authority** may also provide information to the Central Credit Register concerning this application and the manner in which the Account is conducted. For this the local authority requires your consent. Please note that if you do not consent **the local authority** may not be able to consider your application.

You have the right at any time to request from the Central Credit Register a coy of any “personal data” within the meaning of the Data Protections Acts, 1988 – 2018 (as amended or re-enacted from time to time) that the Central Credit Register holds about you (for which they may charge a small fee) and to have inaccuracies in that information corrected.

I/We authorise **the local authority** to carry out Central Credit Register enquiry report against me/us. I/We acknowledge that the Central Credit Register will record that such a search has been made and disclose that fact to their members for a period of at least one year. I/We also authorise **the local authority** to provide information concerning this application and the conduct of the Account to the Central Register.

Signature of Fist Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of second Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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| **Appendix 1** |

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| **THIS PART OF FORM TO BE COMPLETED IN RESPECT OF APPLICATIONS FOR LOANS OF €15,000 OR OVER** | | | | | | | | | | | | | | | | | |
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| **Applicant 1:** | | | | | | | | | | | | | | | | | |
| THIS FORM MUST BE COMPLETED BY THE **REVENUE COMMISSIONERS** AND RETURNED. | | | | | | | | | | | | | | | | | |
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|  | YOUR FULL NAME  (BLOCK LETTERS) | | | |  | |  | | | | | | | | | |  |
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|  | PREVIOUS NAME  (IF ANY) | | | |  | |  | | | | | | | | | |  |
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|  | PRESENT ADDRESS | | | |  | |  | | | | | | | | | |  |
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|  | PREVIOUS ADDRESS  (IF ANY) | | | |  | |  | | | | | | | | | |  |
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| **TO BE COMPLETED BY INSPECTOR OF TAXES** | | | | | | | | | | | | | | | | | |
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| I hereby certify, in accordance with my records and to the best of my knowledge that the tax affairs of the above named person are in order. | | | | | | | | | | | | | | | | | |
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| **SIGNED** | |  | | | | | | **DATE** | |  | / |  | / | |  |  | |
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|  | | | | **OFFICIAL STAMP** | | | | | | | |  | | | | | |
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| **THIS PART OF FORM TO BE COMPLETED IN RESPECT OF APPLICATIONS FOR LOANS OF €15,000 OR OVER** | | | | | | | | | | | | | | | | | |
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| **Applicant 2:** | | | | | | | | | | | | | | | | | |
| THIS FORM MUST BE COMPLETED BY THE **REVENUE COMMISSIONERS** AND RETURNED. | | | | | | | | | | | | | | | | | |
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|  | YOUR FULL NAME  (BLOCK LETTERS) | | | |  | |  | | | | | | | | | |  |
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| **TO BE COMPLETED BY INSPECTOR OF TAXES** | | | | | | | | | | | | | | | | | |
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| I hereby certify, in accordance with my records and to the best of my knowledge that the tax affairs of the above named person are in order. | | | | | | | | | | | | | | | | | |
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| **SIGNED** | |  | | | | | | **DATE** | |  | / |  | / | |  |  | |
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| **Appendix 2** |

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| **THIS PART OF FORM TO BE COMPLETED ONLY IF ONE APPLICANT IS ON SOCIAL WELFARE.** | | | | | | | | | |
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|  | | YOUR FULL NAME  (BLOCK LETTERS) | |  | |  | | |  |
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|  | | PREVIOUS NAME  (IF ANY) | |  | |  | | |  |
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|  | | PRESENT ADDRESS | |  | |  | | |  |
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|  | | PREVIOUS ADDRESS  (IF ANY) | |  | |  | | |  |
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|  | | PPS NUMBER (PRSI NUMBER) | |  | |  | | |  |
|  | | |  | |  | |  |  | |

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

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

1st January \_\_\_\_\_\_\_\_\_\_\_ to 31st December \_\_\_\_\_\_\_\_\_\_\_\_\_ = €\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE BEING RECEIVED

€ \_\_\_\_\_\_\_\_ WEEKLY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | |  | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |

**Appendix 3 - SALARY CERTIFICATE – (to be completed by First Applicants Employer)**

**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 DETAILS**

**Guaranteed Regular Irregular**

**Gross basic wage/salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Bonus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Other income\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**\*Please give details of other income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 4 - SALARY CERTIFICATE – (to be completed by Second Applicants Employer)**

**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 DETAILS**

**Guaranteed Regular Irregular**

**Gross basic wage/salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Bonus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Other income\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**\*Please give details of other income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 1 - SALARY CERTIFICATE – (to be completed by First Applicants Employer)**

**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**

**SALARY DETAILS**

**Guaranteed Regular Irregular**

**Gross basic wage/salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Bonus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Other income\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**\*Please give details of other income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECKLIST FOR APPLICANT/S**

Fully Completed Application Form with all declarations completed

Application Fee of €12.70

Photographic Identification (Current Valid Passport or Drivers Licence)

Proof of Present Address (Current Utility Bill or Bank Statement) dated within 3 months

Original Salary Certificate (Appendix 1-4),End of Year employment details summary

(P60) P21 tax balancing statement and 4 Recent Payslips

Provide documentary evidence of any Social Welfare Income Benefit payments and

arrange to have Appendix 2 completed.

Detailed Plans and outline specification of the proposed work

Copy of Site Location Map

Copy of Planning Permission (if applicable)

Three Itemised Estimates from Tax Registered Contractors

Original Current Account Statements with name and address of applicant(s)(for previous 6 months)

Original Savings Statements with name and address of applicant(s) (for previous 12 Months)

Original Loan Statements including name and address of applicants

(12 Months) detailing amount outstanding and the weekly/ monthly payments on

all loans, credit cards and other liabilities.

Proof of Household Insurance documentation to be submitted

***Self Employed***

Accountants Report/Audited Accounts (2 Years Required) from a suitable qualified practitioner (ACCA / FA / CPA / IPA), supported by a minimum of six months recent business current A/C statement verifying net income.

A letter from Accountant confirming that all taxes, both personal and business are up to date and in order.

Current Tax Balancing Statement

Current Preliminary Revenue Tax Payment Receipt