

Rental Accommodation Scheme - Landlord Application Form

Contact Details of Landlord

Name: _____

Address: _____

Telephone Numbers: Home: _____ Mobile: _____

Email Address: _____

Landlord PPS No: _____ Are you the sole owner of the property? Yes No

If NO please give name and PPS of Co-Owner _____

If joint owner please tick if married & jointly assessed for tax purposes Yes No

Are you resident in Ireland? Yes No

Documents required to be submitted with Application Form

Tax Clearance Certificate, TC2 for all owners

(for further info check : www.Revenue.ie)

Building Energy Rating Certificate & BER Advisory Report

for further info check www.sei.ie)

Are you registered with the Private Residential Tenancies Board? Yes No

(for further info check www.prtb.ie)

Property Details – Please tick if purchased under Affordable Housing Scheme Yes No

Address: _____

Description House Bungalow Dormer Apartment

Apartment Ground Floor Apartment 1st Floor or Above Detached

Semi Detached End Terrace Mid Terrace Front Garden Back Garden

No of Living Rooms _____ No of Bedrooms _____ No of Bathrooms _____

Kitchens _____ Dining room _____ Garage/Shed _____

Type of Heating _____ Rental Charge _____

Please tick relevant box Property Vacant or Current Tenant

Are your current Tenants in receipt of Supplementary Welfare Allowance? Yes No

If yes, please give Names and PPS Numbers & Tel No. of your Tenants and Date(s) of the Lease:

Landlord Signature _____

Date _____

Please return to the RAS, Housing Department, Fingal County Council, Grove Road, Blanchardstown, Dublin 15