



COMHAIRLE CONTAE AN CHLÁIR : CLARE COUNTY COUNCIL

Application for Addition of New Occupant or Joint Tenant in Household

Where an additional adult wishes to be included in a household and rent account the following will apply:

1. The applicant must complete an Application for Social Housing Support. The tenant of the property and applicant must submit the attached form with this Application form. Where the person is already approved for Social Housing Support and on the Register of Qualified Households there is no requirement to complete an application.
2. The Tenant should note that they are responsible for the actions of all members of the household, and breaches of tenancy may result in a termination of tenancy.
3. The property must be suitable to meet the housing needs of the household.
4. Clare County will examine each application and the decision of the Council will be confirmed in writing to the current tenant (s).
5. The Rent Account of the tenant must be assessed up to date and be clear of any arrears.

Inclusion on the rent account does not in any way give the applicant the right to succeed to the tenancy of the dwelling.

Note: The acceptance of this form by the Council for consideration does not in any way imply that consent has been granted to the applicant to reside in this dwelling. Approval or refusal to reside will be given in writing to the Tenant.



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This form is to be completed by the Current Tenant

I/We, being the Tenant(s) of _____

hereby, agree to the inclusion of _____ as part of my/our household and rent account subject to the approval of Clare County Council and in accordance with the current Differential Rent Scheme.

Signature of Tenant _____

Please note that any person included on your rent assessment will not be removed from the assessment unless and until satisfactory documentary evidence is provided.

Applicant- I grant permission to Clare County Council to carry out any checks necessary in the processing of this application.

I understand that inclusion on the rent account does not in any way give me the right to succeed to the tenancy of the dwelling.

Please indicate the date in which you intend to occupy the dwelling _____

Signature of Applicant _____

Address for Correspondence

Date: - _____

Contact Phone Number: - _____

Please return to:
Housing Department
Estate Management Unit
Social Development Directorate
Áras Contae an Chláir
New Road
Ennis
Co. Clare
Tel 065 6846334 / 0656846403
housing@clarecoco.ie
www.clarecoco.ie

Clare County Council is subject to data protection requirements. The information provided is required for the sole purpose of your application for social housing support. It will not be used for any other purposes.