

# THE SOPHIE BARAT RESIDENCE CLG

THE OLD FARM  
LOWER KILMACUD ROAD  
DUBLIN 14  
D14 AK88  
TEL.: 01 298 4717

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## APPLICATION FORM

Please return completed form to The Chairperson  
at the above address within two weeks

If you wish, perhaps a relative, Social Worker  
or friend would help you to complete this 5 page form.

### **PERSONAL DETAILS**

SURNAME \_\_\_\_\_ MRS.   
CHRISTIAN NAME \_\_\_\_\_ MISS   
FORMER NAME (if any) \_\_\_\_\_ OTHER   
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

TEL. NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

WHICH SACRED HEART SCHOOL DID YOU ATTEND?

\_\_\_\_\_ FROM 19\_\_ to 19\_\_

**OR**

WHAT WAS YOUR ASSOCIATION WITH A SACRED HEART SCHOOL?

NAME OF SCHOOL: \_\_\_\_\_ FROM 19\_\_ to 19\_\_

NEXT OF KIN: NAME AND ADDRESS: \_\_\_\_\_

TEL: Home /Office \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

**HOME INFORMATION**

**Please circle YES or NO as appropriate**

- 1. a. Do you own your own house? YES NO  
b. Do you have a mortgage? YES NO  
c. If you have a mortgage, how much do you pay EACH MONTH? € \_\_\_\_\_
- 2. a. Do you live in a rented house? YES NO  
b. Do you live in a rented flat? YES NO  
If so, what is your WEEKLY rent? € \_\_\_\_\_
- 3. a. Do you rent a Council or Local Authority house? YES NO  
b. Do you rent a Council or Local Authority flat? YES NO  
c. If so, what is your WEEKLY rent? € \_\_\_\_\_
- 4. a. Are you on a Local Authority Housing List? YES NO  
b. If yes, how long have you been on it? \_\_\_\_\_
- 5. a. If you live in any other kind of accommodation, e.g. Granny flat, shared house, please give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. Has there been any major renovation carried out at your residence in the past 10 years? e.g. downstairs bathroom, bedroom, toilet  
\_\_\_\_\_  
\_\_\_\_\_
- 6. a. Do you live alone? YES NO  
b. If not, who are the other residents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
c. Please indicate their relationship to you, if any \_\_\_\_\_  
\_\_\_\_\_
- 7. a. Do you receive any daily assistance from relatives, neighbours or community health nurse? YES NO  
If YES, please indicate what help you receive \_\_\_\_\_  
\_\_\_\_\_

8. b. Do you receive any assistance from organisations providing Meals on Wheels or a Home Help? YES NO
- If so, please give details \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**ANNUAL INCOME**

9. 1. WEEKLY STATE PENSION State Amount
- a. Contributory/Non-Contributory \_\_\_\_\_
- b. Widows (Contributory/Non-Contributory) \_\_\_\_\_
- c. Retirement \_\_\_\_\_
- d. Disability \_\_\_\_\_
- e. Living Alone Allowance \_\_\_\_\_
- f. Supplementary Allowance \_\_\_\_\_
- g. Other State Benefit \_\_\_\_\_
2. OTHER PENSION
- h. Pension from Employment (per week/per month) \_\_\_\_\_
- i. U.K. or other Pension \_\_\_\_\_  
 e.g. UK/EU State Pension (per week/month)

**OTHER ANNUAL INCOME**

10. 3.
- a. Interest: Banks/Post Office/Building Society \_\_\_\_\_
- b. Dividends \_\_\_\_\_
- c. Savings Certificate: Annual Interest earned \_\_\_\_\_
- d. Managed/Trust Funds \_\_\_\_\_
- e. Other \_\_\_\_\_
- TOTAL ANNUAL INCOME ALL SOURCES \_\_\_\_\_
- TAX BILL (Including D.I.R.T.) \_\_\_\_\_

**PLEASE SUPPLY DOCUMENTARY EVIDENCE OF ALL INCOME, INCLUDING YOUR P60 FORM(S) FOR 2019.**

**N.B. Any change in your financial circumstances should be notified to us immediately.**

**FINANCIAL ASSETS**

- 11. 1. Bank Account/s \_\_\_\_\_
- Building Society Account/s \_\_\_\_\_
- Post Office Certificates \_\_\_\_\_
- Other \_\_\_\_\_

- 2. Investments - Stocks, Shares, Capital & Income Bonds (Attach separate list if not enough space)

NO. OF SHARES	NAME OF HOLDING	UNIT PRICE
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 3. Valuation of Home \_\_\_\_\_
- Any other Property \_\_\_\_\_

**CURRENT VALUE OF ALL FINANCIAL ASSETS** € \_\_\_\_\_

- 4. Have you, or your spouse, transferred or sold any property, land or business in the last 5 years? YES NO

If so, please give details \_\_\_\_\_

- 12. Please give name and address of Bank Manager, Solicitor, Accountant or other person who is now authorised by you to verify the above details of Income and Assets to us.

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH**

**Please circle as appropriate**

- 13. Are you presently in reasonably good health? YES NO
- Is your eyesight GOOD FAIR POOR
- Is your hearing GOOD FAIR POOR

- 14. What medication do you take or have you taken recently?  
\_\_\_\_\_  
\_\_\_\_\_

- 15. What illness have you suffered during the past 5 years?  
\_\_\_\_\_  
\_\_\_\_\_

16. Are you a Medical Card Holder? YES NO  
 If so, please give number \_\_\_\_\_  
 Have you got Voluntary Health Insurance or other private Health Insurance? YES NO  
 If so, please give name of Company and Membership No. \_\_\_\_\_  
 \_\_\_\_\_
17. May we contact your Doctor for a report as we deem this necessary? YES NO  
 Please give your Doctor's name, address and telephone number:  
 \_\_\_\_\_  
 \_\_\_\_\_
18. May we furnish details of your Doctor's Report and medical history to our Doctor for evaluation? YES NO

<b>GENERAL</b>
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19. What are your reasons for seeking a place in Sheltered Accommodation?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Do you have a car? YES NO
21. Name and address of your Solicitor (for the purpose of drawing up Lease, if appropriate): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>CERTIFICATE</b>
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I CONFIRM THAT THE DETAILS GIVEN BY ME ON THIS APPLICATION FORM ARE CORRECT, INCLUDING THAT OF MY ANNUAL INCOME AND CURRENT VALUE OF MY ASSETS AND INVESTMENTS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_