



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: _____

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. | <u>WEEKLY STATE PENSION</u> | <u>State Amount</u> |
| | 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. | <u>OTHER PENSION</u> | |
| | 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. | 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 TAX CREDIT AND UNIVERSAL SOCIAL CHARGE CERTIFICATE FOR 2020.

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

GENERAL

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): _____

CERTIFICATE

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__

Please note applications must be completed in full for consideration by the board.