THE SOPHIE BARAT RESIDENCE CLG

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

email: sophiebaratresidence@gmail.com www.sophiebaratresidence.ie

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.*	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.	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.

You hereby consent to us processing your personal data and special categories of personal data in accordance with our Privacy Policy which is available on our website www.sophiebaratresidence.ie.

Signature: _____ Date: _____20__

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