



TO:
Housing Department
Westmeath County Council
County Buildings
Mullingar, Co. Westmeath

APPLICATION FOR MORTGAGE ALLOWANCE SCHEME

FIRST APPLICANT DETAILS

LAST NAME	FIRST NAME
ADDRESS	
TELEPHONE NUMBER	
EMAIL ADDRESS	
GROSS YEARLY INCOME	

SECOND APPLICANT DETAILS

LAST NAME	FIRST NAME
ADDRESS	
TELEPHONE NUMBER	
EMAIL ADDRESS	
GROSS YEARLY INCOME	RELATIONSHIP TO FIRST APPLICANT

DETAILS OF CURRENT DWELLING

NAME OF LOCAL AUTHORITY/COLUNTARY BODY TO WHICH YOU PAY RENT OR PURCHASE ANNUITY
DWELLING ADDRESS

DETAILS PROPOSED DWELLING

ADDRESS

DWELLING TYPE HOUSE FLAT OTHER

IS THE DWELLING NEW PREVIOUSLY OCCUPIED

IF NEW, ARE YOU PURCHASING THE DWELLING HAVING IT BUILT ON YOUR OWN SITE

NAME OF LENDING AGENCY PROVIDING THE MORTGAGE LOAN

ADDRESS

AMOUNT OF LOAN _____ DATE OF EXECUTION _____

HAVE YOU APPLIED TO THE DEPT OF ENVIRONMENT FOR THE € 3800 GRANT YES NO

WILL THE DWELLING BE YOUR NORMAL PLACE OF RESIDENCE YES NO

DECLARATION

THE PARTICULARS SET OUT IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED _____
APPLICANT

DATE _____

TO BE COMPLETED BY CONTRACTOR

LAST NAME FIRST NAME

ADDRESS

TAX REFERENCE NO. TAX DISTRICT

V.A.T REGISTRATION NO. TAX CLEARANCE CERTIFICATE NO.

DATE OF EXPIRY OF TAX CLEARANCE CERT.

I hereby declare that my/our Tax Affairs are in order and I/we agree to submit either my/our C.2. Certificate or Tax Clearance Certificate to Westmeath County Council for inspection. I also authorise Westmeath County Council to verify the authenticity of this Declaration with my/our Inspector of Taxes if they so wish

SIGNED _____ DATE: _____

TO BE COMPLETED BY INSPECTOR OF TAXES

APPLICANT'S LAST NAME APPLICANT'S FIRST NAME

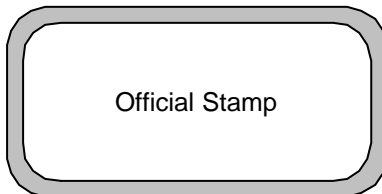
APPLICANT'S PPSN

TAX REFERENCE NO. TAX DISTRICT

I hereby certify that in accordance with my records and to the best of my knowledge that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED _____

DATE _____



TO BE COMPLETED BY APPLICANT

LAST NAME

FIRST NAME

PPSN

** TAX REFERENCE NO.

TAX DISTRICT

**** TAX REFERENCE NO. MEANS:-**

In the case of a person paying Income Tax under P.A.Y.E., the Revenue and Social Insurance Number stated on any determination of Tax Free Allowances issued to that person by his Inspector of Taxes;

In the case of a self-employed person or a Company, the Reference Number stated on any return of Income Form or Notice of Assessment issued to that person or Company by his Inspector of Taxes.

I hereby declare that to the best of my / our knowledge, my / our Tax Affairs are in order. I/WE also authorise Westmeath County Council to verify the authenticity of this Declaration with my / our Inspector of Taxes if they so wish.

SIGNED _____

DATE