APPLICATION FOR ALTERATIONS TO COUNCIL RENTED DWELLING FOR PERSONS WITH A DISABILITY.

Name of Tenant(s):-________________________________________

Address:-____________________________________________________

Tenant Account No:-_________________________________________

Telephone No:-________________ Mobile:_____________________

Date Tenancy Commenced:_______________________

Details of all persons residing living in dwelling (including tenants):-

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship to Tenant</th>
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<tbody>
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</tbody>
</table>

Description of House:-

<table>
<thead>
<tr>
<th>Mid-Terrace</th>
<th>End-Terrace</th>
<th>Semi-Detached</th>
<th>Detached</th>
<th>Other</th>
</tr>
</thead>
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</tbody>
</table>

Number and Description of rooms in dwelling:-

<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>Living Rooms</th>
<th>Bathroom W.C.</th>
<th>Other</th>
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</table>

Details of Bedroom Accommodation:-

<table>
<thead>
<tr>
<th>Bedroom 1</th>
<th>Size of Bedroom</th>
<th>Occupants</th>
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<tbody>
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<tr>
<td>Bedroom 2</td>
<td></td>
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<tr>
<td>Bedroom 3</td>
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<tr>
<td>Bedroom 4</td>
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</tbody>
</table>
Name of Disabled Person: ________________________________

(a) Relationship to Tenant(s): ____________________________

(b) Date of Birth of Disabled Person: ______________________

(c) Occupation (if any): _________________________________

(d) How long has he/she been disabled: ____________________

(e) Nature of Disability:
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Details of Treatment:
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

General Description of work required
_____________________________________________________
_____________________________________________________
And why it is necessary:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Tenants

________________________________________________________________________

Date

________________________________________________________________________

Please return the completed form including Data Processing Consent Form and Certificate of Doctor to:

Dun Laoghaire-Rathdown County Council,
Housing Department,
Level 2,
County Hall,
Dun Laoghaire,
Co. Dublin.
Data Processing Consent Form

The Information you provide:
Data Processing - What we use it for:
The information provided will enable Dún Laoghaire-Rathdown County Council to make a
determination in relation to the approval of your Application for Alterations to Council
Rented Dwelling for Persons With a Disability

Data Retention - How long will we hold on to the information provided:
The information provided will be held on file in line with Dún Laoghaire-Rathdown County Council’s Data Retention Policy.

Data Security - Who has access to this information?
Dún Laoghaire-Rathdown County Council take appropriate security measures against unauthorised access to, or alteration, disclosure or destruction of the data and against its accidental loss or destruction. Dún Laoghaire-Rathdown County Council undertake to ensure that the information provided will only be accessed by the minimum amount of personnel that is required to make a determination in relation to the approval of your Application for Alterations to Council Rented Dwelling for Persons With a Disability

Processing of Sensitive Personal Data/Special Categories of Data

Explicit Consent
The information you are providing with this form relates to ‘sensitive personal data/special categories of data’ as defined in Data Protection legislation, (e.g. Data relating to health) and explicit consent from the data subject in relation to this information is required in order to process your application.

Should you wish to withdraw your consent please email housinggrants@dlrcoco.ie quoting the application number, your name and detailing that you wish to withdraw your consent.

Consent

I ________________________________ consent to Dún Laoghaire Rathdown County Council processing the sensitive personal data/special category of data submitted with this form for the purpose of the Awarding Authority making a determination in relation to the approval of an Application for alterations to Council Rented Dwelling for Persons with a Disability

I understand that I can withdraw my consent at any time.

Signed: ____________________________ Date: ____________________________
CERTIFICATE OF DOCTOR

I hereby certify that the works outlined in this application are necessary for the proper accommodation of :-

Name of Patient: ______________________________________________________

Address of Patient: ____________________________________________________

What Patient is suffering from: __________________________________________

Signed: ___________________________ Date: ______________

Name and Address of Doctor (in Block Capitals or Stamp)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________