

MAYO COUNTY COUNCIL RECONSTRUCTION LOAN SCHEME

LIST OF REQUIREMENTS FOR RECONSTRUCTION LOAN

- 1)
 - (a) House Plan, showing proposed reconstruction or extension.
 - (b) Two copies of Site Location Map.
 - © List of proposed works together with Quotations relating to same.
 - (d) Specification of proposed work
 - (e) Copy Folio and Filed Plan in respect of the property.

2. A PPS No. and Photographic ID is required in respect of each person named on the application (i.e. Driving Licence or Passport)

3. Proof of residency at present address : Current Utility Bill or Bank Statement;

4. Documentary evidence of your current weekly/monthly income, including the following documents :
 - (i) Letter from Social Welfare, etc. confirming current weekly payment; Current Original Salary certificate (Appendix 1); Current P60 (Appendix 2) and 4 no. recent Payslips, [whichever is relevant in your case].
 - (ii) Bank Statement etc. for the previous 12 months, confirming payments lodged directly to your account;
 - (iii) Certified Statement of Accounts, for non-PAYE applicants, setting out details of Income and Expenditure from all sources associated with your employment. In the case of farmers, such information as Departmental Grant payments should be included e.g. REPS: Cattle Headage; Sheep Headage; Sale of Stock etc; as well as Farm expenditure (fertilizer; feed; veterinary etc.)
 - (iv) In the case of landowners, submit Copy of Folio/File Plan relating to any other Lands/Property in your ownership; and Farm Herd No. (Note B: below refers)
 - (v) Completed Tax Balancing Statement from Revenue Commissioners;
 - (vi) Completed HPL1 Form, endorsed by Revenue Commissioners, confirming status of former mortgage interest relief claim.
 - (vii) Statement of Savings for the preceding 12 months, confirming savings history, and setting out current level of funding available to you presently.

5. Application fee of €12.70

NOTE A: EACH APPLICANT FOR A LOAN TO WHOM P.A.Y.E. APPLIES SHOULD SUBMIT A P60 INCOME TAX CERTIFICATE IN RESPECT OF THE INCOME TAX YEAR PRECEEDING THE DATE OF APPLICATION.

NOTE B: APPLICANTS WHO, BECAUSE OF THEIR OCCUPATION, ARE NOT IN A POSITION TO FURNISH A P60 CERTIFICATE, SHOULD FURNISH A COPY OF THE LAST AGREED TAX ASSESSMENT, TOGETHER WITH THE ACCOUNTING DATE FROM THEIR INSPECTOR OF TAXES, AS TO THE INCOME ON WHICH THEIR TAX FOR THE YEAR PRECEEDING THE DATE OF APPLICATION WAS COMPUTED.

6. (i) In the case of a loan less than €6348.69, furnish your
- (1) Tax reference number
 - (2) Details of your Tax district
 - (3) a Statement to the best of your knowledge that your tax affairs are in order.
- (ii) In the case of a loan of €6348.69 or more, it is necessary for you to furnish a current Tax Clearance Certificate issued by the Revenue Commissioners to you

WARNING: Under the Consumer Credit Act, 1995 which came into effect from the 1st September, 1997. The following matters should be noted:

A: "YOUR HOME IS AT RISK IF YOU DO NOT KEEP UP PAYMENTS ON A MORTGAGE OR ANY OTHER LOAN SECURED ON IT"

B: "THE INTEREST RATES ON HOUSING LOANS ARE VARIABLE AND THE PAYMENT RATES ON THIS HOUSING LOAN MAY BE ADJUSTED BY THE LENDER FROM TIME TO TIME."

APPLICANTS ARE ADVISED TO NOTE THAT THERE ARE LEGAL FEES PAYABLE UNDER THIS SCHEME.

COMPLETED APPLICATION FORMS AND ALL SUPPORTING DOCUMENTATION SHOULD TO SUBMITTED TO : HOUSING OFFICE, MAYO COUNTY COUNCIL, CIVIC OFFICES, ARRAN PLACE, BALLINA, CO MAYO. TEL. 096 76100/76101

**COMHAIRLE AN CHONTAE MHAIGH EO
MAYO COUNTY COUNCIL**

SECTION 40 OF THE HOUSING ACT, 1966

**Application for a Loan for Reconstruction, Repair, or
Improvement of a Dwelling-house.**

1. Name of Applicant(s): _____
2. Address: _____

3. Date of Birth: _____
4. PPS No. of Applicant(s) _____
5. Name of owner of house if
different from applicant: _____
6. Particulars of persons who will reside in dwelling when works are completed

NAME	PPS No	AGE	RELATION- SHIP TO APPLICANT	PARTICULARS OF INCOME

6. Was a loan previously obtained
either for building or purchase of
the house. _____

7. If so please indicate the following information:
- a) Source of Loan _____
 - b) Amount of Loan obtained: _____
 - c) Date on which Loan was advanced: _____
 - d) Amount of Loan remaining to be repaid: _____
 - e) Current Monthly repayments _____
8. Is applicant the owner of a vested Local Authority accommodation? _____
9. Is a loan being obtained from any other source towards the cost of the work? If so, please state:
- (a) From whom loan is being obtained: _____
 - (b) Amount of loan sought: _____
10. Is the reconstruction, repair, or Improvement work being done by:
- (a) Contract, or, : _____
 - (b) Direct Labour: _____
- If by Contract, state
- (a) Contractor's Name : _____
 - (b) Address: _____
11. (a) Amount of Loan now required: _____
- (b) Repayment preferred over 5, 10, 15, years: _____
12. (a) Will house be continuously occupied throughout the year: _____
- (c) If not, state for what period each year it will be occupied: _____
13. Does applicant undertake to keep the house fully insured against: _____
14. **SOURCE OF INCOME:**
- (A) **FARMING:**
- (i) Total valuation of all holders (Land and Buildings) occupied by applicant: _____
 - (ii) Total acres of applicant's land: _____
 - (iii) Any loans/charges in place on these lands: _____
- Lending institution: _____ Amount: _____

(B) EMPLOYMENT:

- (i) Exact occupation of applicant: _____
- (ii) Name and Address of employer: _____
- (iii) Total amount of applicant's income
during the previous 12 months: _____

(C) OTHER SOURCES (including incomes of other persons residing in house) :

- (i) Source of Income: _____
- (ii) Total amount earned during past 12 mths: _____
- (iii) Total profit in past 12 months: _____

CERTIFICATE OF APPLICANT

I hereby apply for a loan of € _____ in accordance with the particulars given on this form. I certify that the replies to the queries set out on the form are correct and I undertake to be bound by the terms of the Scheme for loans under Section 40 of the Housing Act, 1966, which I have read.

Signature: _____ Date: _____

Signature: _____ Date: _____

NOTE: *Particulars of income furnished by applicants may have to be verified by submission of audited accounts, Income Tax Assessment Notice or by Statutory Declaration. Rate Demand Notes must also be enclosed where appropriate.*

PLEASE NOTE THAT THERE ARE LEGAL FEES PAYABLE
BY THE BORROWER UNDER THIS SCHEME

APPENDIX 2 :

THIS FORM IS REQUIRED ONLY IF ONE APPLICANT IS ON SOCIAL WELFARE.

NAME:

ADDRESS:

PPS NUMBER:

In relation to the above named loan applicant I confirm that the following information is correct:

TOTAL AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE RECEIVED FROM:

1st January _____ to 31st December _____ = € _____

CURRENT AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE BEING RECEIVED € _____ WEEKLY

To be completed by an Official of the Department of Social Welfare/Employment Exchange.

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person is in receipt of social welfare payments.

SIGNED :

DATE :

____ / ____ / ____

OFFICIAL STAMP

Appendix 1 – SALARY CERTIFICATE – (to be completed by First Applicants Employer)

EMPLOYMENT DETAILS:

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No

So far are you able to tell will he/she continue to be in your service? Yes No

If so, what is the maximum of such scale and by what annual increments reached?

SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overtime: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bonus _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commission _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Income* _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please give details of other income: _____

THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____

Tel Number: _____ Date: _____

Please authenticate with company stamp or Seal

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

Appendix 1 – SALARY CERTIFICATE – (to be completed by Second Applicants Employer)

EMPLOYMENT DETAILS:

Name of Employee: _____

Length of service with the company: Years _____ Months _____

Position held within the company: _____

The exact location of employment: _____

Is employment permanent? Yes No

So far are you able to tell will he/she continue to be in your service? Yes No

If so, what is the maximum of such scale and by what annual increments reached?

SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overtime: _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bonus _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commission _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Income* _____ p.a	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please give details of other income: _____

THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL

Signed by: _____

Position: _____

Company Name: _____

Address: _____

Appendix 1A – HPL1 Form – First Applicant

Tel Number: _____ Date: _____

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

Please authenticate with company stamp or

Appendix 1A – HPL1 Form – First Applicant

THIS FORM MUST BE COMPLETED BY THE REVENUE COMMISSIONERS AND RETURNED WITH EVERY APPLICATION.

YOUR FULL NAME (BLOCK LETTERS)	<input type="text"/>
PREVIOUS NAME (IF ANY)	<input type="text"/>
PRESENT ADDRESS	<input type="text"/>
PREVIOUS ADDRESS (IF ANY)	<input type="text"/>
PPS NUMBER (PRSI NUMBER)	<input type="text"/>
	<input type="text"/>

TO BE COMPLETED BY INSPECTOR OF TAXES

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

SIGNED:

DATE: / /

OFFICIAL STAMP

Appendix 1A – HPL1 Form – Second Applicant

THIS FORM MUST BE COMPLETED BY THE REVENUE COMMISSIONERS AND RETURNED WITH EVERY APPLICATION.

YOUR FULL NAME (BLOCK LETTERS)	<input type="text"/>
PREVIOUS NAME (IF ANY)	<input type="text"/>
PRESENT ADDRESS	<input type="text"/>
PREVIOUS ADDRESS (IF ANY)	<input type="text"/>
PPS NUMBER (PRSI NUMBER)	<input type="text"/>
	<input type="text"/>

TO BE COMPLETED BY INSPECTOR OF TAXES

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

SIGNED:

DATE:

OFFICIAL STAMP