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 <u>PPS No.</u> and <u>Photographic ID</u> 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 PRECEDING 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 App	olicant(s):						
2.	Address:	, 						
3.	Date of Birth	:						
4.	PPS No. of A	applicant(s)						
5.		er of house if 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			
	2. 32							
6.		eviously obtained ing or purchase						

7	. It s a)	so please indicate the following information: 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.	ls a Loc	pplicant the owner of a vested al Authority accommodation?	
9.	othe	loan being obtained from any or source towards the cost of the cost of the from whom loan is being obtained:	
	(b)	Amount of loan sought:	
10.	Is the Impre (a) (b)	e reconstruction, repair, or overnent work being done by: Contract, or, Direct Labour:	
	If by ((a)	Contract, state Contractor's Name :	
	(b)	Address:	
11.	(a)	Amount of Loan now required:	
	(b)	Repayment preferred over 5, 10, 15, years:	
12.	(a) (c)	Will house be continuously occupied throughout the year: If not, state for what period each year it will be occupied:	
13.	Does a	applicant undertake to keep the fully insured against:	
14. (A) (i)	FARM	CE OF INCOME: NG: aluation of all holders (Land and Buildings)	
		ed by applicant:	
(ii)	Total ad	cres of applicant's land:	
(iii)	Any loa	ns/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 pe	rsons residing in house) :
(i)	Source of Income:	
(ii)	Total amount earned during past 12 mths:	
(iii)	Total profit in past 12 months:	
	CERTIFICATE OF APPL	ICANT
	OLIVIII IOAIL OI AFFL	ICANI
l here	by apply for a loan of E	the portionary since on this
rorm.	by apply for a loan of € in accordance with I certify that the replies to the queries set out on the	form are correct and I
under Housi	take to be bound by the terms of the Scheme for loan ng Act, 1966, which I have read.	s under Section 40 of the
	and the second s	
	Signature: Date:	
	Si	
	Signature: Date:	
NOTE:	Particulars of income furnished by applicants may have	to he verified by
	submission of audited accounts, Income Tax Assessme	ent Notice or by
	Statutory Declaration. Rate Demand Notes must also tappropriate.	pe enclosed where
	PLEASE NOTE THAT THERE ARE LEGAL FE BY THE BORROWER UNDER THIS SO	
	- · · · · · · · · · · · · · · · · · · ·	~ 4 · · · · · · · · · · · · · · · · · ·

APPENDIX 2:
THIS FORM IS REQUIRED ONLY IF ONE APPLICANT IS ON SOCIAL WELFARE.
NAME:
THIS FORM IS REQUIRED ONLY IF ONE APPLICANT IS ON SOCIAL WELFARE.
In relation to the above named loan applicant I confirm that the following information is correct:
TOTAL AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE RECEIVED FROM:
1 st January to 31 st December = €
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	
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	
Gross basic wage/salary p.a	
Overtime:p.a	
Bonusp.a	
Commissionp.a	
Other Income*p.a	
Please give details of other income:	
THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL	
Signed by:	
osition:	
ompany Name:	
ddress: Please authenticate with company stamp Seal	or
el Number: Date:	
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	
Overtime:p.a	
Bonusp.a	
Commissionp.a	
Other Income*p.a	
*Please give details of other income:	
THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL	
Signed by:	7
Position:	
Company Name:	
Address: Opendix 1A – HPL1 Form – First Applicant	or
Tel Number: Date:	ı
THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE	