



Rental Accommodation Scheme – Landlord **Registration of Interest**

CONTACT DETAILS

Name of Landlord: _____

Address of Landlord: _____

Telephone Numbers: Home: _____

Mobile: _____

Email Address: _____

PROPERTY DETAILS

Address: _____

EIRCODE OF PROPERTY _____

House Type: Detached/Semi-Detached/Terrace/Bungalow: _____

Apartment

If an apartment, is this part of a multi-unit building: Yes/No: _____

If yes, approx. how many other apts. in this block: _____

If yes, does this property have a fire certificate: Yes/No: _____

Who is responsible for common areas/stairways: _____

Facilities available in the dwelling: Tick as appropriate.

- Kitchen Living Room Bathroom Toilet Bedroom (No. _____)
 Central Heating Water Supply - Cold Water Supply – Hot

BER Rating (please specify): _____

NOTE: Form must be accompanied with BER cert for property, otherwise it will not be considered.

Parking facilities: Yes/No: _____

Rental Charge: € _____ per month

Is the property subject to a mortgage provided by Kilkenny County Council: Yes/No: _____

Are the property and its contents insured: Yes/No: _____

NOTE: If yes please provide a copy of current Insurance schedule/policy with this application

Is property currently vacant: Yes/No: _____

Is the property tenanted: Yes/No: _____

Tenant(s) name: _____

If this property is tenanted please confirm if the tenant(s) are related to you: Yes/No: _____

NOTE: If yes please provide a copy of tenancy agreement with this application

Any other comments: _____

Signature of Landlord

Date

N.B. A separate form must be completed for each individual property

Checklist – please tick:

- | | |
|---|--------------------------|
| • Building Energy Rating (BER) Certificate supplied | <input type="checkbox"/> |
| • House Insurance Schedule/Policy supplied | <input type="checkbox"/> |
| • Fire Certificate supplied where property is part of a multi-unit building | <input type="checkbox"/> |
| • In date tenancy agreement where there is a familial relationship between the landlord and the tenant(s) | <input type="checkbox"/> |

DATA PROTECTION CONSENT FORM
Data Protection Acts 1988 to 2018

I, _____ consent to the collection and processing of the data provided by me by Kilkenny County Council and the sharing of this data with relevant agencies/bodies for the purposes of the Long-Term Leasing

I agree that Kilkenny County Council when assessing my application may contact other Government Departments including Department of Social Protection, Revenue Commissioners and the Department of Justice to confirm the information provided.

Any personal information which you provide may be shared/exchanged with other Government Departments/Agencies in accordance with the law and will be used by Kilkenny County Council and other Agencies to carry out our legal obligations, for the detection of fraud or for the prevention of crime.

Kilkenny County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of the Rental Accommodation and in accordance with the Council's Retention Policy.

Signed: _____ Date: _____
Name: _____
(in Block Capitals)

- I do not consent to my data being processed, shared and stored by Kilkenny County Council for the purposes outlined above.

Signed: _____ Date: _____
Name: _____
(in Block Capitals)