



## Sonas Village Residents Application Form

Applicants Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_ New Tel No: \_\_\_\_\_

Medical Card No: \_\_\_\_\_ PPS No: \_\_\_\_\_

Referring GP : \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Attending GP (if changing): \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

House Choice: One Bed  Two Bed

Location: Athlone  Roscommon  Enniscrone

### **Booking Terms & Conditions**

- *Receipt of Doctors referral letter certifying suitability.*
- *Sonas Needs Assessment*
- *Agreement on Support Services required (with review)*
- *Minimum Letting one month & Booking Deposit of one month (negotiable)*
- *Rent in advance – Payment by Direct Debit - Annual Rent Review.*
- *Tenants are responsible for electricity & phone charges.*
- *Houses are let fully furnished - with prior agreement residents can bring their own furniture and personal items.*
- *Tenancy Agreement with standard lease contract.*
- *Submission of application does not guarantee accommodation.*
- *Accommodation is guaranteed once all criteria are met and contract signed.*

I/We agree that above information can be used to progress my/our application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_