



APPLICATION FORM

I request to be allotted a Bungalow\Apartment by Bergerie Trust CLG. I understand I must be capable of independent living and that I can avail of the Day Care Centre facilities if I attend same on the days and times of the Day Care Centre being open.

I have read the attached Bergerie Trust CLG. Standard Letting Conditions. I am willing to comply with same if I am allotted accommodation within the complex.

Signature of Applicant:.....

P.P.S. Number:

D.O.B. / /19

Present Address:

.....

Contact No. Landline

Mobile

Date: / /201

Please answers the following questions.

- 1.** Do you own your own home? **YES** or **NO**
- 2.** Is your name on the Housing list with Limerick City\ County Council? **YES** or **NO**
- 3.** Name of contact person in City\County Council
- 4.** How long are you residing at your present address ?.....
- 5.** Please give a brief account of why you require accommodation in Sheltered Housing.

**Please return completed Application Form to: MARY MANN, Manager, Sheltered Housing,
13 Good Shepherd Ave, Pennywell Road, Limerick.**