

## **RAS ENQUIRY FORM**

Ref number:
Name:
Address:
Telephone Number:
Is your current property: House □ Flat □ Bungalow □ Bedsit □ House Share □
How may bedrooms are in your current property: $1\Box  2\Box  3\Box  4\Box$
Household Composition: Number of Adults Children
How long have you been in receipt of Rent Supplement?
Date when rent supplement commenced?/
Monthly Rent? € Monthly Rent Supplement? €
Please provide the following details in relation to your landlord:
Name:
Address:
Telephone Number:
Signed: Date: / /

