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**Differential Rent Scheme**

**Household Information Form**

 **2019**

 Office use only

 Logged: / /

Initials:

**Important – Please read the following before filling in your form:**

1. Dún Laoghaire-Rathdown County Council requires you under Housing Acts 1966 – 2014 to have the appropriate part of this form completed, certified and returned to:

Dún Laoghaire-Rathdown County Council Dún Laoghaire-Rathdown County Council

Housing Department Dundrum Office

County Hall Rear of Bank of Ireland

Marine Road or Main Street

Dún Laoghaire Dundrum

Co Dublin Dublin 14

Phone: 01 2054731 Email: rents@dlrcoco.ie

01 2054841

1. **In addition to up to date income details and supporting documentation**, please note that all employed persons must submit a P60 certificate in respect of tax year ended 31st December 2018.
2. **Should information regarding income of a member of the household, which has not been declared, subsequently come to light a back-dated calculation of the rent will be carried out and if necessary, arrears will be added to the tenant’s rent account.**
3. Any changes in household size must be detailed at section 2 on page 2. Independent verified proof must be submitted for each change e.g. Birth Certificate, Death Certificate, Marriage Certificate, proof of new address.
4. The onus to inform the Council of any changes in family or financial circumstances rests at all times with the tenant(s). Proof of new address must be provided for any occupant who has moved out of the property.
5. If any changes occur in your household or household income after sending in this form. Please contact the Rents Section immediately to avoid getting back-dated rent charges at next year’s review.
6. Additional copies of this form are available on request. Any additional information may also be supplied on a separate piece of paper.
7. **The tenant(s) must sign and date this form at the bottom of page 2.**

Please provide details of tenant’s next of kin:

Next of kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_

**Household Details**

**1. Your Household**

**Please list below all person(s) residing in the household including the tenant(s) and all income.**

**Incomplete forms will be returned.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | Relationship to Tenant | Date of Birth | Occupation | Amount of Net Weekly Income | PPS no. |
|  |  |  |  |  |  |
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**2. Changes in the household size since previous assessment was completed.**

**(a) Persons who have moved into the household**

Under your tenancy Agreement new occupants must get permission from the Allocations Section to reside in the property. Telephone 01-2054828 for further details.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | Relationship to Tenant | Date of Birth | PPS No | Previous Address | Date Returned |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**(b) Persons who have moved out of the household**

Please note: Independent documentary evidence must be provided, e.g. Lease Agreement, Utility bill etc. – The onus is on the tenant to provide this information at all times.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | Relationship to Tenant | Date of Birth | PPS No | New Address | Date of Leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Section 261 of the Social Welfare (Consolidation) Act 2005 allows for the exchange of information between Government Departments, the Revenue Commissioners and specified organisations such as Dún Laoghaire-Rathdown County Council. Section 265 of the same Act allows the Council to access or to verify information which has been provided by the Tenant with the Department of Social Protection records for the purpose of calculating rents etc. This does not affect the Tenant’s access rights under Section 4 of the Data Protection Act 1988 as amended.

I certify that the information above is complete and correct and that all residents and incomes in the dwelling are recorded above. I have read the important notes contained on Page 1 of this form and I am aware that the deliberate inclusion of any false or misleading information could leave me open to prosecution.

Signature of Tenant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income Received from the Department of Social Protection/Health Service Executive (including FIS/WFP)**

Recipient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basic Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult Dependent amount (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Dependent Amount (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is this payment reduced in any way?** **YES NO**

**If YES, please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of Social Protection/Health

Service Executive Official Stamp

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

 Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_

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

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Recipient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basic Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult Dependent amount (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Dependent Amount (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is this payment reduced in any way?** **YES NO**

**If YES, please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of Social Protection/Health

Service Executive Official Stamp

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

 Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext\_\_\_\_\_\_\_\_\_\_\_\_

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

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Recipient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basic Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult Dependent amount (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Dependent Amount (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is this payment reduced in any way?** **YES NO**

**If YES, please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of Social Protection/Health

Service Executive Official Stamp

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

 Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_

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

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**Other Income:** Please include here any other income that is not included above, i.e that is not sourced by employment or social welfare e.g. maintenance, non-Irish pension etc

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Monthly





**Income Received from Employment/Pension/Other**

**To the Employee**: Please ask your Employer to complete the section below. Also, if in receipt of additional income from Social Welfare including FIS(now WFP), please fill in page 3.

**To the Employer:** It is necessary to obtain details of your employee’s **current** weekly income in order to assess his/her rent under the terms of Dún Laoghaire-Rathdown County Council’s Differential Rent Scheme 2019.

**To the Pension Fund/Investment Administrator:** Evidence of pensions/investments may also be detailed here.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of Employee: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation of Employee: Employee’s PPS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of commencement/resumption/termination of employment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Income for 2019 (including overtime & allowances)**

 **Gross Pay:** €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Frequency of payment** **Statutory Deductions**

Weekly Universal Social Charge deducted €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fortnightly PAYE Deducted: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Employee PRSI deducted €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Income for 2018 Amount: € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Weeks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please attach P60 for 2018***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Pension/Investment Fund’s Official Stamp

Name of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Under the Housing Acts, 1966 - 2014 as amended, any person who is required under this section to state any matter or thing and either fails to state the matter or thing within the period specified under this section, or when stating such matter or thing, makes a statement in writing which to his knowledge is false or misleading in a material respect shall be guilty of an offence.**

Other Income: Please include here any other income that is not included above, i.e that is not sourced by employment or social welfare e.g. maintenance, non-Irish pension etc

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Monthly