

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
Housing Department
County Hall
Marine Road
Dún Laoghaire
Co Dublin

or

Dún Laoghaire-Rathdown County Council
Dundrum Office
Rear of Bank of Ireland
Main Street
Dundrum
Dublin 14

Phone: 01 2054731
01 2054841

Email: rents@dlrcoco.ie

2. **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.
3. **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.**
4. 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.
5. 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.
6. 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.
7. Additional copies of this form are available on request. Any additional information may also be supplied on a separate piece of paper.
8. **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.

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

(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: _____

Department of Social Protection/Health

Service Executive Official Stamp

Name: _____

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: _____

Department of Social Protection/Health

Service Executive Official Stamp

Name: _____

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: _____

Department of Social Protection/Health

Service Executive Official Stamp

Name: _____

Signed: _____

Phone No: _____ Ext: _____

Date: _____

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

Weekly

Fortnightly

Monthly

Statutory Deductions

Universal Social Charge deducted € _____

PAYE Deducted: € _____

Employee PRSI deducted € _____

Gross Income for 2018 Amount: € _____

Number of Weeks: _____

Please attach P60 for 2018

Name: _____

Name of Firm: _____

Authorised Capacity: _____

Address: _____

Phone No.: _____

Date: _____

Signature of Employer: _____

Signature of Employee: _____

Employer/Pension/Investment Fund's Official
Stamp

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