

Assessment of Repayment under the Scheme Of Improvement Works In Lieu 2019

Office use only

Received:

Checked:

Logged: Yes No

Important Notes

1. Dún Laoghaire-Rathdown County Council requires you under Section 32 of the Housing (Miscellaneous Provisions) Act 2009 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
Rere Bank of Ireland
Main Street
Dundrum
Dublin 14

Telephone: 012054755

2. **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 comes to light, a retrospective re-assessment of repayment due will be carried out and if necessary, arrears will be added to the Account Holder's IWIL 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.
5. The onus to inform the council of any change in family or financial circumstance rests at all times with the Account Holder.
6. Additional copies of this form are available on request. Any further information can also be supplied on a separate sheet of paper.
7. It should be noted that in order to avoid inconvenience and unnecessary delay to the Account Holder, Dún Laoghaire-Rathdown County Council undertakes to validate income details directly with the Department of Employment Affairs and Social Protection, Revenue Commissioners or any other appropriate authority.
8. **The Account Holder must sign this form at the bottom of page 2.**

Household Details

1. Household Composition

Please list below all person(s) residing in household including the Account Holder(s). All details must be completed to avoid this form being returned to you.

Full Name	Relationship to Account Holder	Date of Birth	Occupation	Amount of Net Weekly Income	PPS No.
	Account Holder				

2. Changes in household size since previous rent assessment was completed.

(a) Persons who have moved into the household.

Full Name	Relationship to Account Holder	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. The onus is on the Account Holder to provide this information at all times.**

Full Name	Relationship to Account Holder	Date of Birth	PPS No.	New Address	Date of Leaving

(A) I certify that the information shown 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.

(B) I authorise Dún Laoghaire-Rathdown County Council to make any necessary enquiries (including enquiries with the Department of Social, Community & Family Affairs and/or the Revenue Commissioners) and I authorise the Department of Social & Family Affairs and/or the Revenue Commissioners to release to Dún Laoghaire-Rathdown County Council any information regarding my family circumstances and income including information contained in computer-records. *

**Please delete (B) if consent is not forthcoming*

Signature of Account Holder(s) _____

Address _____

Phone No.: _____ Mobile No.: _____ Email: _____

**Income Received from the Department of Employment Affairs
and Social Protection/Health Service Executive**

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, Community & Family
Affairs/Health Service Executive
Official Stamp

Name: _____

Signed: _____

Phone no: _____ Ext. No.: _____

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, Community & Family
Affairs/Health Service Executive
Official Stamp

Name: _____

Signed: _____

Phone no: _____ Ext. No.: _____

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, Community & Family
Affairs/Health Service Executive
Official Stamp

Name: _____

Signed: _____

Phone no: _____ Ext. No.: _____

Date: _____

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, 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 repayment under the terms of Dún Laoghaire-Rathdown County Council's Differential Rent Scheme

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: _____

Income

Frequency of payment of wages/salary:

Weekly Fortnightly Monthly

Basic Pay: € _____

Other *regular* payments (please specify):

_____ € _____

_____ € _____

Statutory Deductions

PAYE deducted: € _____

Universal Social Charge Deducted: € _____

Total Employee PRSI deducted: € _____

Gross Pay: € _____

Assessable Pay: € _____

Assessable Pay Calculation: Assessable pay = (Gross Pay - Statutory Deductions)

Gross income shown on last P60: Tax Year: _____ Total amount: € _____ Weeks: _____

Name: _____

Name of Firm: _____

Authorised Capacity: _____

Address: _____

Phone No.: _____

Date: _____

Employer/Pension/Investment Fund's
Official Stamp

Signature of Employer: _____

Signature of Employee: _____

Under the Housing (Miscellaneous Provisions) Act 2009, a person is guilty of an offence where he or she is a member of a household requested to give information to a housing authority and knowingly makes any statement or representation (whether written or verbal) which is to his or her knowledge false or misleading in any material respect, or knowingly conceals any material fact, or produces or furnishes, or causes or knowingly allows to be produced or furnished, any document or information which he or she knows to be false in a material particular.