

Office use only

Logged: / /

Initials:

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

1. In order to calculate your weekly rent 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
Rere Bank of Ireland
Main Street
Dundrum
Dublin 14

Direct Telephone number: 01 2054841

2. Please note that all employed persons must also submit a P60 certificate in respect of tax year ended 31st December 2015.
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.
5. The onus to inform the council of any change in family or financial circumstance rests at all times with the tenant(s). Please provide proof of change of address if any occupant 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 Rent's 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 further information can also be supplied on a separate sheet of paper.
8. The tenant(s) must sign and date this form at the bottom of page 2.

The Housing Department is currently updating tenant's next of kin details, we would be obliged if you would fill in yours below:

Next of kin: _____ Address: _____ Phone number: _____

Household Details

1. Your Household:

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

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

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

- (a) Persons who have moved into the household – Under your Tenancy Agreement new occupants must get permission from the Allocations Section. Telephone 01 2054367 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 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.

- (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) Notwithstanding the above, I authorise Dún Laoghaire-Rathdown County Council to make any necessary enquiries (including enquiries with other Government Departments and the Revenue Commissioners) and I authorise those Government Departments 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 Tenant(s) _____ Date: _____

Address _____

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

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

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. 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 Protection
/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 Protection
/Health Service Executive
Official Stamp

Name: _____

Signed: _____

Phone no: _____ Ext. No.: _____

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.

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, 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 2016.

To the pension fund/ investment administrator: 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:

Weekly Fortnightly Monthly

Basic Pay: € _____

Other regular payments (including overtime):

Description: _____ Amount: € _____

Description: _____ Amount: € _____

Rate at which PAYE is deducted from overtime: _____ %

Gross Pay: € _____

Assessable Pay: € _____

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

Gross income last year: Tax Year: _____ Total amount: € _____ Weeks: _____

Name: _____

Name of Firm: _____

Authorised Capacity: _____

Address: _____

Phone No.: _____

Date: _____

Signature of Employer: _____

Signature of Employee: _____

Employer/Pension/Investment Fund's
Official Stamp

Other Income: please include here any other income that is not included above, i.e. that is not sourced by employment or social welfare.

Description: _____ Amount: € _____ Weekly Monthly

Under the Housing Acts 1966 - 2014, 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 these Acts, 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.