RENT DECLARATION FORM

House number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Names of all members of household | Relationship to tenant | D.O.B | Sex | PPS no. | Type of income | Amount of payment/net pay |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

THIS SECTION MUST BE FULLY COMPLETED FOR EACH MEMBER OF HOUSEHOLD (INCLUDING THE NAMED TENANT)

I DECLARE THAT THE INFORMATION AS SET OUT ABOVE IS CORRECT

# Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Date: \_\_\_\_\_\_\_\_\_\_\_

Properly certified income details must be submitted for all family members in receipt of income ie details of **gross and net** (take-home) pay, **maintenance payments** and/or **social welfare** payments. Forms are enclosed to assist you in this matter and you should ask your employer or local social welfare office to complete these on your behalf. A recent payslip showing PAYE and PRSI deductions should also be enclosed and a recent social welfare receipt where applicable.

## WAGE CERTIFICATE

### EMPLOYMENT

Tenants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Local Authority House: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by employer:

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of commencement of work in this employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is employment permanent /part-time/ seasonal ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Gross Weekly Pay: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Net Weekly Pay: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ie gross pay less PAYE and PRSI)

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

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

Employers Stamp

**SOCIAL WELFARE CERTIFICATE**

Tenants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Local Authority House: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by Social Welfare

This is to certify that the above named is in receipt of: (please tick as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| Unemployment benefit |  | Carer’s Allowance |  |
| Unemployment Assistance |  | Widow’s Pension |  |
| One Parent Family Allowance |  | Contributory Pension |  |
| Supplementary Welfare Allowance |  | Non Contributory Pension |  |
| Disability allowance |  | Disability Benefit |  |
| Family Income Supplement |  | Other: Please specify: |  |

At a Current rate of €\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week, the breakdown of which is calculated below:

|  |  |
| --- | --- |
| Claimant |  |
| Adult Dependent |  |
| Dependent Children |  |
| Other: |  |
| Deductions – Please specify |  |

And during the following period(s) was paid at the rate listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Type of Payment | Weekly Rate |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

Affix social Welfare Stamp: