

# COMHAIRLE CHONTAE LAOISE

## LAOIS COUNTY COUNCIL

### RENT ASSESSMENT FORM

HOUSE NO.: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
(MOBILE OR OTHERWISE)

**1. Particulars relating to Tenants:**

Surname	Christian Name	Marital Status	Date of Birth	Occupation	Gross Income per week	P.P.S.No.

**2. The names of all others living in the house must be entered below:**

Surname	Christian Name	Relationship to Applicant	Date of Birth	Occupation	Gross Income per week	P.P.S.No.

**3. If your income consists of any of the following, please tick the appropriate box:**

Wages	<input type="checkbox"/>	One Parent Family Payment	<input type="checkbox"/>
Unemployment Benefit	<input type="checkbox"/>	Supplementary Welfare Allowance	<input type="checkbox"/>
Disability Benefit	<input type="checkbox"/>	Widow's/Widower's Pension	<input type="checkbox"/>
Sickness Benefit	<input type="checkbox"/>	Blind Person's Pension	<input type="checkbox"/>
Old Age Pension	<input type="checkbox"/>	Family Income Supplement	<input type="checkbox"/>
Disability Pension	<input type="checkbox"/>	Carer's Allowance	<input type="checkbox"/>
Back to Work Allowance	<input type="checkbox"/>	Deserted Wife's Allowance	<input type="checkbox"/>

4. Proof of Income: Please attach a social welfare slip if in receipt of benefits as proof of payments received. If claiming benefits by book please fill in book number and amount of payment received.

Book Number: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

**If employed, Certificate of Income must be completed.**

**I DECLARE THAT THE FOREGOING PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE (Under the Section 61 of the Housing Act, 1966, it is an offence to provide false information). Any person making a false declaration, or who subsequently fails to notify any changes in circumstances are liable to maximum rent being imposed.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## DIFFERENTIAL RENT SCHEME CERTIFICATE OF INCOME

### SECTION A (Employed Persons or Persons employed on Community Employment)

NAME: \_\_\_\_\_ HOUSE NO.: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GROSS WEEKLY WAGE: € \_\_\_\_\_  
 (Gross weekly wage should be inclusive of shift allowances and bonus payments and should not include overtime.).

Is Work                  Permanent                   Temporary                   Part-time

**Deductions from Wages:**

Weekly Social Insurance Contribution: € \_\_\_\_\_  
 Weekly amount of income tax: € \_\_\_\_\_

Employer's Official Stamp and  
 Registration Number:

Certified Correct: \_\_\_\_\_  
 Employer

### SECTION B (Unemployed Persons)

NAME: \_\_\_\_\_ HOUSE NO.: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above named is in receipt of benefit/assistance for self and \_\_\_\_\_ dependants since:

Current rate of payment € \_\_\_\_\_ per week

Official Stamp

ate: \_\_\_\_\_

### SECTION C Please state any other household income per week (particularly part-time occupations but excluding Children's Allowances)

NAME: \_\_\_\_\_ € \_\_\_\_\_ per week

Are you in receipt of **Family Income Supplement?** \_\_\_\_\_ (Yes/No)

If you are, please state amount per week: € \_\_\_\_\_

**THIS FORM MUST BE CERTIFIED BY EMPLOYER, SOCIAL WELFARE OFFICER  
 OR COMMUNITY WELFARE OFFICER AS APPROPRIATE**