**DIFFERENTIAL RENT SCHEME 2020**

**Waterford City and County Council, Comhairle Cathrach & Contae Phort Láirge, Hap Department**, Rannóg HAP,

Civic Offices, Cé Daibhéid,

Davitts Quay, Dún Garbhán,

Dungarvan, Co. Phort Láirge.

Waterford.

**Tel: 0761 10 20 20**

**Email: hap@waterfordcouncil.ie**

**NAME:**

**ADDRESS:**

**FILE:**

**ACCOUNT NO:**

If you are **EMPLOYED** please have **PART A** below completed by your Employer.

If you are **UNEMPLOYED** please have **PART B** below completed at your local Social Welfare Office.

If you are **SELF EMPLOYED** please complete

**PART C.**

**PART D** over **MUST** be completed by you giving details of name, age, pps no., occupation and income of **everyone** in your household (including yourself).

**Please sign and date the form at the end.**

**PART A: TO BE COMPLETED BY THE EMPLOYER**

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Employment Commenced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Net Weekly Income: € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

FIRM’S OFFICIAL STAMP Official Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**NOTE:** **Weekly income is in general the normal weekly rate of pay including any bonus or allowance, regular rostered overtime and shift allowances but not including occasional lump sum bonus payments.**

**PART B: TO BE COMPLETED BY SOCIAL WELFARE**

Name of Claimant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Claimant Commenced Signing/Was unfit for Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Benefit: At a rate of: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PW (Less Fuel Allowance)

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

OFFICIAL STAMP Official Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**If you have a deduction for means you MUST provide proof of other income**

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| **PART C: TO BE COMPLETED BY SELF EMPLOYED** |

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

Income Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Commencement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Self Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notice of Assessment and/or Year End Accounts must be supplied for previous tax year**

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| --- | --- | --- | --- | --- | --- | --- |
| **PART D – ENTER ALL OCCUPANTS IN YOUR HOUSEHOLD INCLUDING YOURSELF** | | | | | | |
| **PPS NO.** | **NAME** | **DATE OF BIRTH** | **RELATIONSHIP TO TENANT** | **EMPLOYMENT STATUS** | **INCOME RECEIVED** | **OTHER INCOME** |
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**Notes:**  Income of any kind except Children’s Allowance **must** be shown. Under the heading of **OTHER INCOME**, show any monies such as: Jobseeker’s Benefit or Assistance, Pensions, Disablement Allowance, Carer’s Benefit/Allowance, F.I.S., Maintenance payments, Employment, FAS etc.

**All Household income must be certified on this form i.e. Social Welfare Stamp, Employer’s Stamp and Recent Pay Slips, etc.**

**CHANGES IN HOUSEHOLD SINCE LAST CHANGE OF CIRCUMSTANCES FORM WAS SUBMITTED**

Name of Person who has left Household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarding Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Provide proof i.e. tenancy agreement)**

Name of Person(s) who have joined Household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Details €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Provide proof)**

Any additions to the family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Provide copy of birth cert. and pps no.)**

**IMPORTANT:** **It is a serious breach of your tenancy to provide false and misleading information to Waterford City and County Council.**

I hereby authorise Waterford City and County Council to validate income details directly with Department of Social Protection or with my Employer.

I certify that no persons other than those listed above are residing at this property.

I declare the Information is true and complete and I authorise the Council to make any enquiries to verify same.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rent Assessment Form 2020**

**CHECKLIST OF DOCUMENTS - ENSURE ALL DOCUMENTS**

**FOR PROOF OF INCOME ARE SUBMITTED**

**ALL EMPLOYMENT AND EMPLOYMENT/FOREIGN PENSIONS FOR THOSE 18 YEARS OR OVER, WHICH MUST BE INCLUDED WITH THE RENT ASSESSMENT FORM:**

A minimum of 3 recent pay slips OR “Income Received from Employment” form completed by your employer if 3 recent pays lips are not available

A minimum of 3 recent confirmation letters showing foreign pension payments OR Statement from pension provider(s) detailing total pension sum received

**SELF-EMPLOYED FOR THOSE 18 YEARS OR OVER, WHICH MUST BE INCLUDED WITH THE RENT ASSESSMENT FORM:**

Recent tax Assessment and certified accounts

**SOCIAL WELFARE PAYMENTS FOR THOSE 18 YEARS OR OVER, WHICH MUST BE INCLUDED WITH THE RENT ASSESSMENT FORM:**

Social Protection payslip to be attached to this form or Bank statement if paid directly into your Bank Account to be attached to this form OR

Form D from your Social Welfare confirming your income

If in receipt of Working Family Payment (formerly Family Income Supplement) submit letter of payment from deciding officer of award

**PERSON MOVING IN TO HOUSE, INCOME DETAILS AND THE DATE THAT PERSON MOVED IN MUST BE INCLUDED WITH THIS RENT ASSESSMENT FORM:**

If a person has moved in since the last rent review,that person’s income will be assessed for the weekly charge, this does not infer a right to reside.A request for permission to reside must be made in writing by completing the relevant Permission to Reside application form.

**PERSON MOVING OUT OF HOUSE/ REMOVE PERSON FROM RENT, DETAILS OF NEW ADDRESS AND DATE MOVED OUT TO BE INCLUDED WITH THIS FORM:**

Proof of address as Lease agreement or utility bill from new address dated from the time the person moved out.

**MAINTENANCE PAYMENT RELATING TO CHILDREN:**

Where paying maintenance documentary proof of paying that amount through bank statement/letter from former partner/ If in receipt of maintenance evidence of payment without interruption.

**STUDENTS OVER 18 YEARS:**

Letter from school or college stating confirmation of attendance/registration for full-time education, documentary evidence of employment/social welfare if applicable should also be included. OTHER

**CHANGES IN HOUSEHOLD CIRCUMSTANCES**

Marriage Certificate – if married in the last year Death Cert- for any member of the household who passed away in 2018 o r any Birth Cert- for a baby born in 2020 if not previously provided.

This information is sought for the purpose of Section 20 and Section 22 of the Housing (Miscellaneous Provisions) Act 2009, and Section 58 of the Housing Act 1966-2014 as amended, and Section 31 Housing Act 2009 as amended and shall be used only for the purpose for which it is intended. The personal data that you provide will be processed in accordance with the General Data protection regulations and the Data Protection Act 2018. Your personal data may be shared with other government agencies in accordance with the law.