

CHANGE OF CIRCUMSTANCES FOR CURRENT TENANTS

Comhairle Cathrach & Contae Phort Láirge

Oifig Tithíochta
Aras Cathartha
Sráid Nua Bailey
Phort Láirge

Waterford City & County Council

Housing Office
Civic Buildings
Bailey's New Street
Waterford

Tel: 0761-102020

Email: contact@waterfordcouncil.ie

Note:

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

PART A: TO BE COMPLETED BY THE EMPLOYER

Name of Employee: _____ Date Employment Commenced: _____

Current Net Weekly Income: € _____

Signed: _____

Firm's

Official Capacity: _____

Official

Firm: _____

Stamp

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: FOR COMPLETION BY SOCIAL WELFARE

Name of Claimant: _____ PPS. No.: _____

Date of Claimant Commenced Signing/Was unfit for Work: _____

TYPE OF BENEFIT: _____ At a Rate of: € _____ P. W.
(Less Fuel Allowance)

OFFICIAL

Signed: _____

STAMP

Official Capacity: _____

Firm: _____

Date: _____

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

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

PART D: ENTER ALL OCCUPANTS IN YOUR HOUSEHOLD

PPS NO.	NAME	DATE OF BIRTH	RELATIONSHIP TO TENANT	EMPLOYMENT STATUS	INCOME RECEIVED	OTHER INCOME
			TENANT			

Notes: Income of any kind except Children's Allowance **must** be shown. Under the heading of **OTHER INCOME**, show any income such as: Jobseeker's Benefit or Assistance, Pensions, Disablement Allowance, Carer's Benefit/Allowance, F.I.S., Maintenance payments, 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 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 declare the Information is true and complete and I authorise the Council to make any enquiries to verify same.

I hereby authorise Waterford City and County Council to validate income details directly with Departments of Social Welfare data where a PPS. Number has been provided or with my Employer. I certify that no persons other than those listed above are residing at my address:

Signed: _____ **Date:** _____

Address: _____ **Telephone:** _____