



## WICKLOW COUNTY COUNCIL - FIRE SERVICE

# Application for a Waiver / Reduction of Fire Services Charges

(Please refer to notes overleaf before completion of Waiver Application Form)

<b>Applicants Name(s):</b>					
<b>Applicants Address:</b>					
<b>Phone Number:</b>					
<b>Invoice Number:</b>		<b>Customer Number:</b>		<b>Amount Due:</b>	€

<b>Do you have House/Car Insurance?</b>	<b>Y / N</b>
<b>Does this Insurance cover the Fire Service Charge in full or partially?</b> <small>(If NO, please submit a letter from your Insurance Company stating that the charge is not covered.)</small>	<b>Y/ N</b>
<b>If your insurance only part covers this charge, state amount covered</b>	€
<b>N.B. An application for reduction of a fire service charge will only be entertained for the amount of the charge or for part of charge that is not recoverable from an insurance company or from any other source.</b>	

Details of All Persons (including the applicant) Living in the House and their Income					
Person's Name <small>(If the person is a pupil or student in full-time education, please give name of school/college)</small>	Age	Relationship to Applicant	Income from All Sources <small>(Please refer to notes overleaf which details how Assessable Income is to be calculated)</small>	Assessable Weekly Income (€)	Signature & Stamp of Social Welfare Office or Employer
					Social Welfare - Official Stamp

(If there is insufficient room above, please attach additional details on a separate page)

### Declaration

I hereby declare that the information provided above is true and that no relevant information regarding the household has been withheld or deliberately omitted from this application for waiver of Fire Service Charges. I hereby authorise Wicklow County Council to make such enquiries as it wishes to make, to confirm the accuracy of those statements and particulars.

I have read and understood the guidelines under which the Fire Service Charge Waiver Scheme is operated and I accept these terms and conditions.

**Signed:** .....  
Signature of Applicant

**Date:** .....

**N.B. A false declaration may result in the loss of your waiver entitlement.**

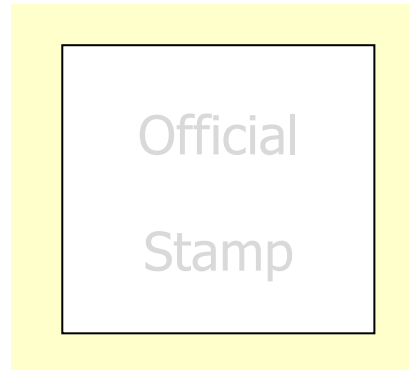
**Social Welfare Office**

I hereby declare that the information provided above, in relation to the premises at ..... is true. The household members \_\_\_\_\_ (total number) as listed are confirmed to be in receipt of social welfare benefit as listed above.

*(Initials of Social Welfare Office Representative is required beside each household member).*

**Signed:** .....  
Signature of Social Welfare Representative

**Date:** .....



**All applications for Waiver must be accompanied by the following:**

- Waiver Application* duly stamped and signed by Social Welfare Office, stating type and amount of payment received by each individual resident in the household.
- Where applicants are not in receipt of social welfare, *a letter from employer or tax office stating earnings* is required. This letter is in addition to employer stamping and signing the waiver application form.

**For Office Use Only**

Invoice №: \_\_\_\_\_

Customer №: \_\_\_\_\_

Qualify for Waiver: Yes / No

Recommend/Refuse Waiver Application: .....  
Chief Fire Officer

Date: .....

Agreement entered into for payment of balance .....

Agresso reference for Adjustment to account: .....

**NOTES ON COMPLETION OF APPLICATION FOR WAIVER OF FIRE SERVICE CHARGES**

1. **Eligibility for waiving/partial waiving of fire service charges is based on total household income. Applications for Waiver, where there is more than one resident living in household, will qualify for a maximum of 50% reduction**

Applicants should note that where a waiver is requested for a Chimney Fire that only one waiver application will be considered by Wicklow Fire Services for each individual. Subsequent applications for chimney fire by the same applicant or from the same premises will not be considered.

Where a part waiver, maximum 50%, is granted applicant will be notified and applicant will be required to sign an agreement for payment of balance outstanding.

**Assessable Income**

- (i) **Assessable income is the income from the following sources, assessed in full, but reduced by pay related social insurance contributions, income levies and any income tax payable, on such income –**

- a. Income from employment including self employment,
- b. All social insurance and social assistance payments and allowances,
- c. Maintenance payments, whether under a formal or an informal arrangement or whether procured by way of Court Order or otherwise
- d. Payments by Government Departments or State Agencies except payment listed at (iii) beneath,
- e. Rental and other income from land or property,
- f. Income from pensions of kind not already included at (b) above,
- g. In the case of self employment, persons will be obliged to submit audited accounts for the previous year and the last income tax assessment from the Inspector of Taxes.

- (ii) **Income of any employed person is, in general, the normal weekly rate of remuneration as defined in Section 2 of the Holidays (Employees) Act, 1973. All other regular payments in the nature of pay are included, including overtime.**

- (iii) **Income from the following sources is disregarded for the purpose of calculation of assessable income:-**

- a. Children's allowance, orphans allowances or orphans pensions, payable under the Social Welfare (Consolidation) Act, 1981;
- b. Guardian's payment
- c. Scholarships;
- d. Student Grants
- e. Rent and mortgage interest supplements
- f. Lump sum compensation payments.
- g. Carer's Allowance
- h. Community Employment Scheme and Back to Work Schemes.
- i. Family Income Supplement (FIS).
- j. Fuel Allowance
- k. Living Alone Allowance
- l. Blind Pension/Welfare Allowance

2. **Examples of Proof of Income:-**

- a. Applicants Employed:- Copy of P60 from previous year
- b. Applicants in receipt of Social Welfare Payment:- Copy of Paying Order, Pension Book or letter from Department of Social Welfare.
- c. Self-Employed/Farmers:- Copy of audited accounts for previous year.

3. **Single applicant**, living alone, in receipt of statutory old age pension and living alone allowance, as only source of income will qualify for 100% waiver of fire charge. Fully completed waiver must be submitted.

4. **Forms, which are not completed in ALL respects, will be returned to the applicant.**

5. **Upon receipt of a Fire Service Charge, completed application forms, including proof of income and letter from insurance company where applicable, to be returned to:-**

REVENUE SECTION, WICKLOW COUNTY COUNCIL, STATION ROAD, WICKLOW, CO WICKLOW

T: 0404-20128 E: finrevenue@wicklowcoco.ie W: www.wicklow.ie