



Please ensure that you complete all sections of the form.

Rent Account Number: _____

Tenant(s) Name(s): _____

Address: **Line 1:** _____

Line 2: _____

Line 3: _____

Eircode: _____

Contact Number: (1) _____

(2) _____

Email Address: (1) _____

(2) _____

For office notes only:

Particulars of all adults, including the tenant(s), in the household and their incomes.

Please do not include children in this section.

Name in Full	Date of Birth	PPS Number	Relationship to Tenant	Income (Attach Proof)	Source of income
1.				€	
2.				€	
3.				€	
4.				€	
5.				€	
6.				€	

Income: State amount & whether it is received weekly, fortnightly etc.

Source of income: Employment, self-employment, social welfare, SOLAS etc.

Have you any other income in addition to above: Yes ☐ No ☐

If yes, specify source (rental income, other Pension etc.) _____

Weekly Income from this source: € _____

PARTICULARS OF ALL CHILDREN IN THE HOUSEHOLD

(If Adult Child is 18 years or over and attending School/College full-time, a letter from the School/College confirming this must be submitted with the Rent Assessment Form)

Name in Full	Date of Birth	PPS Number	Relationship to Tenant	Name of School or College
1.				
2.				
3.				
4.				
5.				
6.				

Section B

PARTICULARS OF PERSON(S) WHO HAVE MOVED INTO PROPERTY SINCE THE SUBMISSION OF THE LAST RENT ASSESSMENT FORM.

****Please note that formal permission to reside should be sought and approved by the Council prior to any person(s) moving into the property (including family members). This is in accordance with your Tenancy Agreement.**

Name	Date of Birth	PPS No	Relationship to Tenant	Date they moved in	Weekly Income	Previous Address(es)
1.						
2.						
3.						
4.						
5.						
6.						

PARTICULARS OF PERSON(S) WHO HAVE LEFT THE PROPERTY SINCE THE SUBMISSION OF THE LAST RENT ASSESSMENT FORM

Letter from Social Welfare/Employer must be submitted with this form to confirm forwarding address together with utility bill and/or copy of new lease agreement.

Name	Date of Birth	PPS No	Relationship to Tenant	Date Left	Reason for Leaving	Forwarding Address
1.						
2.						
3.						
4.						
5.						
6.						



Comhairle Contae Chill Mhantáin

Wicklow County Council

Section C

CERTIFICATE OF EMPLOYMENT AND EARNINGS
TO BE COMPLETED BY ALL TENANTS/OCCUPANTS IN EMPLOYMENT

Name: _____	Occupation: _____
PPS No.: _____	
Address: _____	

Note: This section must be completed, signed and stamped by the employer.

The following are the details of the weekly gross income received by the above named:

Date employment commenced: _____

Frequency of payment: _____ Basic pay: _____

Other payments (including shift allowance and overtime): _____

Statutory deductions:

PAYE deducted: _____ USC deducted: _____

Gross Pay: _____

I hereby certify that the details of earnings as set out above are correct.

Employer's name: _____

Authorised signatory: _____

Employers Address: _____

Date: _____

Employers Official Stamp

Signature of employer: _____ Signature of employee: _____

***Please also provide a copy of three recent consecutive payslips or an Employment Details Summary (EDS).**

****If you are self-employed you must submit your most recent audited accounts or most recent Notice of Assessment.**



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Gross Pay: _____

I hereby certify that the details of earnings as set out above are correct.

Employer's name: _____

Authorised signatory: _____

Employers Address: _____

Date: _____

Employers Official Stamp

Signature of employer: _____ Signature of employee: _____

***Please also provide a copy of three recent consecutive payslips or an Employment Details Summary (EDS).**
****If you are self-employed you must submit your most recent audited accounts or most recent Notice of Assessment.**



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Section D:

INCOME RECEIVED FROM THE DEPARTMENT OF SOCIAL PROTECTION

To be used if a tenant and/or an occupant is in receipt of any form of social welfare payment including: State Pension, Illness Benefit, Disability Allowance, One Parent Family Payment, Jobseeker's Benefit / Allowance, Working Family Payment (previously FIS), Back to Work Scheme etc.

Name: _____ PPS Number: _____

Type of payment: _____

Basic rate: _____

Adult dependent amount (if any): _____ Child dependent amount (if any): _____

Living Alone allowance: _____ Fuel Allowance: _____

Total pay: _____

Name: _____ PPS Number: _____

Type of payment: _____

Basic rate: _____

Adult dependent amount (if any): _____ Child dependent amount (if any): _____

Living Alone allowance: _____ Fuel Allowance: _____

Total pay: _____

Do you currently pay your rent through the household budget?

i.e. directly from your social welfare: Yes ☐ No ☐

Please submit and attach the following for each recipient:

If paid in Post Office – Most recent Social Welfare slips.

If paid in Bank – Most recent Bank Statement.

NB: If on temporary payment please supply letter from Social Welfare.

Section E

Checklist: You must provide the following documentation.

1. Fully completed application form. ☐
 2. PPS numbers for all household members. ☐
 3. Contact details, telephone number (s) and email address (es). ☐
 4. Evidence of income.
 - Employment**
Three consecutive payslips or an Employment Details Summary (EDS). ☐
 - Self-Employment**
Last years audited accounts and Notice of Assessment. ☐
 - Social Welfare**

If paid in Post Office – Most recent Social Welfare slips. ☐

If paid in Bank – Recent bank statement. ☐
 6. Proof from School/College if in full time education by adult child over 18 years. ☐
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Declaration

I/We declare that all of the information given by me/us for the purpose of rent assessment is complete and correct.

I/We authorise and give authority to Wicklow County Council to seek and receive any information from my/our employer, Department of Social Protection or any other official source in relation to me/us or any occupant of my/our household.

I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

Section 261 of the Social Welfare (Consolidation) Act 2005 allows for the exchange of information between Government Departments and specified organisations such as Wicklow County Council. Section 265 of the same Act allows the Council to access or to verify information which has been provided by the Tenant with the Department of Social Protection records for the purpose of calculating rents etc. This does not affect the Tenant's access rights subject to the provisions of the Data Protection Acts 1988 to 2018 & Regulation (EU) 2016/679 (General Data Protection Regulation).

Signed: _____ Signed: _____ Date: _____
Tenant Tenant