

DIFFERENTIAL RENT FORM – WICKLOW COUNTY COUNCIL

Please ensure that you complete ALL SECTIONS OF THE FORM.

Section A:

CUSTOMER ID NO. _____ TELEPHONE NO. _____

TENANT (s) NAME _____ ADDRESS _____

PARTICULARS OF ALL ADULTS (including the Tenant(s)) IN THE HOUSEHOLD & THEIR INCOMES (Children should not be included in this section)

Name in Full	Date of Birth	PPS Number	Relationship to Tenant	Income (Attach proof) State amount & whether weekly, fortnightly, etc	Source of income (employment, self-employment, social welfare, FIS, FAS, etc.)

Have you any other income in addition to above: _____

If so, specify source (e.g. Maintenance, 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.

<i>Name</i>	<i>Date of Birth</i>	<i>PPS No</i>	<i>Relationship to Tenant</i>	<i>Date they moved in</i>	<i>Weekly Income</i>	<i>Previous Address(es)</i>

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

<i>Name</i>	<i>Date of Birth</i>	<i>PPS No</i>	<i>Relationship to Tenant</i>	<i>Date Left</i>	<i>Reason for Leaving</i>	<i>Forwarding Address</i>

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: _____ Universal Social Charge 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: _____

Signature of employer: _____

Signature of employee: _____

Employers Official Stamp

***Please also provide a copy of three recent consecutive payslips or a P60**

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

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), Carer's Benefit / Allowance and Back to Work Scheme

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. Telephone contact number
4. Evidence of income

Employment

Three consecutive payslips

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

5. Maintenance
Proof of Maintenance payment
6. Proof from School/College if in full time education by adult child over 18 years

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*