

Section A:

CERTIFICATE OF SOCIAL WELFARE

I hereby certify that of.....

receives €.....per week in respect of Social Welfare - please state type of benefit/assistance/allowance.....

Date Payment commenced/...../.....

If He/She is in receipt of Supplementary Welfare Allowance please state reason

Please state amount of Family Income Supplement, if applicable: €.....

NOTE: If the recipient is not in receipt of the maximum amount of Social Welfare entitlement for his/her category please state reason:.....

Signed: Date:

Official Stamp of
Social Welfare
Office

NOTE: If you are in receipt of a Pension the amount can be inserted on this form and certified by your Local Post Office.

Section B:

CERTIFICATE OF WAGES

I hereby certify that

.....Of.....

is employed with this firm as asince

The following are the details of the weekly wage he/she received for week ended (insert date)/...../.....

Gross Wages	€	€
P.R.S.I.	€	€
P.A.Y.E.	€	€
Universal Social Charge	€	€
Statutory Pension Related Deductions	€	€
Nett Income	€	€

*If the income received for the week specified is not equivalent to normal weekly income then the normal income should be inserted

Signed: Date:

Firm's
Stamp

*Also please submit an up-to-date P60 and/or a minimum of 4 out of the last 6 payslips

NOTE: This Certificate should be signed and stamped by the Secretary, Accountant or Partner in the firm

Section C:

SELF EMPLOYED

If you are self employed please submit the following:

- a minimum of 2 years accounts with an Auditor's Report, or
- an Auditor's Report along with an up-to-date tax balancing statement and preliminary tax receipt.

Section D:

MAINTENANCE PAYMENTS AND/OR OTHER INCOME

Amount of Weekly maintenance payment : €.....

Amount of other Income: €..... Source of Income:

Section E:

INCOME FROM SAVINGS AND INVESTMENTS

Amount of income from savings or investments:

€..... (Please submit Certificate of Interest earned for verification purposes)

Please enter all sources of income

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