

ROSCOMMON COUNTY COUNCIL

Customer No.: _____

DIFFERENTIAL RENT SCHEME- DECLARATION OF INCOME FORM

HOUSE No.: _____ TENANT(S): _____ No. of BEDROOMS: _____

WARNING: This form must be completed accurately and in full in so far as it relates to you. You are notified that under Section 61 of the Housing Act, 1966, any person who withholds or gives false or misleading information shall be guilty of an offence and shall be liable to prosecution.

PARTICULARS OF FAMILY:

CHRISTIAN NAME OF ALL OCCUPANTS	DATE OF BIRTH	OCCUPATION	INCOME PER WEEK	PPSN NO.

N.B. The income(s) must be certified by your Employer or Local Social Welfare Office or Local Post Office on the back of this form. Farm Accounts and a P21 Balancing Statement must be submitted in respect of Farm Income. You must also select the method of payment you propose using in respect of your rent account.

We/I hereby declare that the information given by us/me in this form is true and accurate in all respects and we/I have not withheld any relevant information. We/I authorise Roscommon County Council to make any enquiries from any Official Sources as it may consider necessary in respect of details submitted in this application form.

SIGNED: _____
JOINT TENANT JOINT TENANT DATE

Phone Number(s): Home _____ Mobile: _____

FOR OFFICE USE ONLY

1. Principal Earner

2. Subsidiary Earner

Net Income of Principle Earner = € _____

Rent Assessment = Net Income – 10% or Max €15.00

Allowance for Children @ €10.00 each € _____

(i) Income = €10% = €.....

Income assessable to rent = € _____

(ii) Income = €.....10% = €.....

€100.00..... @ 10% = €.....

(iii) Income = €.....10% = €.....

€..... @20% = €.....

Rent assessed for principle earner €.....

Total Rent of Subsidiary Earner €.....

(i) Total rent assessed to nearest 10 cent i.e. 1+2 above = € _____

(ii) Previous Rent = € _____ New Rent to apply = € _____

Rent Calculated by: _____

Certified by: _____

Date: _____

Date: _____

Please have either Section A and/or B hereunder completed and Certified by your employer and/or Local Social Welfare Office as appropriate. Please also complete Section C in respect of Farm income if applicable. Farm Accounts and P21 Balancing Statement should also be submitted in respect of Farm Income.

A. **CERTIFICATE OF WAGES.**

I hereby certify that (Name)_____ of (address)_____

is employed with this firm as a _____ since _____

The following are the details of the weekly wages he/she received for week ended (enter date) _____

Gross Wages..... €

Total Deductions..... €

Nett Income..... €

FIRM'S
STAMP

SIGNED: _____ Date: _____

NOTE: THIS CERTIFICATE SHOULD BE SIGNED AND STAMPED BY THE SECRETARY, ACCOUNTANT OR PARTNER IN THE FIRM.

B. **CERTIFICATE OF SOCIAL WELFARE.**

I hereby certify that (Name)_____ (Address) _____

Received total payments amounting to € _____ for the week ended (date) _____

In respect of :- *Please specify type of Social Welfare Payment:* _____

No of Persons in respect of whom the payment is being made:- *No. of Adults* *No. of children*

Date Payment Commenced: _____

Is the above applicant in receipt of Family Income Supplement: Yes No

OFFICIAL STAMP
FROM SOCIAL
WELFARE OFFICE

SIGNED _____ DATE: _____

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

C. **FARM INCOME**

The following details should be completed in relation to your Farm Income for year ended 31st December, 2010.

Gross Farm Income €

Headage Payments/ Subsidies etc..... €

Total expenditure..... €

Nett Income..... €

NOTE: Farm Accounts and P21 Balancing Statement must accompany this form

D. **METHODS OF PAYMENT.**

Please tick appropriate box. What method of payment do you use:-

(A) Billpay(An Post) ☐ (B) Banker's Standing Order ☐ (C) An Post Household Budget ☐

(D) Bank Giro ☐ (E) Finance Section ☐ (F) Other: Please State