

ROSCOMMON COUNTY COUNCIL
DIFFERENTIAL RENT SCHEME- DECLARATION OF INCOME FORM - RAS

HOUSE No.: _____ TENANT(S): _____

CUSTOMER NO: _____ No. of BEDROOMS: _____ Housing Ref: _____

WARNING: This form must be completed accurately and in full in so far as it relates to you and ALL OCCUPANTS of your dwelling. 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.

Method of Payment: _____

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: _____ DATE _____
 JOINT TENANT JOINT TENANT

Phone Number(s): Home _____ Mobile: _____ Email: _____

PLEASE PROVIDE ALL CONTACT DETAILS

FOR OFFICE USE ONLY

1. Principal Earner

2. Subsidiary Earner

Net Income of Principle Earner = € _____

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

Deduction 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. 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.

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. PROVIDE 4-6 RECENT PAYSLEIPS

B. CERTIFICATE OF SOCIAL WELFARE.

Income Person No. 1

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

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

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

Family Income Supplement € _____ Other (please Specify) € _____

Jobseekers/Unemployment € _____ Other (please Specify) € _____

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

Date Payment Commenced: _____

Income Person No. 2

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

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

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

Family Income Supplement € _____ Other € _____

Jobseekers/Unemployment € _____ Other € _____

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

Date Payment Commenced: _____

SIGNED _____ DATE: _____

OFFICIAL STAMP FROM 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.

C. FARM INCOME - NOTE: Farm Accounts and P21 Balancing Statement must accompany this form

D. MAINTENANCE PAYMENTS OR OTHER INCOME

Amount of Weekly Maintenance Payment € _____

Amount of Other Income € _____ Source _____