

**ROSCOMMON COUNTY COUNCIL**  
**DIFFERENTIAL RENT SCHEME- DECLARATION OF INCOME FORM - HAP**

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 \_\_\_\_\_