

 **ISSUE DATE: 2021**

**Confidential Income Statement**

**Details of current income**

**Name(s):…………………………………………………………………………………………………**

**Address:…………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**Contact Number (Mobile):…………………………….(Landline)……………………………….......**

**E-mail address:………………………………………………………………………………………….**

This form must be completed and supporting documentation provided by the required date in order to enable us to assess your rent. Document’s will NOT be returned, please do not send originals.

1. **MEMBERS OF HOUSEHOLD**

**(Adults**)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **M/F** | **DATE OF BIRTH** | **P.P.S No** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **(Children)**

|  |  |  |
| --- | --- | --- |
| **NAME** | **M/F** | **DATE OF BIRTH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **NEXT OF KIN DETAILS**

Someone (family, friend, etc.) we can contact in the event of an emergency: they must reside in Ireland.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Relationship to you** | **Address**  | **Contact Number** |
|  |  |  |  |
|  |  |  |  |

1. **ARE ANY OF YOUR DEPENDANTS AGED 18 OR OVER AND IN FULL-TIME EDUCATION? YES / NO**

If YES, please provide a letter from the School or College confirming their attendance.

If NO, include below in section 4. (A) or (B)

1. **DETAILS OF INCOME**

**We require income details for you and all members of your household.**

1. **INCOME FROM SOCIAL WELFARE PAYMENTS (excluding child benefit/ allowance)**

|  |  |  |  |
| --- | --- | --- | --- |
| **e.g. Lone-Parents, Disability, Carers Jobseekers OPF,** | **Name of person in receipt of allowance** | **Date when allowance started**  | **Amount of allowance per week**  |
|  |  |  | **€** |
|  |  |  | **€** |
|  |  |  | **€** |
|  |  |  | **€** |
|  |  |  | **€** |

Evidence for the above income must be provided by **ONE** of the following:

1. A letter of confirmation from the Dept. of Social Community and Family Affairs **OR**
2. 3 current Social Welfare Slips from An Post **OR**
3. Attached form completed by the Dept. of Social Community and Family Affairs
4. **FROM EMPLOYMENT / PENSION / FAMILY INCOME SUPPLEMENT (W.F.P) ETC**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of employment (i.e. full/ part-time or CE Scheme) | Name of person  | Date employment commenced | Weekly / Monthly  |
|  |  |  | € Weekly / Monthly |
|  |  |  | € Weekly / Monthly |
|  |  |  | € Weekly / Monthly |

Evidence of this income must be provided by **one** of the following:

1. End Of Year Statement 2019

**OR**

1. 3 current pay slips

**OR**

1. A letter confirming pay & attendance at CE Scheme.
2. Most recent tax returns for self employed
3. **INCOME FROM OTHER SOURCES**

**Please provide proof of this income**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of income (e.g. child maintenance, foreign pension) | Name of person who received income | Date income was received from | Weekly or monthly amount received |
|  |  |  | € Weekly / Monthly |
|  |  |  | € Weekly / Monthly |

(D) I confirm that the above information is accurate to the best of my knowledge.

Signed………………………………………Date…………………

Signed………………………………………Date…………………

 5.

**Please only complete this page if you DO NOT have Welfare slips from An Post as proof of Social Welfare**

**To be completed by: Department of Social Protection**

Tenants Name: -----------------------------------

Address ----------------------------------------------------------------------------

I confirm that the following payments are being received by the household:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Main claimant | Additional claimant | Additional claimant |
| Name |  |  |  |
| P.P.S. Number |  |  |  |
| Type of payment |  |  |  |
| From (date) |  |  |  |
| Weekly rate  |  |  |  |
| Reason for deduction (if any) |  |  |  |
| Amount of deduction |  |  |  |
| Net payment |  |  |  |

 Signed ---------------------------------- Official Stamp

 Tel. No-----------------------

 Date -------------------