

**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

## **2. NEXT OF KIN DETAILS**

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

<b>Name</b>	<b>Relationship to you</b>	<b>Address</b>	<b>Contact Number</b>

## **3. ACCOMODATION HISTORY**

Please note and record previous 10 years accommodation history.

<b>Date</b>	<b>Current Address</b>	<b>Tenure Type</b>	<b>Reason for Leaving</b>

\* Tenure: family home, home owner, social housing, private rented, hostel, doubling - up, squatting, sleeping rough

## **4. 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 5. (A) or (B)

## 5. DETAILS OF INCOME

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

### A) 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:

- a) A letter of confirmation from the Dept. of Social Community and Family Affairs **OR**
- b) 3 current Social Welfare Slips from An Post **OR**
- c) Attached form completed by the Dept. of Social Community and Family Affairs

### B) 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:

- a) End Of Year Statement 2019  
**OR**
- b) 3 current pay slips  
**OR**
- c) A letter confirming pay & attendance at CE Scheme.
- d) Most recent tax returns for self employed

**C) 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.....

**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 -----