HAP RENT DECLARATION FORM - HOUSING

REF No:

Address/ Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Names of all members of household | Relationship to tenant | D.O.B | Sex | PPS no. | Type of income | Amount of payment/net pay |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

THIS SECTION MUST BE FULLY COMPLETED FOR EACH MEMBER OF HOUSEHOLD (INCLUDING THE NAMED TENANT)

I DECLARE THAT THE INFORMATION AS SET OUT ABOVE IS CORRECT

# Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Properly certified income details must be submitted for all family members in receipt of income i.e. details of **gross and net** (take-home) pay, **maintenance payments**. Forms are enclosed to assist you in this matter and you should ask your employer to complete these on your behalf. A recent payslip showing PAYE and PRSI deductions should also be enclosed and a recent social welfare receipt where applicable. If there is a new baby in household a **Birth Certificate** is required.

## WAGE CERTIFICATE

### EMPLOYMENT

Tenants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by employer:

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of commencement of work in this employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is employment permanent /part-time/ seasonal ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Gross Weekly Pay: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Net Weekly Pay: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ie gross pay less PAYE and PRSI)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employers Stamp:

**SOCIAL WELFARE**

Tenants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm what social welfare you are in receipt of: (please tick as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| Unemployment benefit |  | Carer’s Allowance |  |
| Unemployment Assistance |  | Widow’s Pension |  |
| One Parent Family Allowance |  | Contributory Pension |  |
| Supplementary Welfare Allowance |  | Non Contributory Pension |  |
| Disability allowance |  | Disability Benefit |  |
| Working Family Payment |  | Other: Please specify: |  |

At a Current rate of €\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week, the breakdown of which is calculated below:

|  |  |
| --- | --- |
| Claimant |  |
| Adult Dependent |  |
| Dependent Children |  |
| Other: |  |
| Deductions – Please specify |  |

And during the following period(s) was paid at the rate listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Type of Payment | Weekly Rate |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This does not need to be stamped by social welfare.

**MAINTENANCE DECLARATION**

File No.:

Appliciant(s):

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I receive a weekly/monthly maintenance payment of €\_\_\_\_\_\_\_\_\_\_\_in respect of my child(ren).

Signed:

Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I do not receive any maintenance in respect of my child(ren).

Signed:

Date:

|  |
| --- |
| **Checklist**   1. Fully completed and signed HAP Rent Review Form 2. PPS numbers for all household members   New Baby – Birth Certificate Death of occupant – Death Certificate     1. Evidence of income   ***Employment***  Cert of Income (signed & stamped) **OR**  Three consecutive up to date payslips  **Self Employment**  Revenue Self Assessment Chapter 4 of Part 41A TCA 1997  Income Tax Certificate to match year of Self Assessment –  **For both Partners if joint assessment**   1. Proof of maintenance receipt/payment (Court order, bank statement) 2. Proof from school/college if in full time education (if 18 years or over) |

**GDPR Data Protection Rights**

Please note the following information relating to the collection and use of your personal data and the declaration carefully. The declaration should only be signed and dated if you are entirely satisfied that you understand all the information presented in this form.

**Collection and Use of Personal Data:**

All data supplied by you when completing this form (including any personal data you submit) will be used for the purposes of assessing and administering the calculation of your rent. The law allows this local authority in certain circumstances to share your data with other public bodies. For example, we may share your data with the Central Statistics Office under the Statistics Act 1993.

Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly set out in Kildare County Council’s Privacy Statement. Copies of this statement are available online at:

<https://kildarecoco.ie/AllServices/Housing/GDPRPrivacyStatements/Privacy%20Statement%20%20(HAP%20Process).pdf> or by post (on request)

If you have any questions about your rights under GDPR, you can contact Kildare County Council Data Protection Officer – Tel: 045 980200, dataprotection@kildarecoco.ie or you may also contact the Data Protection Commissioner (DPC) – [info@dataprotection.ie](mailto:info@dataprotection.ie) Tel: 1890 252231 website : www.dataprotection.ie.