

Date

Return By:

- Reason: Rent Review following LL Rent Increase
- Change in Circumstances
- Housing file updated – update required
- Other

HAP RENT DECLARATION/RENT REVIEW FORM - HOUSING

Housing Ref No: _____

Tenant Name(s): _____

Address: _____

Eircode: _____

Contact number: _____ **Email:** _____

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

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

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 pay slip 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.

SCANNED YES/NO

SPREADSHEET UPDATED

YES/NO

Form to be returned to HAP Section, Kildare County Council, Aras Chill Dara, Devoy Park, Naas, Co. Kildare. W91 X77F. Phone: 045 980818

WAGE CERTIFICATE – First Applicant

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:

WAGE CERTIFICATE – 2nd Applicant

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

This does not need to be stamped by 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:** _____

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MAINTENANCE DECLARATION

File No.: _____

Applicant(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

3. Evidence of income

Employment
Cert of Income (signed & stamped) **OR**
Three most recent, consecutive 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**

4. Proof of maintenance receipt/payment (Court order, bank statement)

5. 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](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 Tel: 1890 252231 website : www.dataprotection.ie.

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