



# Kildare County Council

Comhairle Chondae Chill Dara

## Application Form for Waiver of Fire Service Charge

### Section 1 - Applicant Details

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

### Section 2 - Insurance Details

Do you have an insurance policy on your home?    Yes        No   

If Yes, does the policy cover this charge?    Yes        No   

- If this charge is covered by an insurance policy, you are not eligible for a waiver and **you should not submit this application form.**
- If you have an insurance policy, but it does not cover this charge, please submit a letter from your insurance company on headed paper confirming that this cost is not covered.

### Section 3 - Applicant Income Details

List all of your sources of income, including employment, payments from the Department of Social Protection and private pensions:

Source / type of income:	Weekly amount:

Please provide

### Section 4 - Other Household Income

List all other adults and children living in your home and their income (if any) and relationship to you:

Name:	Relationship to Applicant:	Age:	Source / type of income	Weekly amount

### Section 5 - Supporting Documents

- As proof of income, please attach a full payment slip from An Post (including signature).
- For living alone applicants, please ensure your Living Alone Allowance payment is visible on the payment slip.

- If you do not have a payment slip, please arrange to have **Section 6** completed by a Department of Social Protection staff member.
- If you have an insurance policy, but it does not cover this charge, please submit a letter from your insurance company on headed paper confirming that this cost is not covered.

### Section 6 – To be completed by a Department of Social Protection staff member

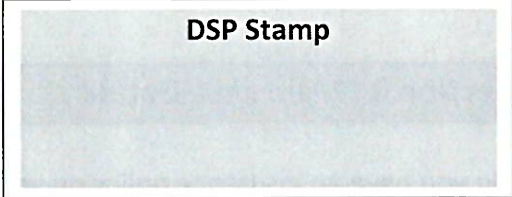
**\*\* This section is only to be completed if you do not have an An Post payment slip**

I confirm that the applicant detailed in Section 1 is in receipt of (tick as appropriate):

- State Contributory/ Non-Contributory/ Widow(er)'s/Surviving Civil Partners Pension
- Disability Allowance/Invalidity Pension/Blind Pension
- Living Alone Allowance

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

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



### Section 7 - Declaration

I hereby declare that the particulars above are true, correct and complete and I authorise Kildare County Council to make any necessary enquiries (including enquiries with the Department of Social Protection and other Council Departments) to validate my application. I authorise the Department of Social Protection to release to Kildare County Council any information regarding my household circumstances and income, including information contained in computer records to validate my application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Kildare County Council is committed to ensuring the security of any personal data you provide to us. Our Fire Service Privacy Statement can be viewed online at <https://kildarecoco.ie/AllServices/FireService/> or contact us for a printed copy of the notice.

**Please return completed forms to: Central Fire Station, Newbridge, Co Kildare, W12 PW70.  
Email: [fireadmin@kildarecoco.ie](mailto:fireadmin@kildarecoco.ie) Telephone: 045 4548000**

#### Office Use Only

Invoice No.:	_____
Invoice Amount: €	_____
Incident Date:	_____
Customer No.:	_____

Recommendation:-	Grant / Refuse
Reason for refusal:	_____
Recommended by:	_____
Approved by:	_____
Date:	_____