

2. 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

3. 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)

4. 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.....

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 -----