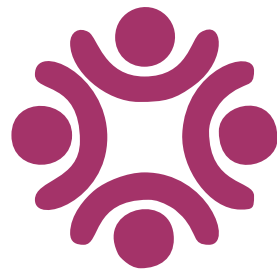


# Foscadh Housing



Rent Assessment Form

# Checklist

Please make sure you supply all of the documents listed below which are relevant to your application. Tick the appropriate box.	If you have supplied it	If this does not apply to you
Section A Completed - Compulsory		
Section B Completed - If in full time Employment for all occupants over the age of 18		
Section C Completed - If Self-Employed for all occupants over the age of 18		
Section D Completed - If Unemployed for all occupants over the age of 18		
Section E Completed - If in full time Education over the age of 18 and under 23		
P21 Form from Revenue for employees		
Notice of assessment if self employed		
Statement of Employment from Revenue		
2 Pay slips &/Social Welfare Receipts		
If in Receipt of English Pension - Please provide written documentation on letter headed paper detailing payment (no bank statements)		

Please Indicate comments/reasons for not supplying certain documents

.....

.....

.....

.....

This form must be completed in full and signed by the tenant(s). Particulars of all occupants (Including Tenant) residing in the house must be given.

## Household Details

Details		
First Name:		
Surname:		
Phone Number : (if any)	Home: Work: Mobile:	Home: Work: Mobile:
Email address: (if any)		

**Please Supply Details of all Persons residing in the house:\***

**Birth Certificates required for all persons listed above if not provided already**

Family Surname	First Name	D.O.B.	PPS. Number	Weekly Income (NET)	Relationship to you
					N/A

Number of Adults living within the household? (Over the age of 18 years) \_\_\_\_\_

Number of Children within the Household? \_\_\_\_\_

Are you in receipt of Maintenance? Yes  No

If yes please provide a copy of your bank statement or a copy of a maintenance order showing amount received.

Are you Paying Maintenance? Yes  No

If yes please provide a copy of your bank statement or a copy of a maintenance order showing amount paid.

# Declaration

I/We declare that the information and particulars given by me/us on this rent assessment are true and correct.

I/We undertake to notify **Foscadh Housing Association** immediately should there be any change from the information provided, or in my/our circumstances.

I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

Signed: (1) ..... (2) .....  
Tenant Tenant

Date: .....

## Collection and Use of Data

Foscadh Housing will use the data you have supplied to assess and administer your rent assessment form. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud.

I/We also authorise Foscadh Housing Association to make all necessary enquiries, either written or otherwise, regarding my/our Rent Assessment Form to verify information given from employers, The Department of Social Protection or from any other source.

Signed: (1) ..... (2) .....  
Tenant Tenant

Date: .....

Please read the following declarations carefully and sign and date it when you are satisfied that you understand it.

## Section (B)

# Certificate of Employment and Earnings

(To be used if Tenant is employed)

Details	
Name and address:	
PPS Number:	
Name and address of Employer:	
Occupation:	
Date of employment started:	
Date employment ended: (If applicable)	
Please State nature of employment: full time, part time, etc.	
Approximate Number of Hours worked a week:	
Annual Gross Wage to date:	
PAYE to date:	
PRSI EE to date:	
USC to date:	
Insurable weeks:	

I hereby certify that the details of earnings etc. set out above are correct:

Employers Signature: .....

Print Name: .....

Employers Contact Number: .....

Date: .....

Employers Stamp:

2 most recent pay slips required

## Section (C)

### Certificate of Income

(To be used if Tenant is Self-employed Section C needs to be completed by a Certified Accountant)

#### Details

Name and address:

#### Income Details:

I can confirm that I am the accountant for ..... Trading as .....

I can confirm that the net income for the above is ..... before Tax is .....  
for the year ended..... I also certify that the tax affairs of..... are up to  
date as at the end of the tax year .....

Accountant Signature: .....

Print Name: .....

Accountant Address: .....

Contact Number: .....

Date: .....

Accountant Company Stamp:

## Section (D)

# Employment Exchange Certificate

(To be used, if a tenant is unemployed and in receipt of any Social Welfare Payment or Supplement)

Details	
Claimant Name and address:	
PPS Number:	
Type of Payment(s):	
Current Weekly Rate : excluding Fuel & Living Along Allowance	
Date Payment Commenced:	
Is there means: (if yes please specify amount and type)	Yes <input type="radio"/> No <input type="radio"/>
Is the Claimant Receiving any other type of Payment i.e. WFP payments, etc.: (if you, please specify)	
Current Weekly Rate: excluding Fuel & Living Along Allowance	
Date Payment Commenced:	

I certify the above information to be correct:

Signed: Manager/ Official .....

Print Full Name: .....

Location of Exchange: .....

Contact Number: ..... Date: .....

Official Stamp:

2 most recent pay slips required





## Section (E)

### School /College Details

(Only to be completed if in full time education over the age of 18 and under 21 to 23)

Details	
Name and address:	
Address of School/College:	
Course Title:	
Date of Entry:	
Expected Date of Completion:	

I certify the above information to be correct:

Signed: Manager/Official .....

Print Full Name: .....

Qualification: .....

Contact Number: ..... Date: .....

Official Stamp:



## SECTION A

### INCOME MEANS ALL INCOME FROM WHATSOEVER SOURCE DERIVED.

- Employed/Self Employed
- Unemployment Benefit/Allowance
- Disability Benefit
- Pay Related Benefit
- Invalidity Pension
- Old Age Pension Contributory/Non-Contributory
- Widows Pension: Contributory/Non-Contributory
- Deserted Wives Allowance/Benefit
- Lone Parents Allowance
- Working Family Payment
- Other

### Do not enter:

- Children's allowance
- Scholarships awarded by the Council
- Allowance for boarded-out children
- Temporary allowances from Voluntary Organisations

### Note:

It is a breach of the covenants and conditions of your tenancy agreement, to give false or misleading information and the consequences of such are:

- Rent maybe backdated and this could result in serious arrears
- A maximum increase of rent will occur until accurate/complete information is received
- And/or the loss of your home

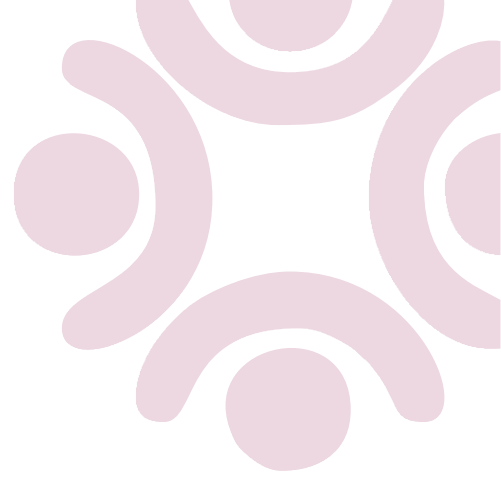
### COMPLETED FORM TO BE RETURNED TO:

#### **Foscadh Housing Association**

Ballymakenny Road

Drogheda

Co. Louth, A92 H298



Foscadh Housing Association  
Ballymakenny Road,  
Drogheda,  
Co. Louth, A92 H298.

