

LIMERICK CITY AND COUNTY COUNCIL

**HOUSING SUPPORT SERVICES
CORPORATE HEADQUARTERS
MERCHANT'S QUAY
LIMERICK
V94 EH90**

Tel: 061 557021



RENT ASSESSMENT

Name: _____

Address: _____

CUSTOMER ID _____

Address: _____

Please complete and sign the form overleaf and return it to the above address.

- As per your tenancy agreement, you are required to list all persons who are residing in the household.
- PLEASE ENSURE YOU PROVIDE PPS NUMBER FOR ALL MEMBERS OF THE HOUSEHOLD INCLUDING CHILDREN. PPS numbers can be obtained from Social Welfare Office @ 061 212200.
- Details of income must be certified either by a Payslip/Post Office payslip or a letter from Social Welfare or If you are paid through the bank, then a recent copy of your bank statement.
- Persons over 18 years attending full time education must submit a letter from school/college confirming this. Otherwise they will be assessed as being on Social Welfare.
- If you are currently participating in a Government Employment Scheme e.g. TUS/CE Scheme, please forward a letter from your employer stating when scheme commenced. Failure to submit this letter will result in your full income being assessed for rent purposes.
- Please submit a certified forwarding address for any members of your household who have left since submission of the last means form.
- Should any member of the household become employed/unemployed after submission of this Means Form, please notify this office immediately.

Failure to return the required documents may result in a penalty rent being applied to your account.

FOR OFFICE USE ONLY: P.E. _____ S.E.1. _____ S.E.2. _____ S.E.3. _____

S.E.4. _____ S.E.5. _____ S.E.6. _____ T.I. _____

No. C. _____ Max. Rent _____ No. of Beds _____

CHECKED BY: _____

PARTICULARS OF PERSONS LIVING IN HOUSE

<i>Name</i>	<i>Date of Birth</i>	<i>P.P.S. NO.</i> <i>To be completed in respect of every person, including children</i>	<i>Employer/ College/ School</i>	<i>Weekly Income</i> <i>List all sources of income</i>	<i>PAYSLIP/ POST OFFICE SLIP TO BE ATTACHED</i>	

TELEPHONE NO: _____ ***EIRCODE:*** _____

EMAIL ADDRESS: _____

PARTICULARS OF PERSONS WHO HAVE LEFT SINCE SUBMISSION OF LAST MEANS FORM

<i>Name</i>	<i>Date Person Left</i>	<i>Forwarding Address.</i> <i>Certified proof of the new address must be submitted</i>

DECLARATION

I hereby declare that the details set out above are correct. I further authorise Limerick City and County Council to make such enquiries from Employer/Social Welfare Office, etc. as is considered necessary for verifying income.

Signed: _____
TENANT

Date: _____

JOINT TENANT

Date: _____