

LIMERICK CITY & COUNTY COUNCIL
SOCIAL POLICY AND HOUSING



HAP Section
Limerick City & County Council
Merchants Quay
Limerick
V94 EH60
Email: HAPLimerick@limerick.ie

RENT ASSESSMENT

Dear Sir/Madam,

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 current income must be certified either by a Payslip/Stamp from Social Welfare or Employer.**
- 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. JIS/CE/SOLAS (formerly FAS) 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 from Employer or Social Welfare for members of the 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.

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>Occupation + Payment Type</i>	<i>Employer/ College/ School</i>	<i>Gross Basic Pay</i>	<i>PRSI Ded.</i>	<i>PAYE Ded.</i>	<i>Nett Basic Pay</i>	<i>PAYSLIP OR Employer/Social Welfare Stamp</i>
(1)	(2)	P.P.S. NO. (3)	(4)	(5)	(6)	(7)	(8)	(9)

TELEPHONE NO. _____

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

<i>Name</i>	<i>Date Left</i>	<i>Forwarding Address (to be certified by current Employer/Employment Exchange)</i>
(10)	(11)	(12)

DECLARATION

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

Signed: _____

Date: _____