

Limerick City and County Council

Household Waste Collection Subsidy Scheme

Application Form 2022

CLOSING DATE
31/01/2022

You can also apply for the Household Waste Collection Subsidy Scheme online @ www.limerick.ie/binwaiver

Section 1: Your details

1.1 UCN number (if known):	
1.2 Applicant Name:	
1.3 Address:	
1.4 Eircode:	
1.5 Date of Birth & Age :	
1.6 PPS Number	
1.7 Phone/mobile number:	
1.8 Email Address	
*Once an email address is provided all correspondence relating to this application will be through your email address.	
1.9 Current Bin Service Provider Name & Account No.	

Section 2: Applicant Income details

2. Income Details

List all sources of income including payments from Department Social Protection, Employment and Private pensions

Applicant Name:	Source or Type of Income: (Proof of Income must be provided)	Weekly Income:
		€
		€

Section 3: Other Household details

3. Household Details:

List all other adults and children living in your home and their relationship to you:

Name	Relationship	Age	PPS number	Source/Type of Income	Weekly Income
					€

Section 4: Your Supporting Documents:

- 4.1 Please attach a current An Post payment slip **or** income statement from the Department of Social Protection. Bank Statements **are not** accepted as proof of income.
TIP: Income statements can be viewed and downloaded on MyGovid.ie Alternatively **you can request an income statement by emailing Limerick@welfare.ie – the statement will be issued to you via post.**
- 4.2 For Living Alone applicants, please ensure living alone payment is visible on the An Post payment slip or on the income statement from the Department of Social Protection.
- 4.3 If you do not have the An Post payment slip or income statement from the Department of Social Protection, Section 5 should be completed and stamped by a staff member of the Department of Social Protection.

Section 5: To be completed by a staff member of Social Welfare (if required):

I confirm that the household members listed above is/are in receipt of the following payment(s):

- | | |
|--|---|
| <input type="checkbox"/> State Contributory Pension | <input type="checkbox"/> Invalidity Pension |
| <input type="checkbox"/> State Non-Contributory Pension | <input type="checkbox"/> Blind Pension |
| <input type="checkbox"/> Widower's Pension over 66 year of age | <input type="checkbox"/> UK Pension |
| <input type="checkbox"/> Disability Allowance | <input type="checkbox"/> Living Alone Allowance |

Total Amount Received Weekly: € _____

Are they in receipt of any other income? Yes / No

If yes, confirm name and value of weekly payment(s):

€ _____

Social Welfare Stamp:

Signature: _____

Section 6: Declaration and Authorisation:

6. This is a full and true statement of my circumstances and I consent to the terms of the authorisation stated below. I authorise Limerick City and County Council, to make any necessary enquiries (including enquiries with the Department of Social Protection and other Council Departments.) and I authorise the Department of Social Protection to release to Limerick City and County Council any information regarding my family circumstances and income, including information contained in computer records.

I note that if my financial circumstances change that I am required to notify Limerick City and County Council, of such changes immediately.

I understand that failure to declare such changes will disqualify me from future subsidy entitlements.

Signature: _____

Date: _____

Section 7: What we will do with your data:

7. **Data Protection Privacy Notice**

Limerick City and County Council is committed to ensuring the security of any personal data you provide to us. If you are interested in further data protection information for this application,

- Please see the GDPR information document at the following link on our website <https://www.limerick.ie/council/services/environment/waste-and-recycling/household-waste-collection-subsidy-scheme> or contact Customer Services for a printed copy of the privacy notice,

Section 8: Returning the form and proof of income:

8. **Post the application and proof of income [or deliver] to:**
Customer Services, Limerick City & County Council, Merchants Quay, Limerick V94 EH90
Email: customerservices@limerick.ie
Opening Hours: 9am - 5pm Monday to Friday (excluding bank holidays)

CHECKLIST

Have you checked if you are qualified to apply?

Category (A): State Contributory/Non-Contributory/Widower[s] over 66 years old	
	Are you 66 years old or over?
	Are you in receipt of any of the above payments?
	Are you living alone and in receipt of a living alone allowance?
	If you are not living alone, are you living with a qualifying person in receipt of Disability Allowance /Invalidity/Blind Pension or a State Pension?
	Have you attached proof of income for all household members listed i.e. payment slip from the Post Office or income statement from the Department of Social Protection? If not, has the Department of Social Protection completed Section 5 of the application form? Note: A bank statement is not accepted as proof of income
Category (B): Disability Allowance/Invalidity/Blind Pension Allowance	
	Are you in receipt of any of the above payments?
	Are you living alone?
	If yes, are you in receipt of a living alone allowance?
	If no, are you living with dependents without income?
	If you are not living alone, are you living with a person in receipt of Disability Allowance/Invalidity/Blind Pension or a State Pension?
	Have you attached proof of income for all household members listed i.e. payment slip from the Post Office or income statement from the Department of Social Protection? If not, has the Department of Social Protection completed Section 5 of the application form? Note: A bank statement is not accepted as proof of income
For Office Use Only Approved <input type="checkbox"/> Refused <input type="checkbox"/> F.I. <input type="checkbox"/>	

NOTE:

IF YOU ARE IN RECEIPT OF ANY OTHER INCOME, OTHER THAN THE QUALIFYING CRITERIA LISTED IN CATEGORY (A) OR (B) ABOVE, YOU DO NOT QUALIFY FOR THE SCHEME (E.G. CARERS, PRIVATE PENSION, JOB SEEKERS, ONE PARENT FAMILY ETC)