

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.

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**Reason for Rent Assessment:**

- *Please specify the reason for the Rent Assessment eg, Change in Family composition, Change in Household Income, Discretion Application etc:*

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Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PARTICULARS OF PERSONS LIVING IN HOUSE**

<i>Name</i>	<i>Date of Birth</i>	<i>P.P.S No</i>	<i>Employer College School</i>	<i>Source Of Income</i>	<i>Net Income Weekly Monthly</i>	<i>Maintenance Received Yes/No</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>

**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>
<i>(10)</i>	<i>(11)</i>	<i>(12)</i>

**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: \_\_\_\_\_