

For Office use only: Approved Refused Further Information Requested

Signed: _____ Date: _____
HWCSS Team

Issued By: _____ Date: _____

Permit No.: _____

Customer Services' Stamp

Section 1: Your details - Signature Required

I consent to the terms outlined in Section 7 below: (Please ensure to sign and date)

*Required

Signature: _____ **Date:** _____

1.1 Unique Customer Number (UCN):		
1.2 Applicant Name:		
1.3 Address including Eircode:		
1.4 Are you an existing Social Housing/HAP applicant/tenant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.5 Are you or any household member in receipt of Private Pension	Yes - I have attached private pension statement/s <input type="checkbox"/>	No- there is no private pension in my household <input type="checkbox"/>
1.6 Date of Birth:		
1.7 PPS Number:		
1.8 Phone/Mobile Number:		
1.9 Email Address: This email might be used for contact		
1.10 Current Bin Service Provider Name and Account No.:		

Section 2: Applicant Income details

List all sources of income including payments from Department Social Protection, Employment and Private Pension, or any other payment you receive:

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

Section 3: Other Household Details

List all other adults and children living in your home and their relationship to you. Supporting income documents required.

Household Member Name	Relationship	Date of Birth	PPS Number	Source/Type of Income	Weekly Income
					€
					€
					€
					€
					€

Section 4: Your Supporting Documents

4.1 Please attach income details for you and all adults in your household dated in the last 3 months.

- Full payment slip from An Post (Post Office) (*including signature)

or

- Income statement from the Department of Social Protection (weekly breakdown).
This can be downloaded from mygovind.ie .
- Payslip- if applicable
- Private/UK pension statement - if applicable
- Any other income details- if applicable

Bank Statements are not accepted as proof of income.

4.2 If you are an existing Social Housing/HAP applicant/tenant, you do not need to submit Social Welfare income details.

4.3 A letter of confirmation from the school/college must be submitted for all persons over 18 years attending full-time education.

4.4 If you are living alone, make sure your Living Alone Allowance payment is visible on the attached document.

4.5 If you do not collect your payment in the Post Office and are unable to access your statement online you can email Limerick@Welfare.ie to request it. Alternatively you can request statement in your local INTREO office or ask them to fill out the Income Details Form that can be downloaded from www.limerick.ie/binwaiver

Section 5: What we will do with your data / 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/binwaiver> or contact Customer Services for a printed copy of the privacy notice

Section 6: Returning the form and proof of income

Email, post or deliver the application form and proof of income 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)

Section 7: Declaration and Authorisation

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 household circumstances and income, including information contained in computer records. I note that if my household's 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 may disqualify the household from future subsidy entitlements. I understand that it is against the law to give false information and that I can be prosecuted for doing that, and/or be required to reimburse Limerick City and County Council for any payments made owing to my household's inclusion in this scheme.

Please sign and date section 1, i.e. top of page one of this application form.

CHECKLIST

Have you checked if you qualify under A or B below?

Category A: 66 years old or over and in receipt of either;		✓
State Contributory/Non-Contributory/Widow(er)'s/Surviving Civil Partner's Pension		
1	Are you 66 years old or over?	
2	Are you in receipt of any of the following payments; State Contributory/Non-Contributory, Widow(er)'s/ Surviving Civil Partner's Pension?	
3	Are you living alone and in receipt of a Living Alone Allowance?	
4	If you are not living alone, are you living with a person who also qualifies for the scheme under Category A or Category B?	
5	If you are not living alone, are you living with dependents without any income? If so, please attach supporting documents from Department of Social Protection.	
6	Have you attached proof of income for all household members listed?	
<u>Note: A bank statement is not accepted as proof of income</u>		

OR

Category B: In receipt of either;		✓
Disability Allowance/Invalidity Pension/Blind Pension		
1	Are you in receipt of any of the following payments; Disability Allowance/Invalidity Pension/ Blind Pension?	
2	Are you living alone and in receipt of a Living Alone Allowance?	
3	If you are not living alone, are you living with a person who also qualifies for the scheme under Category A or Category B?	
4	If you are not living alone, are you living with dependents without any income? If so, please attach supporting documents from Department of Social Protection.	
5	Have you attached proof of income for all household members listed?	
<u>Note: A bank statement is not accepted as proof of income</u>		

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

Application Form Checklist		✓
1	Have you signed and dated section 1, top of page one of this application form?	
2	Have you completed all relevant sections of this application form, for all household members? Please read overleaf – What to do?	
3	Have you provided all relevant supporting documentation, for all household members? Please read overleaf – What to do?	

INCOMPLETE APPLICATION FORMS WILL BE RETURNED AND WILL DELAY THE PROCESSING OF THIS APPLICATION

What to do?

Please read each of the following sections to check you have completed all required sections and provided the required supporting documentation for all household members.

Please note that existing Social Housing/HAP applicants / tenant are not required to submit supporting documentation from Social Welfare as these records are already available to Limerick City & County Council.

Section 1 and Section 2:

- Complete Section 1 and Section 2 ensuring you enter your PPS Number and date of birth, and sign and date Section 1. Proof of Income must be provided including **private pension** statement if applicable. Attach supporting documents.

Section 3:

- Complete Section 3 ensuring you enter PPS number(s) and date of birth for all other household members. Proof of Income must be provided. Attach supporting documents.
Persons over 18 years attending full time education must submit a letter of confirmation from school/college.

Section 4:

- Read Section 4 for details on supporting documents:
 - a. Attach a *full payment slip from An Post (Post Office) (*including signature) or income statement from the Department of Social Protection (**weekly breakdown** dated in the last 3 months).
 - b. Income statements can be viewed and downloaded on mygovind.ie
 - c. If you do not collect your payment in the Post Office and do not have possibility to access your statement online you can email Limerick@Welfare.ie to request it. Alternatively you can request statement in your local INTREO office or ask them to fill out the Income Details Form that can be downloaded from www.limerick.ie/binwaiver
 - d. For Living Alone applicants, please ensure Living Alone Allowance payment is visible on the An Post payment slip or visible on the income statement from the Department of Social Protection.
 - e. Private pension statement to be submitted if applicable.
 - f. Persons over 18 years attending full time education must submit a letter of confirmation from school/college.
 - g. If you are existing Social Housing/HAP applicant/tenant you do not need to submit your Social Welfare income details.

Section 7:

- Read Section 7 and confirm your declaration and authorisation, by ensuring you have signed Section 1.

Apply online at www.limerick.ie/binwaiver or return this form by email or post to:

Post: Household Waste Collection Subsidy Scheme
Limerick City & County Council
Merchants Quay
Limerick
V94 EH90

Email: customerservices@limerick.ie

Please do not do both to avoid duplication

What happens next?

After your completed application form is received, we will contact you with an update, during December 2025 or January 2026. We will be processing a large number of applications during this time. **If you do not receive correspondence from the Council before 31 January 2026, please contact our Customer Services Department on 061 55 6000.**