

Household Income Details Form

Limerick City & County Council

2026 Household Waste Collection Subsidy Scheme

This section is **only** to be completed by the Department of Social Protection if applicant:

- **does not** collect payment in the Post Office
- **is unable** to access online statement
- **is not** an existing Social Housing/HAP applicant/tenant.

Name of Applicant _____
 Household address _____

I confirm that the applicant **household** in receipt of the following payments:

Payment Type	Yes	Weekly payment €
Carers Allowance		
CE Scheme		
Disability Allowance / Blind Pension		
Disability/Disablement Benefit		
Illness Benefit		
Invalidity Pension		
Jobseekers		
Living Alone Allowance		
Lone Parent Payment		
Rent Supplement		
State Contributory Pension		
State Non-Contributory Pension		
Supplementary Welfare		
Widow's / Widower's / Surviving Civil Partner's (Contributory) Pension		
Widow's / Widower's / Surviving Civil Partner's (Non-Contributory) Pension		
Other:		

Name of Staff Member: _____
 Signature: _____
 Position: _____
 Date: _____

Social Welfare Stamp