



**Housing Application  
Certificate of Income Form**

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

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

**REFERENCE NUM:** \_\_\_\_\_

**PLEASE INSERT PHONE NO:** \_\_\_\_\_

**FORM 1 – Please List Spouse/ Partner & All Occupants of Household who are part of your application**

<i>Surname</i>	<i>First Name</i>	<i>Date of Birth</i>	<i>PPS Number</i>	<i>Relationship to Applicant</i>	<i>Gross Weekly Income per Week</i>	<i>Employer Name &amp; Address</i>

*I declare the above information to be correct:*

**Signed:** \_\_\_\_\_ **(Applicant)**

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

*Note: Certificate of Income should be submitted for all occupants of the household, whether from Employment/ Social Welfare or other.*

*In the case of self-employed a minimum of 2 years' accounts with an Auditor's Report and A Notice of Assessment and/or Self-Assessment Acknowledgement letter for the preceding 12 months*

**FAILURE TO DECLARE ALL HOUSEHOLD INCOME WILL RESULT IN YOUR REMOVAL FROM  
OFFALY COUNTY COUNCIL'S HOUSING LIST**

Housing Authority

Reference No.:



Please use **BLOCK LETTERS**.

**FORM 2 – Section A**

**EMPLOYMENT DETAILS** (Employed Person including Community Employment/ Back to Work Scheme)  
(Please submit previous year's Statement of Liability available from the Revenue Commissioners ([www.revenue.ie](http://www.revenue.ie)) Proof of households current income, e.g. payslips for the intervening period from Statement of Liability to date of application)

Name & Address: \_\_\_\_\_ PPS Number: \_\_\_\_\_

Is employed by me as \_\_\_\_\_

Weekly Deductions from wages for:

**R.S.I.** is € \_\_\_\_\_ Only employee's share of P.R.S.I. should be shown

**Income TAX** € \_\_\_\_\_ If No Income TAX is payable, insert "Nil" **U.S.C.** € \_\_\_\_\_

**Gross Weekly Wage** € \_\_\_\_\_ **From (Date):** \_\_\_\_\_

Please note that Gross weekly wage should be inclusive of shift allowances and bonus payments but should not include overtime.

**GROSS ANNUAL INCOME:** € \_\_\_\_\_ **FOR YEAR ENDING 31<sup>ST</sup> DECEMBER** \_\_\_\_\_

Is Employment

Permanent  Temporary  Part-Time  Community Employment  Back to Work Scheme

Commencement Date: \_\_\_\_\_

Certified Correct: (Employers Signature) \_\_\_\_\_

Date: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employers Official Stamp and Registration No.

**FORM 2 - Section B**

If applicants are in receipt of any other Income (i.e. Working Family Payment) please confirm Amount and Source.

Name: \_\_\_\_\_ € \_\_\_\_\_ per week Source: \_\_\_\_\_

Name: \_\_\_\_\_ € \_\_\_\_\_ per week Source: \_\_\_\_\_

Are you in receipt of Working Family Payment? Yes  No

If Yes please state amount per week €

To be certified by Employer, Social Welfare Officer or Community Welfare Officer.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ENSURE THIS FORM IS CERTIFIED AND STAMPED BY EMPLOYER, SOCIAL WELFARE OFFICER/COMMUNITY WELFARE OFFICER AS APPROPRIATE**

<b>Housing Authority</b>	
<b>Reference No.:</b>	



Please use **BLOCK LETTERS**.

**FORM 3 – Section A**  
**Unemployed Person**  
 (Please submit a recent statement from Department of Social Protection detailing all welfare payments received and commencement date of receipt of such payments. If a household is in receipt of social welfare for less than 12 months, a Statement of Liability for the preceding year and, where applicable, payslips for the intervening period must also be provided)

Name: \_\_\_\_\_ PPS Number: \_\_\_\_\_

Address: \_\_\_\_\_

Has been in receipt of \_\_\_\_\_ For self and \_\_\_\_\_ Dependents

Since \_\_\_\_\_ The current rate of payment (including Pay Related Benefit, where applicable) at \_\_\_\_\_ of \_\_\_\_\_ 202\_\_ is

€ \_\_\_\_\_ Flat Rate

€ \_\_\_\_\_ Qualified Adult

€ \_\_\_\_\_ Children

€ \_\_\_\_\_ Working Family Payment

€ \_\_\_\_\_ Fuel

€ \_\_\_\_\_ Living Alone Allowance

€ \_\_\_\_\_ Reduction due to means/ overpayment Reason for Reduction

€ \_\_\_\_\_ Total

Official Stamp

€ \_\_\_\_\_ Maintenance

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**From 3 – Section B**  
 If applicants are in receipt of any other Income please confirm Amount and Source

Name: \_\_\_\_\_ € \_\_\_\_\_ per week Source: \_\_\_\_\_

Name: \_\_\_\_\_ € \_\_\_\_\_ per week Source: \_\_\_\_\_

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