



**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 & 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) 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 31ST 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

Housing Authority

Reference No.:



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 _____ 2021 is

€ _____ Flat Rate

€ _____ Qualified Adult

€ _____ Children

€ _____ Working Family Payment

€ _____ Fuel

€ _____ Living Alone Allowance

€ _____ Reduction due to means/ overpayment Reason for Reduction

€ _____ Total

€ _____ Maintenance

Official Stamp

Signed: _____ Date: _____

Form 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: _____

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