



Application form for Rent Supplement

What is Rent Supplement?

Rent Supplement is a means-tested payment for people living in private rented accommodation who cannot provide for the cost of their accommodation. Please note, if you are already receiving Housing Assistance Payment (HAP) from your Local Authority, you do not qualify for Rent Supplement.

How do I qualify?

You can qualify for Rent Supplement if you:

- are renting accommodation;
- satisfy a means test; **and**
- you were previously in receipt of a Rent Supplement payment within 12 months of the date of application; **or**
- you have been renting for a period of six months, which is 183 days, within the past 12 months of the date of this application, are experiencing a substantial change in your circumstances and are now unable to pay rent.

How much will I receive?

The amount of Rent Supplement provided to you by the Community Welfare Service is based on:

- the amount of rent you pay;
- where you live;
- your household's income; **and**
- your family circumstances.

A contribution towards the rent is expected of everybody in receipt of rent supplement. This contribution will be calculated on a household's income.

How long will the payment last?

Rent Supplement will last for as long as you continue to meet the conditions of the scheme. You must notify the department if your circumstances change, for example employment, self-employment, full-time education, or any other change in your household's income.

How do I complete this form?

There is an example on the back of this page that can be used as a guide to fill in this form. Please:

- write with a **black** ballpoint pen, use capital letters and place an **X** in the relevant boxes; and
- answer all questions that apply to you and read the checklist on **page 8**.

Note: You will need a Personal Public Service (PPS) Number before you apply.

How do I apply?

When completed, send this form to the address listed on **page 15**, or to your local Intreo Centre or Social Welfare Branch Office. The name and address of your local Intreo Centre or Social Welfare Office can be found by visiting **www.gov.ie/intreocentres**. You can also get help in completing this form from your local Intreo Centre, Social Welfare Branch Office or any Citizens Information Centre.

For more information, please visit **www.gov.ie/rent**

How to fill in this form

To help us process your application, write letters and numbers clearly and use one box for each. Please see examples below.

Part 1

Your details

1. PPS number:

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2. Title, insert an **X** or specify:

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|--------------------------|----|-------------------------------------|-----|--------------------------|----|-------|--|--|--|--|--|--|
| <input type="checkbox"/> | Mr | <input checked="" type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | Other | | | | | | |
|--------------------------|----|-------------------------------------|-----|--------------------------|----|-------|--|--|--|--|--|--|

3. Surname:

| | | | | | | | | | | | | | | | | |
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4. First names:

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5. First name as it appears on your birth certificate:

| | | | | | | | | | | | | | | | | |
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| M | A | R | Y | | | | | | | | | | | | | |
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6. Birth surname, if different:

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7. Mother's birth surname:

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| M | O | O | N | E | Y | | | | | | | | | | | |
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8. Date of birth:

| | | | | | | | | | |
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9. Nationality:

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| I | R | I | S | H | | | | | | | | | | | | |
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10. Do you have a social security number from another country?

| | | | |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

If **yes**, please state:

Social security number:

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Name of country:

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11. Do you have an Irish Residence Permit (IRP)?

| | | | |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

12. Address:

| | | | | | | | | | | | | | | | | | |
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SAMPLE



Application form for Rent Supplement

For Official Use Only:

Date received _____

By whom _____

HRC

Satisfied ☐

HRC1 issued ☐

Part 1

Your details

1. PPS number:

| | | | | | | | | | |
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2. Title, insert an **X** or specify:

| | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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3. Surname:

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4. First names:

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5. First name as it appears on
your birth certificate:

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6. Birth surname, if different:

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7. Mother's birth surname:

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8. Date of birth:

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9. Nationality:

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10. Do you have a social security number from another country?

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| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
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If **yes**, please state:

Social security number:

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Name of country:

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11. Do you have an Irish Residence Permit (IRP)?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
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12. Address:

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13. Telephone number:

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Note: If you enter your mobile number we may text you in connection with your claim.

14. Email address:

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☐ Yes ☐ No

| | |
|------------------------------------|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Cohabiting |
| <input type="checkbox"/> Married | <input type="checkbox"/> In a Civil Partnership or Union |
| <input type="checkbox"/> Separated | <input type="checkbox"/> A surviving Civil Partner |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> A former Civil Partner, meaning you were in a Civil Partnership that has since been dissolved. |
| <input type="checkbox"/> Widowed | |

☐ Yes ☐ No

☐ Yes ☐ No

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☐ Yes ☐ No

Your gross weekly pay before the substantial reduction in your income: € , .

20. Have you been made unemployed?

☐ Yes☐ NoIf **yes**, please state:

Date of your last wage or salary payment:

D D

M M

Y Y Y Y

Amount received in last payment:

€ , .

Frequency of payment:

☐

Weekly

☐

Every 2 weeks

☐

Every 4 weeks

☐

Calendar Month

Why did this job finish?

21. If you are self-employed, including farming, please state:

Type of business or trade:

Profit over the last year:

€ , . **Note:** Attach your profit and loss statement for the last 12 months, together with your most recent notice of assessment from the Office of the Revenue Commissioners.

22. Do you have income, or have applied for income, from any other sources including foreign income, pension, occupational pension, casual or seasonal employment, or any type of social protection payment including from outside of the State?

☐ Yes☐ NoIf **yes**, please give details:

23. Are you getting maintenance?

☐ Yes☐ NoIf **yes**, please state:

How much maintenance do you get paid in total each week?

€ , .

How much of this maintenance is not paid in respect of a child?

€ , .

Part 2

Your spouse, partner or cohabitant's details

24. Their PPS number:

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
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25. Title, insert an **X** or specify:

| | | | | | | | | | | | | |
|--------------------------|----|--------------------------|-----|--------------------------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|----|--------------------------|-----|--------------------------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

26. Their surname:

| | | | | | | | | | | | | | | | | | |
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27. Their first names:

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28. Their date of birth:

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | D | M | M | Y | Y | Y | Y |

29. Please provide their most recent employment details:

Their current or last employer's name:

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Their current or last employer's address:

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Their current or previous gross weekly pay:

€ ☐ , ☐ ☐ ☐ . ☐ ☐

Gross weekly pay is their weekly pay before tax, PRSI, union dues or other deductions.

Number of days worked:

☐ a week.

Number of hours worked:

☐ ☐ a week.

Their current or previous cost of travel to work:

€ ☐ ☐ ☐ . ☐ ☐

Have they had a substantial reduction in their income or wages?

☐ Yes

☐ No

If **yes**, please state:

Their gross weekly pay before the substantial reduction in their income:

€ ☐ , ☐ ☐ ☐ . ☐ ☐

30. Are they currently involved in an industrial dispute?

☐ Yes

☐ No

31. Have they been made unemployed?

☐ Yes☐ NoIf **yes**, please state:

Date of their last wage or salary payment:

D D

M M

Y Y Y Y

Amount received in last payment:

€ , .

Frequency of payment:

☐ Weekly☐ Every 2 weeks☐ Every 4 weeks☐ Calendar Month

Why did this job finish?

32. If they are self-employed, including farming, please state:

Type of business or trade:

Profit over the last year:

€ , . **Note:** Attach their profit and loss statement for the last 12 months, together with their most recent notice of assessment from the Office of the Revenue Commissioners.

33. Do they have income, or have applied for income, from any other sources including foreign income, pension, occupational pension, casual or seasonal employment, or any type of social protection payment including from outside of the State?

☐ Yes☐ NoIf **yes**, please give details:

34. Are they getting maintenance?

☐ Yes☐ NoIf **yes**, please state:

How much maintenance do they get paid in total each week?

€ , .

How much of this maintenance is not paid in respect of a child?

€ , .

Note: A separate sheet of paper can be used to give more details for this section if needed.

35. Have you, your spouse, civil partner or cohabitant received, or due to receive, redundancy payments? ☐ Yes ☐ No

If **yes**, please give details:

| Recipient | Redundancy amount received or due | Date paid or due date | | | | | | | |
|--|-----------------------------------|-----------------------|--|--|--|--|--|--|--|
| You | € | | | | | | | | |
| Your spouse, civil partner or cohabitant | € | | | | | | | | |

D D M M Y Y Y Y

Attach original written confirmation or documentation showing redundancy or settlement payments.

36. Do you, your spouse, civil partner or cohabitant have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the State or any other country? ☐ Yes ☐ No

If **yes**, please state:

Financial institution 1

Name:

| | | | | | | | | | | | | | | | | | | | |
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Names of account holders:

Name 1:

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Name 2, if any:

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Financial institution 2

Name:

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Current balance:

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Names of account holders:

Name 1:

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Name 2, if any:

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Please attach an original statement for each account, showing transactions for the last six months.

- 37.** Do you, your spouse, civil partner or cohabitant own stocks, shares including shares in a creamery or Co-op, annuities, bonds, funds, insurance policies or investments in the State or any other country?

☐ Yes

☐ No

If **yes**, please state:

Current market value: € , .

Please attach a statement to show details and current market value.

- 38.** Other than the house you live in, do you or your spouse, civil partner or cohabitant own or share in the ownership of any property, including land, in the State or in any other country?

☐ Yes

☐ No

If **yes**, please state:

Address:

County

Eircode

Current value: € , .

Use of property:

Monthly rental income, if applicable:

€ , .

Please provide current documentary evidence of the market value and the rental income of the property. If mortgaged, please attach a recent statement from the lending institution.

39. Do you have children living with you?

☐ Yes☐ NoIf **yes**, please state how many: under age 18. age 18 to 22 in full-time education.**Note:** You must attach written confirmation from the school or college for children aged 18 to 22.

Please give details of any children that are dependent on you, including those who are in full-time education:

Child 1

Surname:

First names:

PPS number:

Date of birth:

D D M M Y Y Y Y

Relationship to you:

Does the child live with you?

☐ Yes ☐ No**Child 2**

Surname:

First names:

PPS number:

Date of birth:

D D M M Y Y Y Y

Relationship to you:

Does the child live with you?

☐ Yes ☐ No**Child 3**

Surname:

First names:

PPS number:

Date of birth:

D D M M Y Y Y Y

Relationship to you:

Does the child live with you?

☐ Yes ☐ No**Please submit verification that any children between 18 and 22 years of age are in full-time education.**

40. Apart from your spouse, civil partner, cohabitant and children listed previously, does anyone else live with you?

☐ Yes

☐ No

If **yes**, please state:

Tenant 1

Surname:

First names:

Date of birth:

D D M M Y Y Y Y

Amount of rent they pay:

€ , . weekly.

Relationship to you:

Source of income:

Tenant 2

Surname:

First names:

Date of birth:

D D M M Y Y Y Y

Amount of rent they pay:

€ , . weekly.

Relationship to you:

Source of income:

Tenant 3

Surname:

First names:

Date of birth:

D D M M Y Y Y Y

Amount of rent they pay:

€ , . weekly.

Relationship to you:

Source of income:

Note: A separate sheet of paper can be used to give more details for this section if needed.

Part 5

Your accommodation details

41. Are you currently in an accommodation provided by the local authority, including the Housing Assistance Payment (HAP) scheme, the Rental Accommodation Scheme (RAS) or a Local Authority House? ☐ Yes ☐ No
42. Have you been in receipt of Rent Supplement within the last 12 months? ☐ Yes ☐ No
43. Have you applied for accommodation to any local authority? ☐ Yes ☐ No

If **yes**, please state:

Preferred area of choice to live:

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Local authority:

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Date of application:

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44. Have you been assessed by the local authority in the area in which you intend to live? ☐ Yes ☐ No

If **yes**, please provide the letter from the local authority confirming your housing need assessment.

45. Have you been offered accommodation, including HAP or RAS, by a local authority? ☐ Yes ☐ No

If **yes**, please state:

Accommodation 1

Address:

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Local authority:

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Date of offer:

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Accommodation 2

Address:

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Local authority:

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Date of offer:

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- 46.** Have you vacated any accommodation provided by a local authority, including HAP, RAS or equivalent schemes, in the State or any other country? ☐ Yes ☐ No

If **yes**, please state:

Address:

[illegible][illegible]

County

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Local authority:

[illegible]

Date vacated:

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47. Have you vacated any property owned by you, either in the State or any other country? ☐ Yes ☐ No

If **yes**, please give details:

Note: A separate sheet of paper can be used to give more details for this section if needed.

48. Insert an **X** for **one** of the options to choose which payment method you would prefer and fill in the details below:

Electronic Fund Transfer (EFT) to your financial institution:

Payment at a post office:

Nominated payment to a third party, for example, landlord's financial institution:

Note: Final decision on payment method is a matter for the Department of Social Protection.

Post Office

Post office name:

Address:

County

Eircode

Financial Institution

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Names of account holders:

Name 1:

Name 2, if any:

Nominated Payment

Your payment can be made to a third party with your consent. If you wish for your payment to go to another person or company, please provide the following details:

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Names of account holders:

Name 1:

Name 2, if any:

Declaration of payment to a third party

I declare that I wish to have Rent Supplement paid to a third party.

Date:

Signature or mark, **not** capital letters.

If you cannot sign your name, make a mark such as an **X** and have it witnessed. The witness should also sign below.

Date:

Signature or mark, **not** capital letters.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Please check that you have enclosed the following:

☐

Photographic ID: If you have a Public Service Card (PSC), photographic ID is not required. Your passport, driver's licence or other official photographic ID may be supplied if you do not have a Public Service Card.

☐

Evidence required for residence period: If you are not currently receiving rent supplement or haven't previously received rent supplement in the last 12 months, you must be able to provide evidence of your rental payments to your landlord for 6 out of the previous 12 month period.

☐

Evidence of tenancy:

- Tenancy agreement signed by you and your landlord.
- Bank statement showing rental payments made.
- Rent book, signed and dated by landlord, if available.
- Two utility bills being paid by you or your spouse, civil partner or cohabitant at your tenancy's address.
- Proof of ownership from your landlord such as registration with the Residential Tenancies Board (RTB), or any previous Residential Tenancies Board (RTB) registrations or leases in the last 12 months.

☐

Proof of your household income:

- Six months of financial statements for all accounts held by you, your spouse, civil partner or cohabitant from a bank, credit union or any financial institution.
- Statements of all stocks and shares held by you, your spouse, civil partner or cohabitant.

Other supporting documentation required:

If you, your spouse, civil partner or cohabitant:

- have received a redundancy payment in connection to your recent unemployment, please provide correspondence from your employer supporting your redundancy payment.
- are self-employed, please provide the profit and loss statement for the last 12 months, together with the most recent notice of assessment from the Revenue Commissioners.
- have any employed person residing with you over 18 years of age, please provide their most recent payslips or financial statements showing salaries or details of wages. This does not include children between 18 and 22 years of age who are in full-time education.
- have any outstanding mortgages for any property, including land or property in the State or a foreign country, please provide documentation showing details.

Please ensure that your landlord or agent answers all the questions in Part 9.

Failure to declare all your means and provide evidence of them could result in a delay in processing your application.

I declare that the information given by me on this form is truthful and complete.

I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any payment I receive from you and I may be prosecuted.

I undertake to immediately tell you of any change in my circumstances which may affect my continued entitlement.

Signature or mark, **not** capital letters.

Date:

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If you cannot sign your name, make a mark such as an **X** and have it witnessed. The witness should also sign below.

Signature or mark, **not** capital letters.

Date:

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| 2 | 0 | | |
| Y | Y | Y | Y |

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Please send this completed application form to:

National Rent Supplement Section
FREEPOST
PO Box 12188
Dublin 2

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

This section should be completed by your landlord or their agent.

To process Rent Supplement applications, the Department of Social Protection must establish the ownership of the property by the landlord.

Examples of documents that can be provided include:

- Receipt of Local Property Tax (LPT) paid by the landlord.
- Evidence of buildings insurance policy held by the landlord.
- Evidence of registration with the Residential Tenancies Board (RTB).

The documents provided can be photocopies and must show the landlord's name, the tenancy's address and be dated within the last 12 months.

If you are providing documents other than the above, contact the community welfare service and they will assist you if you have any concerns.

Please note you must provide personal details, including your name, address, and Personal Public Service (PPS) Number for the rent supplement claim to be fully processed.

1. In relation to the accommodation rented or leased, please state:

Address of tenancy:

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Is it furnished?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

Type of residence:

| | | | |
|--------------------------|-------|--------------------------|-----------|
| <input type="checkbox"/> | House | <input type="checkbox"/> | Apartment |
|--------------------------|-------|--------------------------|-----------|

Number of bedrooms:

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2. How much is the rent, excluding heating, lighting, and other service costs?

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3. Frequency of payment:

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|--------------------------|----------------|--------------------------|---------------|
| <input type="checkbox"/> | Weekly | <input type="checkbox"/> | Every 4 weeks |
| <input type="checkbox"/> | Calendar Month | <input type="checkbox"/> | Other |

If other, please provide details:

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4. Date tenancy started:

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| D | D | M | M | | | | | | | |
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| | | Y | Y | | | | | | | |

5. Is there a tenancy agreement for this accommodation?

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|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

6. Apart from the tenant, their spouse, civil partner, cohabitant or their children, is the tenancy's address shared with other people?

☐ Yes

☐ No

If **yes**, please state:

Tenant 1

Surname:

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First names:

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Tenant 2

Surname:

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First names:

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Tenant 3

Surname:

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First names:

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Tenant 4

Surname:

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First names:

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Note: A separate sheet of paper can be used to give more details if needed.

7. Has the rent been paid up to date?

☐ Yes

☐ No

If **yes**, please state:

Amount of last payment:

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Date of last payment:

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Up to what date has the rent been paid?

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D D M M Y Y Y Y

If **no**, please state:

Amount of rent outstanding:

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Date of last rent payment to you by the tenant:

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8. Is a deposit paid or payable?

☐ Yes

☐ No

If **yes**, please state:

Amount:

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Date paid or due date:

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D D M M Y Y Y Y

9. Landlord's full name:

10. Landlord's home address:

County

Eircode

11. Landlord's phone number:

12. Landlord's tax reference number, normally PPSN:

13. Agent's full name:

14. Agent's address:

County

Eircode

Declaration by landlord or agent

I confirm that the applicant is renting, or leasing, and occupying living accommodation from me and that the information supplied by me is correct and accurate. I undertake to immediately inform the department of any changes to the information provided above.

Landlord or landlord agent's signature, **not** capital letters.

Date:

D

D

M

M

Y

Y

Y

Y

Landlord or landlord's agents official stamp:

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

10K 09-24

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Edition: September 2024