CLARE COUNTY COUNCIL

REVIEW OF RENT FORM

**NAME:**

**ADDRESS:**

**Tenant (A) Date of Birth: PPS No.**

**Tenant (B) Date of Birth: PPS No.**

**Telephone No.(s) Email:**

1. **Information in relation to all persons resident in the house:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name:** | **Surname:** | **Date of Birth:**  **(in case of children)** | **P.P.S. Number** | **Name of School:**  **(If school/college going)** |
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***Please note certified details of income must be submitted i.e., a current payslip/Accounts***

1. **If you or any of your household are in receipt of income from Employment, please complete the below:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Name & Address of Employer:** | **Total Gross Weekly Income:** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **If you or any of your household are in receipt of Social Welfare Benefits, please complete the below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Type of Benefit:** | **Date Benefit Commenced** | **Weekly Amount of Benefit:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **If you or any of your household are in receipt of Maintenance Payments, please complete the below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you in receipt of Maintenance Payments:** | Yes □  No □ | **Amount:** | € per week or  € per month |

1. **Declaration by Tenant**: -

I hereby declare that the above particulars are correct in every respect and apply to have my rent determined accordingly.

**Signed: Date:**

NB. Any person who makes a statement, in writing, which is to his knowledge is false or misleading in a material respect, shall be guilty of an offence and liable to a fine on conviction under section 61 of the Housing Act, 1966.

P.T.O. →

**For Office Use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rent Type** | **Account Manager Area** | **Subscription No.** | **Customer ID** |
|  |  |  |  |

# TO EACH TENANT OF CLARE COUNTY COUNCIL

In accordance with the terms of your Tenancy Agreement, you are obliged to have satisfactory and acceptable arrangements for waste storage and regular disposal in place. In this regard, please complete the following and provide receipts.

**Name:**

**Address:**

I/We avail of the services of a Permitted Waste Collector Yes No

If yes, give details of name, address and attach a valid receipt.

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If you do not avail of the services of a Waste Collector, please give details of your method of waste disposal

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