CLARE COUNTY COUNCIL REVIEW OF RENT FORM

Type: DR

***Please note certified details of income must be submitted.

NAME				CUST	OMER	I.D.:		
			DATE OF BIRTH (a) DATE OF BIRTH (b)					
DDRESS	-			- P.P.S.	No. (a)			
ELEPHONE NO.			P.P.S. No. (b) Must be included SUBSCRIPT NO.			_		
ust be included				_		NO. _		
Information in relation	n to all persoi	ıs resid	lent in the hou	se:-				
Surname:	Christian Name:		Date of Birth: (in case of children)		P.P.S. Number		Name of School: If school going.	
Information as to Inco				nent:-	Y	W. I.I. DAVE	******	
Name:	N	Name & A Of Empl		Total G Weekly In		Weekly P.A.Y.E. Contributions:	Weekly P.R.S.I/USI Contributions	
A current payslip must	be attached							
Information as to inco * (Unemployment bene- benefit, occupational in Name:	efit, Unemplo njuries benef	yment	assistance, old	age pension		ws and orphans po	Weekly Amount of	
						Commenceu	Benefit:	
Maintenance Paym	ents Receive	d:	Yes or No	Amou	ınt: €	per week		
		I	100 01 110	1 111100		per moon		
The following are part	iculars of all	lands a	and buildings i	п ту оссира	ation:-			
The following are part	Townland:			Area:			Valuation:	
Townland Declaration by Tenant								
		ılars are	e correct in ever	ry respect an	d apply t	o have my rent det	ermined accordin	

shall be guilty of an offence and liable to a fine on conviction under section 61 of the Housing Act, 1966.

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	
/We avail of the services of a Permitted Waste Collector	
f yes, give details of name, address and attach a valid receipt.	
f you do not avail of the services of a Waste Collector, please give details of your method of waste disp	osa