**Wexford County Council**

RENT FORM 2022 – CHANGE IN CIRCUMSTANCES

|  |
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| Rent A/C No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name  Address  Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email |

**SECTION A HOUSEHOLD DETAILS**

**Please supply details of all persons residing in the house**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date Of**  **Birth** | **Weekly Income €** | **Employment Status** | **PPS**  **Number** | **Gender**  **M/F** |
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1. Each person who is **employed** must have **Section B** overleaf completed.
2. Each person who is **unemployed** in receipt of benefit/allowance must have **Section C** overleaf completed.
3. Each person who is **part-time employed** plus in receipt of a **Social Welfare Payment** must have **Section B & Section C** overleaf completed.

1. Each person who is on a **Back to Work Scheme** plus **in Employment** must have **Section B & Section C** overleaf completed.
2. For new borns a birth cert is required.
3. If a person has moved in written permission is required and Permission to Reside form should be submitted. This is available from the Housing Section.
4. If someone has moved out please state the date they moved and submit official proof of their new address.e.g:letting agreement,utility bill etc..

**SECTION B EMPLOYMENT**

To be completed by all tenants/ occupants in employment or on a back to work scheme.

Four recent **payslips** must be submitted for each earner

If you are self-employed you must submit a recent **Notice of Tax Assessment**

|  |  |  |
| --- | --- | --- |
| **Main Earner** | | |
| **Name** |  | **PPS**  **Number** |
| **Employer** |  | |
| **Date employment started** |  | |
| **Are you on a back to work scheme** |  | |
| **Are you on a FAS Scheme** |  | |

|  |  |  |
| --- | --- | --- |
| **Other Earner** | | |
| **Name** |  | **PPS**  **Number** |
| **Employer** |  | |
| **Date employment started** |  | |
| **Are you on a back to work scheme** |  | |
| **Are you on a FAS Scheme** |  | |

|  |  |  |
| --- | --- | --- |
| **Other Earner** | | |
| **Name** |  | **PPS**  **Number** |
| **Employer** |  | |
| **Date employment started** |  | |
| **Are you on a back to work scheme** |  | |
| **Are you on a FAS Scheme** |  | |

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| --- | --- | --- |
| **Other Earner** | | |
| **Name** |  | **PPS**  **Number** |
| **Employer** |  | |
| **Date employment started** |  | |
| **Are you on a back to work scheme** |  | |
| **Are you on a FAS Scheme** |  | |

**SECTION C SOCIAL WELFARE**

To be completed by tenants/ occupants in receipt of any social welfare payment including FIS, Carers allowance, One Parent Family etc.

Please attach your **Social Welfare payslip** Or a **letter from Social Welfare confirming your income**

Or a **Bank Statement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tenant/ Occupant No 1** | | | | |
| **Name** | | | **PPS**  **Number** | |
| **Employment status** |  | | | |
| **Social Welfare Benefit Type** | 1 | | | € |
|  | 2 | | | € |
|  | 3 | | | € |
| **No of children being claimed** |  |  | Total Payment |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tenant/ Occupant No 2** |  | | | |
| **Name** | | | **PPS**  **Number** | |
| **Employment status** |  | | | |
| **Social Welfare Benefit Type** | 1 | | | € |
|  | 2 | | | € |
|  | 3 | | | € |
| **No of children being claimed** |  |  | Total Payment |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tenant/ Occupant No 3** |  | | | |
| **Name** | | | **PPS**  **Number** | |
| **Employment status** |  | | | |
| **Social Welfare Benefit Type** | 1 | | | € |
|  | 2 | | | € |
|  | 3 | | | € |
| **No of children being claimed** |  |  | Total Payment |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tenant/ Occupant No 4** |  | | | |
| **Name** | | | **PPS**  **Number** | |
| **Employment status** |  | | | |
| **Social Welfare Benefit Type** | 1 | | | € |
|  | 2 | | | € |
|  | 3 | | | € |
| **No of children being claimed** |  |  | Total Payment |  |

**Additional Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Housing Section requires customers to provide personal information in this form.

The personal data you provide will be processed in accordance with the General Data Protection Regulations 2016 and the Data Protection Act 1998 to 2018

Data may be shared internally with the Finance section and other public bodies such as the HSE, Tusla, Social Welfare, Revenue and Gardaí in order to carry out legislative and administrative functions in connection with the rent assessment, credit control, and succession of tenancy and for the prevention or detection of Fraud.

For further information please refer to Housing’s privacy policy on the WCC website

I/We authorise the Housing Authority to make whatever enquiries it considers necessary to verify the information outlined by me/us on this form.

I/We declare that the information given by me/us on this form to be true and correct.

I am/we are aware that the furnishing of false or misleading information is an offence liable to prosecution.

Signed Date

**COMPLETED FORMS TO BE RETURNED TO:**

Customer Services Unit

Wexford County Council

County Hall

Carricklawn

Wexford

Tel: 053 9196000 / Email: [customerservice@wexfordcoco.ie](mailto:customerservice@wexfordcoco.ie) / Website: [www.wexfordcoco.ie](http://www.wexfordcoco.ie)

