

Rent Review 2017

Information Leaflet

1 Please complete the Review Form and return by 31st July 2017 to:-

Rents Desk
Housing Section
Wexford County Council
Carricklawn
Wexford

2 You must supply details for all occupants of the house.

3 For help in completing the form refer to the sample form on the back of this page.

4 Checklist

Before returning the completed form ensure you have included for all occupants, the relevant documents listed below

Proof of Income

- If in receipt of **Social Welfare** include either
 - **1** Social Welfare payslip or
 - a letter from Social Welfare confirming your income or
 - a bank statement.
- If in **full/part-time employment** supply **4** recent consecutive payslips.
- If **Self-employed** submit recent **Notice of Tax Assessment** and **Certified Accounts**.
- If you have **ceased employment** please include a **P45**.

Aged 18 and Over and in Full Time Education

- Submit letter of proof from school or college.

Occupant Moved In/ Moved Out

- **Moved in** provide the date of occupancy and previous address.
- **Moved out** provide the date they left and proof of new address.

5 Any changes in rent as a result of this review will not take effect until 1st January, 2018. Changes in circumstances may be backdated.

6 If you do not return this form with the requested information a **penalty** charge of **€65** per week will be added to your account.

7 Enquiries

Website: www.wexfordcoco.ie/rentreview
Email: housingrents@wexfordcoco.ie
Telephone: (053) 919 6004

Sample Form

Employment Status:

Choose from the following list:

- Unemployed
- Employed (Full Time/Part Time)
- Disability
- Pensioner/Retired
- Self Employed
- Homemaker (no income)
- Lone Parent Support Only
- Employed in Back to Work/FAS Scheme
- Self Employed
- Full Time Education

Aged 18+ and in Full Time Education

- Enter "Full Time Education" as Employment Status.
- Submit letter of proof from school or college.

Adult 1 (Legal Tenant)	
Name	MARY MURPHY
PPSN	1 2 3 4 5 6 7 4
Date of Birth	0 1 0 6 1 9 7 0
Male	<input type="checkbox"/>
Female	<input checked="" type="checkbox"/>
Tel. No.	0 8 6 3 3 5 4 6 7 8
Employment Status	EMPLOYED
Date Employment Started	1 2 0 5 2 0 1 7
Social Welfare Benefit Type(s)	1 ONE PARENT FAMILY ALLOWANCE € 197.60
	2 FAMILY INCOME SUPPLEMENT € 132.40
	3 €
No. of children being claimed	2
Total Social Welfare Payment(s)	€ 330.00

Social Welfare Benefit Type

Enter **all** Social Welfare payments being received.

Choose from the following list:-

- Jobseeker's Allowance
- Disability Allowance
- One Parent Family Allowance
- Carer's Benefit/Allowance
- State Pension (Contributory)
- State Pension (Non-Contributory)
- Family Income Supplement/Subsidy
- Part Time Job Incentive Scheme
- Invalidity Pension
- Private Pension
- Widow/Widower's (Contributory) Pension
- Illness Benefit
- Supplementary Welfare Allowance
- Jobseeker's Benefit
- Back to Work Allowance
- Enterprise Allowance
- Deserted Wife's Benefit
- Back to Education Allowance
- Widow/Widower's (Non-contributory) Pension
- Maternity Benefit
- Blind Person's Pension
- Pre-Retirement Allowance
- Back to Work Enterprise
- Disablement Benefit
- Social Welfare
- Deserted Wife's Allowance
- Injuries Benefit
- Unemployment Allowance/Benefit
- State Pension (Transition)
- Farm Assist
- Incapacity Supplement
- Enterprise Allowance

Data Protection

In accordance with Data Protection legislation your personal data may be released on request to agencies such as HSE, Tusla, Social Welfare, Revenue, Gardaí etc.

If you have consented to take part in customer surveys or other council initiatives you may be contacted by the Council or its agents. You may withdraw your consent at any time.