KILKENNY COUNTY COUNCIL
REVIEW OF DIFFERENTIAL RENTS 2021

Customer ID:	**File Ref:**

TENANT: _____

ADDRESS: _____ **Eircode:** _____

Tel/Mobile No. _____ **E-mail address** _____

Please set out hereunder, the present particulars of your family and all other persons residing in the house.

Names (including ALL persons residing in the house)	Age	P.P.S No.	D.O.B	Relationship-State whether Tenant, Spouse, Partner, Son Etc.	Weekly Income €

Source of Income – Please tick:

Employment ☐   Self Employed ☐

Social Welfare ☐   Maintenance ☐

Pension ☐   Family Income Supplement ☐

- **PLEASE ATTACH COPIES OF THE FOLLOWING WHERE APPLICABLE:** (This is a mandatory requirement and forms received without supporting evidence of income will be returned and a penalty fee may apply.)

- Recent Social Welfare Receipt
                    AND/OR

- Employment Detail Summary (replaced P60) for year ended 31/12/2020 OR 3 Pay Slips (if employed) OR completed certification of income (on page 3) signed and stamped by your employer

- If self-employed – Please arrange to submit Employment Detail Summary (which replaced P60) for both applicants (where applicable), for the previous Tax Year (this document is available from Revenue www.revenue.ie)

Method of rent payment – Please tick the appropriate box

An Post Deduction ☐

Bill Pay Card ☐

Standing Order ☐

If anyone was living with you at the time your rent was last reviewed and has now left the dwelling, you must supply their current address for verification: -

_____

If anyone has moved into the property since the time your rent was last reviewed, you must supply the date that they moved into the property.

_____

Please state names of any full time Students (over 18 years) and the college being attended

_____

_____

This information will be checked against previous details supplied by you when your rent was last reviewed.

Any additional information:

_____

_____

I consent to the collection and processing of the data provided by me by Kilkenny County Council and the sharing of this data with relevant agents for the purposes of calculation of rent.

I agree that Kilkenny County Council when calculating my rent may contact other Government Departments including Department of Social Protection, Revenue Commissioners and the Department of Justice to confirm the information provided.

Any personal information which you provide may be shared/exchanged with other Governments Departments/Agencies in accordance with the law and will be used by Kilkenny County Council and other Agencies to carry out our legal obligations, for the detection of fraud or for the prevention of crime.

Kilkenny County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of rent calculation and in accordance with the Council's Retention Policy.

I hereby declare that the foregoing particulars are correct and true and I undertake to notify Kilkenny County Council of any change in my circumstances/household income. I hereby consent to my data being processed, shared and stored by Kilkenny County Council for the purposed outlined above.

Signed – TENANT _____ TENANT _____

Date: _____

KILKENNY COUNTY COUNCIL
DIFFERENTIAL RENTS SCHEME

CERTIFICATE OF INCOME OF:

Name:_____

Address:_____

Average Gross Weekly Income

€...............................

Average Tax amount paid Weekly   €..................................

Average PRSI amount paid Weekly   €................................

Average Income Levy paid Weekly   €..............................

I hereby declare that the foregoing particulars are correct and true.

_____   _____
EMPLOYER   **DATE**

EMPLOYER'S STAMP _____

_____

CERTIFICATE OF INCOME OF:

Name:_____

Address:_____

KILKENNY

Average Gross Weekly Income

€................................

Average Tax amount paid Weekly   €...................................

Average PRSI amount paid Weekly   €................................

Average Income Levy paid Weekly   €..............................

I hereby declare that the foregoing particulars are correct and true.

_____   _____
EMPLOYER   **DATE**

EMPLOYER'S STAMP _____