



LAOIS COUNTY COUNCIL - RENT ASSESSMENT FORM 2023

Checklist

1. Fully completed and signed application form (Section A)	<input type="checkbox"/>
2. PPS numbers for all household members	<input type="checkbox"/>
New Baby – Birth Certificate	<input type="checkbox"/>
Death of Tenant/Occupant – Death Certificate	<input type="checkbox"/>
3. Evidence of income	
<i>If you are in receipt of Social Welfare complete (Section B)</i>	
Three recent consecutive slips/bank statement showing payments	<input type="checkbox"/>
<i>if you are in Employment complete (Section C)</i>	
Three recent consecutive pay slips	<input type="checkbox"/>
Employment Detail Summary if in more than one employment	<input type="checkbox"/>
Self-Employment	
Last years audited accounts	<input type="checkbox"/>
Notice of Assessment	<input type="checkbox"/>
4. Proof of maintenance received or paid. (Section D)	<input type="checkbox"/>
5. Proof from school/college if in full time education (if 18 years or over)	<input type="checkbox"/>

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Address (including Eircode): _____

Email Address : _____ Contact Phone No: _____

Section A**Household Details**

Please list below all persons aged 18 or over residing in the household including the tenant(s) and all income.

Note: If any person is 18 years or over and attending school/college full-time, a letter from the school/college confirming this must be submitted with the Rent Assessment Form.

Full Name	Date of Birth	PPS Number	Relationship to tenant	Source of Income (Employment or Self-Employment or Social Welfare)	Income (state amount and frequency of payment i.e. weekly, fortnightly, etc.)

Of all Children in the Household

Please list below all children residing in the household.

Note: If a baby has been born a birth certificate must be provided.

Full Name	Date of Birth	PPS Number	Relationship to tenant	Name of school/college attending

Changes in household size since last rent review

Please list below persons who have **moved into** the household.

Note: Please be advised that all new tenants / occupants will be Garda Vetted.

Full Name	Date of Birth	PPS Number	Previous Address	Relationship to Tenant	Date of Occupation

Please list below persons who have **moved out** of the household since the last rent review.

Note: **A lease agreement** or utility bill from their new address **dated from the time the person moved out** must be provided. If a death has occurred, please input details below.

Full Name	Date of Birth	PPS Number	New Address	Relationship to Tenant	Date the occupant moved out

Declaration (Form must be signed below or rent assessment form will be returned)

I/We declare that all the information given by me/us for the purpose of rent assessment is true and complete.

I/We certify that no persons other than those listed are residing at my address.

Important: It is a serious breach of your tenancy to provide false or misleading information to Laois County Council.

Signed: _____ Signed: _____ Date: _____
Tenant Tenant

**Section B****Social Welfare**

This section must be completed if any tenant is in receipt of any form of Social Welfare payment

YOU MUST SUBMIT PROOF OF PAYMENT - 3 recent consecutive slips/bank statement showing payments

Name: _____

PPS No: _____

Name: _____

PPS No: _____

Type of benefit

State Pension		Disablement Benefit	
Widowers Pension		Jobseeker's Benefit	
Blind Pension		Jobseeker's Allowance	
Illness Benefit		Disability Allowance	
Carer's Benefit/Allowance		Supplement Welfare Allowance	
Back to Work Family Dividend		Deserted Wife's Benefit / Allowance	
Family Income Supplement/Working Family Payment		Back to Work Allowance	
One Parent Family Payment			

Other Social Welfare Payment (please specify): _____

Total Amount of Benefit(s): € _____

Note: Section 261 of the Social Welfare (consolidation) Act 2005 allows for the exchange of information between Government Departments and specified organisations such as Laois County Council. Section 265 of the same Act allows the council to access or to verify information which has been provided by the tenant(s) with the Department of Social Protection records for the purpose of calculating rents. This does not affect the tenant(s) access rights under Section 4 of the Data Protection Act 1988 as amended.



Section C

Certificate of Income

This section must be completed, signed and stamped by the Employer for all tenants in employment.

Note: **A copy of 3 recent consecutive pay slips must be submitted with the Rent Assessment Form**

If you are **self-employed** you must submit your **most recent audited accounts** and **most recent Notice of Assessment**.

Employee's Name: _____ **PPS No:** _____

Employer's Name: _____

Employer's Address: _____

Date Employment commenced: _____

Is this employment permanent/part-time/seasonal? _____

Net Weekly Income: € _____

I hereby certify that the details of earnings as set out above are correct.

Employer's Signature: _____

Date: _____

Employers Official Stamp



Section D
Maintenance

Note: Proof of receipt/payment of maintenance will be required i.e. copy of court order, bank statement showing receipt/payment, letter from mother/father, etc.

To be completed if any tenant/occupant is **in receipt** of a maintenance payment.

I, _____ wish to confirm that I receive a maintenance payment of
€_____ weekly/monthly in respect of my children:

To be completed if any tenant/occupant is **not in receipt** of a maintenance payment.

I, _____ wish to confirm that I do not receive any maintenance payment in
respect of my children:

To be completed if any tenant/occupant **makes** a maintenance payment.

I, _____ wish to confirm that I pay maintenance of €_____
weekly/monthly in respect of my children:
