**LAOIS COUNTY COUNCIL**

**COMHAIRLE CHONTAE LAOISE**

****

**WAIVER APPLICATION FORM**

**FIRE CHARGES**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CUSTOMER ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE NO**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL AMOUNT DUE**: €\_\_\_\_\_\_\_\_

**Details of Net Weekly Household Income:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adults in Household** | | | | | |
| **Name** | | **Weekly Income** | | **Source of Income/ Social Welfare Claim no.** | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| **Children in Household**  **(i.e. Under 22 years of age & in Full Time Education)** | | | | | |
| **Name** | **Age** | **Occupation** | **Weekly Income** | | **Source of Income/ Social Welfare Claim no.** |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |

**Please attach certified details of household income, i.e., payslips and/or social welfare details.**

**I declare that the answers given above are correct and include all household income**.

I understand that by signing this form Laois County Council will obtain and process personal data in accordance with the fulfilment of its functions and its legal obligations. Laois County Council will only use and disclose personal data in ways that are necessary for the purpose(s) for which it is collected. The Council is committed to protecting the privacy of personal data and will at all times comply with Data Protection Legislation ie The Data Protection Acts of 1988 – 2018 and the General Data Protection Regulations.

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist:**

* **No insurance Declaration / Confirmation from Insurance co. that charge is not covered**
* **Fully completed Application Form**
* **Copy of Payslips and/or Social Welfare Receipts**

**PLEASE RETURN TO:** Laois County Council, Finance Department,

Áras an Chontae, James Fintan Lalor Avenue, Portlaoise, Co. Laois

**Contact Details: Tel No:** 057 86 64000 **Email: firecharges@laoiscoco.ie**

**FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | | **Entitlement** | **Weekly Income** |
| Single Person Income | | €258.30 | € |
| Household Income for 2 or more Adults | | €480.80 | € |
| Additional Income is allowable for **each** dependent child (**under** 12 living at home in full time education with no independent means). | | €34.00 | € |
| Additional Income is allowable for **each** dependent child  (Aged 12 and **over**, living at home in full time education with no independent means). | | €37.00 | € |
| Non assessable deductions: | Aged 80 years and over: | €10.00 | € |
| Living Alone Allowance: | €9.00 | € |
| Fuel Allowance: | €22.50 | € |
| **Total Net Weekly Income Allowable for Wavier** | |  | € |

**Eligible for Waiver: YES *□*  NO *□***

**Percentage Waiver Approved: %**

**Amount of Waiver Approved: €**

**Revised Total Outstanding:** €

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Theresa Bergin**

**Staff Officer**

**APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Julie Bergin**

**Financial/Management Accountant**