



To be completed by the Department of Social Protection

Circle VHA requests the following information in order to assess rent under the Differential Rent Scheme

Where a payment was received, please outline the total amount received, exclusive of fuel allowance, Living Alone Allowance, Telephone Support Allowance (TSA) in the Net Payment box. Thank you for your cooperation.

Tenant Name:		Address:	
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I confirm that the following payments are being received by the Household:

	Main Claimant	Additional Claimant 1	Additional Claimant 2
Name			
PPS Number			
Type of Payment			
From (date)			
Weekly Rate			
Reason for Deduction/s (if any)			
Amount of Deduction/s			
Net Payment 2019			

To be signed, dated and stamped by Department of Social Protection Officer only.

Name:		Official Stamp:
Signed:		
Date:		
Tel Number:		