

2 Emergency & Next of Kin Contact Details

Information provided is strictly confidential, contact details will only be used in the event of an emergency.

| Name | Relationship to you (Spouse, partner, son, daughter etc.) | Address | Contact Number |
|------|---|---------|----------------|
| | | | |
| | | | |

3 Income Details

- ✓ If any of your dependents are aged 18 or over and are in full time education, please provide a letter from the School or College confirming their attendance.
- ✓ Details of all dependents over the age of 18 years not in full time education must be included below.

3a. Income from Employment/Pension

| Name | Type of Employment/Pension (self-employed, full time, part time, CE Scheme) | Date That Income Change Applied | Weekly Income Amount |
|------|--|------------------------------------|----------------------|
| | | | |
| | | | |
| | | | |

Employment: Please attach a copy of each of the following

- ✓ Employment Detail Summary (Formerly P60) – Available through your Revenue MyAccount service or 3 current pay slips
- ✓ Details of Final Pay and Deductions (Formerly P45) if no longer in employment – Available through your Revenue MyAccount service

Self-Employment: Please attach a copy of the following

- ✓ Most recent tax returns or set of accounts

CE Scheme Employment: Please attach

- ✓ A letter confirming pay and attendance at CE Scheme

Pension: Private, Occupational & Foreign Pensions – please attach the following

- ✓ An up to date statement from your pension provider to confirm the total amount received

(if you are in receipt of an Irish State Pension, please refer to Social Welfare Form to be completed by the Department of Social Protection)

3b. Income from Other Sources

| Name | Type of Income (child maintenance, jobseekers, carers allowance, disability allowance etc.) | Date That Income Change Applied | Weekly Income Amount |
|------|---|------------------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If you are in receipt of a welfare payment the attached Social Welfare Form must be completed by The Department of Social Protection and 3 current social welfare slips.

3c. Interest on Savings or Dividends

Please provide relevant documentation if you or a member of your household has earned interest on savings, dividends on shares or received any other income with a value greater than €100 in the previous calendar year.

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Declaration

Please read the statements below carefully and sign in the relevant box.

I /We authorise and give authorisation for Circle Voluntary Housing Association to seek and receive any information which Circle Voluntary Housing Association may require from I /we employer or The Department of Social Protection or from any source in relation to income.

I /We are aware that it is a condition of I /we tenancy agreement that the inclusion of false information or omission of any income details is a breach of I /we tenancy agreement and may jeopardise I /we tenancy with Circle Voluntary Housing Association.

Tenant 1 Date

Tenant 2 Date

How to Send Your Information to Us:

✓ By Post using stamped address envelope enclosed to:
Income Management Section, Circle Voluntary Housing, Phoenix House, 32-34 Castle Street, Dublin 2

✓ By email to: rent@circlevha.ie

CHECKLIST FOR CIS COMPLETION – Have you enclosed the following?

| | | |
|------------|---|---|
| Section 1 | Listed all members of your household including all children, dependents and new additions | ✓ |
| Section 1 | Birth Certificate for any new addition/s to your family | ✓ |
| Section 2 | Please provide Emergency contact person's details. These details are strictly confidential and will only be used in an emergency | ✓ |
| Section 3a | Employment Detail Summary (Formerly P60) – Available through your Revenue MyAccount service or 3 current pay slips | ✓ |
| Section 3a | Details of Final Pay and Deductions (Formerly P45) if no longer in employment – Available through your Revenue MyAccount service | ✓ |
| Section 3a | Most recent tax returns or set of accounts from (as prepared by your accountant if you or any member of your household is self-employed) | |
| Section 3a | A letter confirming pay and attendance at CE Scheme if you or any member of your household was employed in a CE Scheme for part or all of previous calendar year | ✓ |
| Section 3a | An up to date statement from your pension provider to confirm the total amount received. if you or any household member is in receipt of a private, occupational or foreign pension. | ✓ |
| Section 3b | Completed social welfare form or a statement from your Social Welfare Office. A statement can be requested at your local office or on the following website: https://www.welfare.ie/en/Pages/secure/OnlineStatementRequest.aspx | ✓ |
| Section 3c | If you or any member of your household was in receipt of any other income with a value greater than €100 please provide relevant documentation - for example, a certificate from your bank, a statement to confirm any share dividends paid to you etc. | ✓ |
| Section 4 | Please read and sign the declaration, both tenants must sign the declaration in the case of a joint tenancy. | ✓ |

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

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 | | | |
| Amount of Deduction/s | | | |
| Net Payment for year | | | |

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

Name

Signed

Date

Tel No.

Official Stamp