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| **Name :**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **A/c No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UPRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Rent Assessment Form 2017 (RAF)**

I/We certify that the information shown below is complete and correct and that all residents and all incomes in the dwelling are recorded below. I/We authorise and give authority to the Council to seek and receive any information which the Council may require from my/our employer’s or from the Revenue Commissioners and Dept. of Social Protection or from any other source in relation to household income. I/We have read the checklist on the Rent Assessment Form 2017 and have included all applicable documentation and am/are aware that the inclusion of any false or misleading information, or deliberate exclusion of vital information, could leave me/us open to prosecution.

**Signature of Tenant 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Tenant 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**House Tel No :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For relationship to Tenant - Please tick the appropriate box below for each person in the household**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name .** | **Date of Birth** | **Age** | **Social Welfare**  **PPS. Number** | **Source of Income** | **Net Amount** | **Tenant** | **Partner/ Spouse** | **Child** | **Adult over 18**  **with income** | **Adult 18 to 26**  **years in Full Time Education** |
| *Tenant 1* |  |  |  |  |  |  |  |  |  |  |
| *Tenant 2* |  |  |  |  |  |  |  |  |  |  |
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**Please return Forms to Fingal County Council, Rent Section, Grove Road, Blanchardstown, Dublin 15 D15 W638 and see the back page for Checklist**

**Rent Assessment Form 2017 (RAF) - CHECKLIST OF DOCUMENTS - ENSURE ALL DOCUMENTS FOR PROOF OF INCOME ARE SUBMITTED**

**ALL EMPLOYMENT AND EMPLOYMENT/FOREIGN PENSIONS FOR THOSE 18 YEARS OR OVER, WHICH MUST BE INCLUDED WITH THE RENT ASSESSMENT FORM:**

1. P60 for 2016 for any member of the household employed. A P60 2016 must be supplied for each job in 2016, if the householder holds more than one job.
2. “Income Received from Employment” form completed by your employer if P60 2016 not available.

A form must be supplied for each job in 2016, if the householder holds more than one job.

1. P21 for 2016 for any member of the household with more than one job held in 2016
2. P45 2016 if you changed job or are no longer employed.

**SELF-EMPLOYED FOR THOSE 18 YEARS OR OVER, WHICH MUST BE INCLUDED WITH THE RENT ASSESSMENT FORM:**

Notice of Assessment from the Tax Office for the tax year 2015

**SOCIAL WELFARE PAYMENTS FOR THOSE 18 YEARS OR OVER, WHICH MUST BE INCLUDED WITH THE RENT ASSESSMENT FORM:**

1. Social Protection payslip to be attached to this form
2. Bank statement if paid directly into your Bank Account to be attached to this form

**PERSON MOVING IN TO HOUSE, INCOME DETAILS AND THE DATE THAT PERSON MOVED IN MUST BE INCLUDED WITH THIS RENT ASSESSMENT FORM:**

If a person has moved in, that person’s income will be assessed for the weekly charge, this does not infer a right to reside. A request for permission to reside must be made in writingby completing the relevant Permission To Reside application form.

**PERSON MOVING OUT OF HOUSE/ REMOVE PERSON FROM RENT, DETAILS OF NEW ADDRESS AND DATE MOVED OUT TO BE INCLUDED WITH THIS FORM:**

Proof of address as Lease agreement or utility bill from new address dated from the time the person moved out.

**STUDENTS OVER 18 YEARS:**

Letter from school or college stating confirmation of attendance/registration for full-time education, documentary evidence of employment/social welfare if applicable should also be included.

**OTHER CHANGES IN HOUSEHOLD CIRCUMSTANCES**

Marriage Certificate – if married in the last year

Death Cert- for any member of the household who passed away in 2016 or any Birth Cert- for a baby born in 2016

This information is sought for the purpose of Section 20 and Section 22 of the Housing (Miscellaneous Provisions)Act 2009, and Section 58 of the Housing Act 1966-2014 as amended and Section 31 Housing Act 2009 as amended, and shall be used only for the purpose for which it is intended.

Tá an foirm seo ar fáil as Gaeilge ach glaoch ar 8905593/5132

**Please note that if you are a person on whom a Tenancy Warning has been successfully served nothing in this form shall operate to confer rights on you or affect the validity of such Tenancy Warning or in any way affect or be a waiver of the right of Fingal County Council to recover possession of the dwelling.**