# Social Welfare Services SWA RS 1 Data Classification R



# **Supplementary Welfare Allowance Rent Supplement**

You need a Personal Public Service Number (PPS No.) before you apply.

# How to complete this application form.

- Please tear off this page and use as a guide to filling in this form.
- Please use BLACK ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions**. We will return any form that is incomplete. This will delay your application for Supplementary Welfare Allowance.

# If you do not have a spouse, civil partner or cohabitant:

Fill in **Parts 1, 3, 4, 7, 8** and **9** as they apply to you. When form is completed, read **Part 10** and sign declaration in **Part 1**.

# If you have a spouse, civil partner or cohabitant:

Fill in **Parts 1, 3, 4, 5, 7, 8**, and **9** as they apply to you and your spouse, civil partner or cohabitant. When form is completed, read **Part 10** and sign declaration in **Part 1**.

# **Employer:**

If you are an **employer** for the applicant fill in **Part 2**. If you are an **employer** for the spouse, civil partner or cohabitant fill in **Part 6**. Please make sure you sign and stamp these parts of the form.

# Landlord or landlord's agent:

Please fill in **Part 11.** Please make sure you sign and stamp this part of the form.

### Please note:

To process your Rent Supplement, we need to establish ownership of the property by the landlord. Any of the following documents are acceptable. The documents provided can be a photocopy, must show the Landlord's name and the rent supplement tenancy address and must be dated within the last 12 months.

- 1. Evidence of registration with Residential Tenancies Board (RTB).
- 2. Receipt of Local Property Tax (LPT) paid by landlord.
- 3. Evidence of buildings insurance policy held by landlord.

If you need any help to complete this form, please contact your local Intreo Centre, Social Welfare Office or Citizens Information Centre. For more information, log on to www.welfare.ie.

# How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.: 1 2 3 4 5 6 7 T

**2. Title:** (insert an 'X' or specify)

Mr. Mrs. X Ms. Other

3. Surname:

4. First name(s):

M U R P H Y

5. Your first name as it appears on your birth certificate:

MARY

6. Birth surname:

M C D E R M O T T

7. Your date of birth:

 2
 8

 0
 2

 1
 9

 7
 0

 Y
 Y

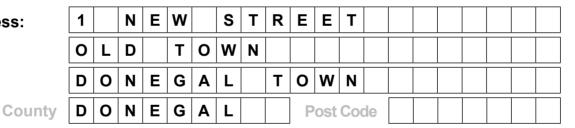
 Y
 Y

8. Your mother's birth surname:

KELLY

# **Contact Details**

9. Your address:



10.Your telephone number:

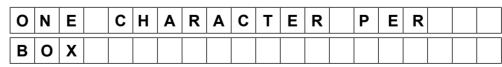
O N E N U M B E R P E R B O X

MOBILE

O N E N U M B E R P E R B O X

LANDLINE

11.Your email address:



# SAMPLE

# Application form for

For Official Use Only	
Date received	
By whom	

Social Welfare Services
SWA RS 1
Data Classification R



# **Supplementary Welfare Allowance Rent Supplement**

Part 1	You	ur (	) WC	n d	eta	ils											
1. Your PPS No.:																	
2. Title: (insert an 'X' or specify)	Mr.	N	Mrs.		Ms	s. [		C	Othe	er							
3. Surname:																	
4. First name(s):																	
5. Your first name as it appears on your birth certificate:																	
6. Birth surname:																	
7. Your date of birth:						V	V V										
8. Your mother's birth surname:	D D		M	VI	Y	Y	YY										
oua.iioi		С	ont	act	De	tails	3										
9. Your address:					T			Τ			T					T	
9. Your address:																	
County								Post	Co	de							
												M	O E	3 1 1	F		
10. Your telephone number:					<u> </u>			<u> </u>								. –	
					<u> </u>							L	AN	D	LII	NE	
11. Your email address:					<u> </u>			<u> </u>									
Declaration																	
I declare that the information grany of the information I provide that I will be required to repay a prosecuted. I undertake to immediate which may affect my continued	e is untrany pay nediatel	ue o mer y ad	r mi: nt I re vise	sleac eceiv	ding e fro	or if om th artm	I fail t ne De ent of	o dis parti	sclo: mer	se a	any nd th	rele nat	var I ma ciro	nt in ay b cum	forr e	nati	on,
						Da	ite:	D	D		M I	M	4	2   C Y	)   Y '	Υ `	Y

Signature (not block letters)

Part 1 continued	Your own details
<ul> <li>12.Are you?</li> <li>If you are married, in a civil partnership or cohabiting, from what date?</li> <li>13.Your current income from employment:</li> <li>Are you employed?</li> </ul>	Single Cohabiting  Married In a Civil Partnership  Separated A surviving Civil Partner  Divorced A former Civil Partner  (you were in a Civil Partnership that has since been dissolved)  D D M M Y Y Y Y  ,
You are 'employed' when yo work. Please attach copies If 'Yes', please state: Number of days worked a week: Total number of hours worked per week:	rou work for another person or company and you get paid for this of your 4 most recent payslips.  a week  a week
Your usual occupation: Your current employer's name: Your current employer's address:	
If 'No', please state: Your previous income: €	Your current employer must also complete Part 2.  a week
Your last occupation:	
Your last employer's name:	
Your last employer's address:  County	Post Code
Date you were last employed:	D D M M Y Y Y Y

Part 1 continued	Your own details
14.Amount of redundancy payment made and date paid? €	D D M M Y Y Y Y
·	Please attach original written confirmation of redundancy.
15.Amount and date of redundancy payment due? €	D D M M Y Y Y Y
16.If you are self-employed (	including farming) at present, please state:
Type of business or trade:	
Your profit over the last year: €	
	orofit and loss account for the last 12 months, together with essment from Revenue Commissioners.
17.Are you?	In full-time education
	Involved in an industrial dispute
18.If you are getting or have	applied for any payment(s) from this Department please state:
Name of payment:	
Amount: €	a week
19.If you are getting or have country, please state:	applied for any other pension or allowance from another
Name of country:	
Your claim or reference number:	
Amount: €	,a week
20. Have you applied for any	other source(s) of income such as an occupational pension?
If (Vast places states	Yes No
If 'Yes', please state: Type of payment:	
,, , ,	
Amount: €	a week
•	of paper can be used for more details if needed.  come including but not limited to income from casual,  mployment?  Yes  No
If 'Yes', please give detail	

Part 1 continued	Your own details						
	applied for maintenance, please state:						
Amount: €	, a week						
23.Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?  Yes No							
If 'Yes', please state:	Financial Institution 1						
Name of financial institution:							
Bank Identifier Code (BIC):							
International Bank Account Number (IBAN):							
Account Number (ID/MV).							
Current balance: €							
Is this account a joint account?	Yes No						
Name(s) of account holder(s	s):						
Name 1:							
Name 2 (if any):							
	Financial Institution 2						
Name of financial institution:							
Bank Identifier Code (BIC):							
International Bank Account Number (IBAN):							
Account Number (IDAN).							
Current balance: €	,						
Is this account a joint account?	Yes No						
Name(s) of account holder(s	s):						
Name 1:							

Name 2 (if any):

Part 1 continued	Your own details
	Financial Institution 3
Name of financial institution:	
Bank Identifier Code (BIC):	
International Bank Account Number (IBAN):	
Current balance: €	,
Is this account a joint account?	Yes No
Name(s) of account holder	(s):
Name 1:	
Name 2 (if any):	
Please attach an original s months.	statement for each account, showing transactions for the last 6
If you have any other acc separate sheet of paper.	ounts you must give details of them to this Department on a
Note: A separate sheet of	f paper can be used for more details if needed.
Trotor / Looparato onoci o	
•	es (including shares in a creamery or Co-op, annuities, bonds, vestments?
24.Do you own stocks, share insurance policies) or inv	
24.Do you own stocks, share insurance policies) or inv	Yestments?  Yes No Please attach a statement to show
24.Do you own stocks, share insurance policies) or investigation.  If 'Yes', please state:  Their value: €	Yes No  Please attach a statement to show details and current market value.
24.Do you own stocks, share insurance policies) or investigation.  If 'Yes', please state:  Their value: €	Yes No  Please attach a statement to show details and current market value.  No vnership of any property (including land) other than the house you occupy, les owned?
24.Do you own stocks, share insurance policies) or investigation.  If 'Yes', please state:  Their value: €  25. Do you own or share in the own.	Yes No  Please attach a statement to show details and current market value.  When the property (including land) other than the house you occupy,
24.Do you own stocks, share insurance policies) or investigation.  If 'Yes', please state:  Their value: €  25. Do you own or share in the own including any foreign properties.	Yes No  Please attach a statement to show details and current market value.  No vnership of any property (including land) other than the house you occupy, les owned?
24.Do you own stocks, share insurance policies) or investigation.  If 'Yes', please state:  Their value: €  25. Do you own or share in the own including any foreign propertion.  If 'Yes', please state:	Yes No  Please attach a statement to show details and current market value.  No vnership of any property (including land) other than the house you occupy, les owned?
24.Do you own stocks, share insurance policies) or investigation.  If 'Yes', please state:  Their value: €  25. Do you own or share in the own including any foreign propertion.  If 'Yes', please state:	Yes No  Please attach a statement to show details and current market value.  No vnership of any property (including land) other than the house you occupy, les owned?
24.Do you own stocks, share insurance policies) or investigation.  If 'Yes', please state:  Their value: €  25. Do you own or share in the own including any foreign propertion.  If 'Yes', please state:	Yes No  Please attach a statement to show details and current market value.  No vnership of any property (including land) other than the house you occupy, les owned?
24. Do you own stocks, share insurance policies) or inverse insurance policies or insurance policie	Yes No  Please attach a statement to show details and current market value.  When the house you occupy, es owned?  Yes No  Post Code  Post Code
24. Do you own stocks, share insurance policies) or inverse life 'Yes', please state: Their value: €  25. Do you own or share in the own including any foreign propertion of the including any foreign proper	Yes No  Please attach a statement to show details and current market value.  When the house you occupy, es owned?  Yes No  Post Code  paper can be used for more details if needed.
24. Do you own stocks, share insurance policies) or inverse insurance policies or insurance policie	Yes No  Please attach a statement to show details and current market value.  When the house you occupy, es owned?  Yes No  Post Code  paper can be used for more details if needed.
24. Do you own stocks, share insurance policies) or investigations or investigation. If 'Yes', please state: Their value: €  25. Do you own or share in the own including any foreign propertion. If 'Yes', please state: Property/land address:  County  Use of property/land: Note: A separate sheet of 26. How much are you paying.	Please attach a statement to show details and current market value.  When the property (including land) other than the house you occupy, es owned?  Yes No  Post Code  Figure can be used for more details if needed.  If weekly on the following?
24. Do you own stocks, share insurance policies) or inverse insurance policies) or insurance policies) or insurance policies) or insurance policies insurance polic	Please attach a statement to show details and current market value.  where ship of any property (including land) other than the house you occupy, ses owned?  Yes No  Post Code  paper can be used for more details if needed.  g weekly on the following?  a week

Double 0	D. (- 1)- (
Part 2	Details from your current employer
This part must	t ONLY be completed by your employer
27.What is your employee's full name?	
28. Please confirm their PPS No.:	
29.Their address:	
County	Post Code
	Current employee
30.Please confirm the date employee first started working for you:	D D M M Y Y Y Y
	ticipating in an Employment Incentive Scheme?
onio the above employee par	Yes No
32. Numbers of hours normally worked per week?	a week
33.Gross basic wage per hour: €	per hour
34.Gross income since	,
35. Number of weeks of insurable employment since January 1st last:	
36.PRSI contributions deducted since € January 1st last:	
37.Total Tax (PAYE) paid since January 1st last: €	,
	Employee on sick leave
38.ls the employee on sick leave from your firm?	Yes No
39.What date did sick leave commence?	D D M M Y Y Y Y
40. Gross weekly amount of sick pay less PRSI: €	a week
41.Date of last payment made:	D D M M Y Y Y Y
42.Amount of last payment made: €	,

# Signed by or for employer Signature (not block letters) Position in company or organisation Date: Date: Date: Employer's registered number:

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

MOBILE

LANDLINE

Employer's telephone number:

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$\Gamma \sigma$		

# **Habitual Residence Condition**

This section must be must satisfy to qualit	-		-			-														_	ou
43.What country were born in?	e you																				
44. What is your nation	nality?																				
45.Do you have a social security number from another country?																					
If (Vac) places of a	.4		Ye	S				No													
If 'Yes', please sta Social security num																					
Country:																					
46.Do you have an Iri	sh Resi	den	ce F	Per	mit'	?		1			ı	l									
•			Ye	s				No													
If 'Yes', please att photocopy it for y													ial \	Иe	lfar	e O	ffic	e ca	an		
47. Have you resided	continu	ous	ly i	n Ir	ela	nd :	sind	ce k	oirt	h?											
			Ye	S				No													
If 'No', please give	details				-	ı liv	ed	in t	he	spa	се	pro	vid	ed.							
Country		Cou	ıntı	'y 1						1					Τ	Τ				Τ	
Country:							 														
	From:						]					1									
	To:	D	D		M	M		Υ	Y	Y	Y										
Why you lived there:																					
		Cou	ıntı	ъ 2	2				1	1	1	1	1								
Country:																					
	From:																				
	To:				B./I	B./I			V	V	V										
Why you lived there:		D	D		M	M		Y	Y	Y	Y										
This you involution.																					
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Part 4		)et	ai	ls	of	yc	ur	do	ep	en	de	ent	C	hil	d(ı	er	1)		
48.How many children do			uı	nde	r ag	je 1	8			*You must attach written confirmation from the school or college for children aged 18 - 22									
you have?			a	ge 1	- 18 -	22	in fu	ıll-	•										
Please state child's: Surname:	Chi	ld 1	-																
First name(s):																			
PPS No.:												ļ	1				J	 	
Date of birth:	D	D		M	M		V	Y	V										
Does this child live with you?		Ye		101			No												
Surname:	Chi	ld 2	2																
First name(s):						<u> </u>				l			<u> </u>						
PPS No.:										]			1					 	
Date of birth:						]													
Does this child live with you?		D Ye		M	M		Y No	Y	Y	Y									
Surname:	Chi	Ia 3	5																
First name(s):																			
PPS No.:										]		<u> </u>						 <u> </u>	
Date of birth:						]													
	D	D		M	M		Υ	Υ	Y	Y									
Does this child live with you?		Ye	S				No												
	Chi	ld 4	1							I								 	
Surname:																		L	
First name(s):																		<u> </u>	
PPS No.:																			
Date of birth:																			
	D	D		M	M	$\neg$		Y	Y	Y									
Does this child live with you?		Ye					No												
Note: A separate sheet of	pap	oer	caı	n be	us	ed	for	mo	re d	deta	ails	if r	nee	ded					

Part 5	Your spouse's, civil partner's or co	habitant's details
49.Their PPS No.:		
<b>50.Title:</b> (insert an 'X' or specify)	Mr. Mrs. Ms. Other	
51.Their surname:		
52.Their first name(s):		
53.Their birth surname:		
54.Their date of birth:	D D M M Y Y Y Y	(Y/N) Verified
55.Their mother's birth surname:		
56.Please give their address if different to yours: (Only answer this question if you are married or in a civil partnership and you do not live together).	Post Code	
57. Country they were born in:		
58.Their nationality:		
59.Do they have a social sec	rity number from another country?  Yes No	
<b>If 'Yes', please state:</b> Social security number:		
Country:		

Part 5 continued	Y	<b>O</b> U	ır s	spc	)US	e's	s, C	<b>iVil</b>	pa	rtn	er'	SC	or c	:oh	ab	ita	nt's	s de	etai	IS
60.Their current income from employment: €		,						a ·	wee	ek										
Are they employed?		Ye	s				No													
They are 'employed' when twork. Please attach copies										con	npa	ny a	and	the	y g	et p	aid	for	this	
If 'Yes', please state: Number of days worked a week:		a١	vee	ek																
Total number of hours worked per week:			а	we	ek															
Their usual occupation:																				
Their current employer's name:																				
Their current employer's address:																				
					<u> </u>							<u> </u>	<u> </u>	<u> </u>						
										<u> </u>			_			$\vdash$				
County										ļ		Co				Ļ				
If 'No', please state: Their previous income: €	The	, _							wee			OIII	pic		art	<b>U.</b>				
Their last occupation:																				
Their last employer's name:																				
Their last employer's address:																				
				<u> </u>												$\vdash$	$\sqsubseteq$			
										]						L				
County										P	ost	Co	de							
Date they were last employed:	D	D		M	M		Y	Y	Y	Y										
61.If they are self-employed	(inc	ludi	ing	far	mir	ng)	at p	res	ent	t, pl	eas	se s	tate	e:						
Type of business or trade:																				
Their profit over the last year: €			,_																	
Note: Please attach their most recent notice of ass	pro essi	ofit a mer	anc nt f	l los rom	ss a 1 Re	eve	oun nue	t fo	r th	ne la niss	ast sior	12 ners	moı S.	nth	s, to	oge	the	r wi	th	
62. Amount of redundancy pa	yme	ent	ma	ade	and	d da	ate	paid	<b>d?</b>			T	1		1	]				
€				<b>]</b> ,			_]-[													
											D	D		M	M		Y	Y	Y	Y

Please attach original written confirmation of redundancy.

Part 5 continued	Your spouse's, civil partner's or cohabitant's details
63.Amount and date of redur	idancy payment due?
€	D D M M Y Y Y Y
64.If they are getting or have	applied for any payment(s) from this Department please state:
Name of payment:	
Amount: €	, a week
65.If they are getting or have country, please state:	applied for any other pension or allowance from another
Name of country:	
Their claim or reference number:	
Amount: €	,a week
66.Have they applied for any	other source(s) of income such as an occupational pension?  Yes No
If 'Yes', please state:	
Type of payment:	
Amount: €	a week
Note: A separate sheet o	f paper can be used for more details if needed.
67.Do they have any other in occasional or seasonal er	come including but not limited to income from casual, nployment?
	Yes No
If 'Yes', please give detail	s in the space provided:
Note: A senarate sheet o	f paper can be used for more details if needed.
•	applied for maintenance, please state:
Amount: €	a week

# Part 5 continued

# Your spouse's, civil partner's or cohabitant's details

69.Do they have savings or any other financial institu	acco ution	unts in th	in a	bar bul	nk, p blic	os of	t o	ffice	e, b l or	uilo	ding oth	j so er c	cie	ty, ntrv	cre	dit	uni	on (	or
		Yes			$\neg$	10					•		-		-				
If 'Yes', please state:					_														
	Fina	ancia	I Ins	titu	tion	1													
Name of financial institution:																			
Bank Identifier Code (BIC):																			
International Bank Account Number (IBAN):																			
Current balance: €			],[			].[								•					
Is this account a joint account?		Yes			_ N	10													
Name(s) of account holder	(s):																		
Name 1:																			
Name 2 (if any):																			
	Fina	ancia	ıl İns	titur	tion	2													
Name of financial institution:						_													
Bank Identifier Code (BIC):														•			,	,	
International Bank																			
Account Number (IBAN):		T															ļ	ļ	ļ
Current balance: €						].[								I					
Is this account a joint account?		Yes			N	lo 	·												
Name(s) of account holder	(s):																		
Name 1:																			
Name 2 (if any):																			

# Your spouse's, civil partner's or cohabitant's Part 5 continued details Financial Institution 3 Name of financial institution: Bank Identifier Code (BIC): International Bank Account Number (IBAN): € Current balance: Is this account a joint Yes Nο account? Name(s) of account holder(s): Name 1: Name 2 (if any): Please attach an original statement for each account, showing transactions for the last 6 months. If you have any other accounts you must give details of them to this Department on a separate sheet of paper. Note: A separate sheet of paper can be used for more details if needed. 70.Do they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments? Yes No If 'Yes', please state: Please attach a statement to show € Their value: details and current market value. 71. Do they own or share in the ownership of any property (including land) other than the house they occupy? Yes Nο If 'Yes', please state: Property/land address: County **Post Code** Use of property/land: Note: A separate sheet of paper can be used for more details if needed. 72. How much are they paying weekly on the following?

		<b>J</b>
House rent:	€	a week
Cost of travel to work:	€	a week
Mortgage:	€	a week
Maintenance they are paying:	€	a week

Details from your spouse's, civil partner's Part 6 or cohabitant's employer To be completed **ONLY** by your spouse's, Note: civil partner's or cohabitant's employer 73. What is your employee's full name? 74. Please confirm their PPS No.: 75. Their address: County **Post Code** Current employee 76.Please confirm the date employee first started M M Y Y Y Y D D working for you: 77. Is the above employee participating in an Employment Incentive Scheme? Yes Nο 78. Numbers of hours normally a week worked per week? 79. Gross basic wage € per hour per hour: 80. Gross income since € January 1st last: 81. Number of weeks of insurable employment since January 1st last: 82.PRSI contributions deducted since January 1st last: 83. Total Tax (PAYE) paid since January 1st last: Employee on sick leave 84.Is the employee on sick Yes No leave from your firm? 85. What date did sick leave commence? M M YYY  $\Box$ D 86. Gross weekly amount a week of sick pay less PRSI:

M M

D

87. Date of last payment

made:

88.Amount of last payment made:

# Part 6 continued

# Details from your spouse's, civil partner's or cohabitant's employer

Signed by or for employer	
	Employer's official stamp
Signature (not block letters)	
Position in company or organisation	
Date: D D M M Y Y Y Y	
Employer's registered number:	
Employer's telephone number:	
	MOBILE
	LANDLINE

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

# Part 7

# Details of other people sharing the accommodation

	accommodation
89.Apart from yourself, your please state who else live	•
	Person 1 living with you
Surname:	
First name(s):	
Their relationship to you:	
Amount of rent they pay per week €	,a week
	Person 2 living with you
Surname:	
First name(s):	
Their relationship to you:	
Amount of rent they pay per week €	a week
	Person 3 living with you
Surname:	
First name(s):	
Their relationship to you:	
Amount of rent they pay per week €	a week
	Person 4 living with you
Surname:	
First name(s):	
Their relationship to you:	
Amount of rent they pay per week €	,a week
	Person 5 living with you
Surname:	

First name(s):

pay per week

Their relationship to you:

Amount of rent they

Note: A separate sheet of paper can be used for more details if needed.

a week

Part 8		Y	<b>′</b> οι	ır	ac	СО	m	mc	d	ati	on	d	eta	ails	<b>;</b>						
90.Please state add	lresses re							12 n	nor	nths	):										
		Acc	com	ımo	oda	tion	1			1			1						ı		
Address:																					
	County										P	ost	Co	de							
* Accommodation t	ype:																				
Period of residency:	From:																				
	To:																				
		D	D		M			Y	Y	Y	Y										
A .l.l		Acc	com	ımo	oda	tion	2													$\overline{}$	
Address:													<u> </u>							<u></u>	
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	County										P	ost	Co	de							
* Accommodation t	ype:																				
Period of residency:	From:																				
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Address:		ACC	JOH	IIIIC	Juai	LION	3													$\Box$	
Address.																				$\dashv$	
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	County										Р	ost	Co	de							
* Accommodation t	ype:																				
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91.Have you been i	n receipt				qqı		ent		thir	th(	e la	st 1	12 n	non	ths	?					

91. Have you been in receipt	of Ren	t Supp	lemen	t wi	thir	ı th	e la	ıst '	12 r	nor	nths	?	
	Ye	es		No									
92. Have you applied for acco	mmod	ation t	to any	hou	ısin	g a	uth	orit	ty?				
	Ye	es		No									
If 'Yes', please provide the	e follov	ving d	etails:										

Housing authority:															
Date of application:						N	ote	: A	sep	ara	te s	shee	et o	f pa	pei

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Note: A separate sheet of paper can be used for more details if needed.

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93.Has your housing need be intend to reside?	en			sed	l by	_		us	ing	aut	ho	rity	in	the	are	a ii	ı w	hic	h y	ou
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95. Have you vacated any acc RAS or equivalent scheme												j ai	utno	Orit	y (II	ncii	Jair	ıg ı	1AI	,
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# Your preferred payment option

Note: Final decision on payment method is a matter for the Department, please complete one option below.

97.Please indicate which method you would prefer by ticking the appropriate box.  1. Electronic Fund Transfer to a Bank Account																		
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Financial Institution  ne following details printed on statements from your financial institution  Post Code  Post Code  Post Office	fer to a Bank Account ce  ty (if choosing this sign declaration below)  aration of payment to a third party

# Part 10

# Checklist

Have you answered all questions?

Have you enclosed the following?

 Evidence of rent paid for six out of the previous twelve months. Provide two of the following: utility bills, rent paid by standing orders/direct debits, registration with RTB, rent book or previous lease.

and

### **Proof of income**

- If you or your spouse, civil partner or cohabitant are employed, please include both your and their 4 most recent payslips and or P60, if required.
- If you and or your spouse, civil partner or cohabitant are self-employed, please attach a copy of both your and their profit and loss account for the last 12 months, if required.
   and
- Six months bank statements/proof of saving and investments.
- Copy of photographic ID.
- Proof of ownership from your landlord.
- Current lease/tenancy agreement.
- Proof of your redundancy.
- Proof of your spouse's, civil partner's or cohabitant's redundancy.

You must notify the Department if you intend or take up employment (including selfemployment), full-time education or if there is a change in your income or household income, as this may affect your continued entitlement.

# Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Intreo Centre, Social Welfare Office or Citizens Information Centre.

### **Data Protection Statement**

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

20K 07-19 Edition: June 2019

# Note for landlord

The tax reference number may be provided by completing Question 13 of this part of the form. Should you not wish to complete this part, a separate form (SWA 3C) is available online at www.welfare.ie. If you do not have a tax reference number, please state this in writing and provide a written explanation as to why it is the case.

Under Section 198 (4A) of the Social Welfare Consolidation Act 2005 (as amended), a rent supplement may not be paid if the landlord has not provided the Department of Employment Affairs and Social Protection with their tax reference number or has not advised the Department in writing that they do not have such number and of the reason(s) that they do not have one. A Tax Reference Number can be the landlord's Personal Public Services Number (PPSN) or the reference number stated on any return form of income or profits, or notice of assessment, issued to that person by the Revenue Commissioners.

The Department will periodically confirm in writing details of a tenancy with a landlord or letting agent where a Rent Supplement has been applied for or is payable.

To process Rent Supplement, we need to establish ownership of the property by the landlord. Any of the following documents are acceptable. The documents provided can be a photocopy, must show the Landlord's name and rent supplement tenancy address and must be dated within the last 12 months.

- 1. Evidence of registration with Residential Tenancies Board (RTB).
- 2. Receipt of Local Property Tax (LPT) paid by landlord.
- 3. Evidence of buildings insurance policy held by landlord.

## **Data Protection Statement**

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

# Part 11 continued For completion by the landlord or landlord's agent

1.	In relation to the accomm	oda	tio	n re	ente	d/le	eas	ed,	ple	ase	sta	ate:									
	Address of tenancy:																				
	County										P	ost	Co	de							
	Is the accommodation:		fur	nis	hed		C	r				unfurnished									
	Description of rented	d 🗌 Flat 📗 Apartm						rtm	ent Maisonette												
	dwelling:	Semi-detached house Detached Terraced																			
	Number of bedrooms in the property:	house house							е												
2.	Is the accommodation sha	arec	l wi	th	any	oth	ner	per	sor	ı(s)	?										
			Ye	s			] [	Vo													
	If 'Yes', please state:															1	1		I I		
	Name of person 1:																				
	Name of person 2:																				
	Name of person 3:																				
	•																				
	Note: A separate sheet o	of pa	pe	r ca	n b	e u	sec	l fo	r m	ore	de	tail	s if	nee	de	d.					
3.	Date tenancy started:																				
	-	D	D		M	M	ı	Y	Υ	Y	Y	l									
4.	Is there a tenancy agreem	ent	or	ren	t bo	ook	for	thi	s a	ссо	mn	nod	atic	n?							
			Ye	s			] [	Vo													
5(	a). Is the rent paid?		we	ekl	y			four	we	ekly	y		ca	len	dar	mo	nth	ly		oth	ner
5(	b). If 'Other', please give d	etail	s:																		

# Part 11 continued For completion by the landlord or landlord's agent 6. How much is the rent (exclusive of heating/lighting and other service costs)? Amount: Note: The amount of rent stated above should reflect the amount recorded on the Tenancy Agreement or Rent Book. 7. Is a deposit payable? No If 'Yes', please state: Amount: 8. Has the deposit been Yes No paid? If 'Yes', please state: Amount: 9. Up to what date has the rent been paid? M M D 10. Landlord's full name: 11. Landlord's home address: County **Post Code** 12. Landlord's telephone MOBILE number: LANDLINE 13. Landlord's tax ref no. (normally PPS No.) 14. Agent's full name: 15. Agent's address:

Note: Please ensure that answers to questions 10 to 15 are completed in full.

**Post Code** 

County

# Part 11 continued

# For completion by the landlord or landlord's agent

# Declaration by landlord/agency

I confirm that the applicant is renting/leasing and and that the information supplied by me is correct Department immediately of any subsequent chan	t and acc	curate. I	undertake	to inform the	
	Date:				
		D D	M M	YYYY	
Landlord or landlord's agent's signature (not block letters)	_	Landlord or landlord's agent's official stamp			

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

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protection system. Customers for relevant payments/benefits	ent Affairs and Social Protection administers less are required to provide personal data to determ is. Personal data may be exchanged with other exprovided for by law. Our data protection policy n or in hard copy.	rmine eligibility Government
Explanations and terms used in th	nis form are intended as a guide only and are not a leg	gal interpretation.

Edition: June 2019

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