

## **EXPLANATORY LEAFLET**

All persons residing in the house who are in receipt of an income must submit evidence of said income.

### **RENT FORM R1 (BLUE)**

This form must be completed by all tenants. False or misleading information may result in the tenant(s) being placed on maximum rent.

### **RENT FORM R2 (YELLOW)**

This certificate of your income should be completed by your employer. If there is more than one person employed, you should request more of these forms from Thurles Town Council.

### **RENT FORM R3 (PINK)**

This is a certificate of your income either from the Department of Social & Family Affairs, Community Welfare Officer and Health Service Executive West.

### **SELF-EMPLOYED**

Your most recent copy of your Tax Assessment should be submitted and accompanied by Rent Form R1(BLUE).

**Persons whose social welfare payment is made in book format may submit it to Thurles Town Council for noting/copying together with Form R1. This avoids the necessity to submit either Form R2 or Form R3.**

## **THURLES TOWN COUNCIL** **DIFFERENTIAL RENT SCHEME**

**FORM R1**

Name of Tenant	Date of Birth	P.P.S. Number	Employer's Name/Book No.	Weekly Income	Type of Payment *
Name of Joint Tenant/Partner	Date of Birth	P.P.S. Number	Employer's Name/Book No.	Weekly Income	Type of Payment *

  

TELEPHONE NO: _____	ADDRESS: _____
MOBILE NO: _____	_____

**\* A PRECISE DESCRIPTION OF SOCIAL WELFARE PAYMENTS MUST BE GIVEN, STATING WHETHER IT IS:- PENSION, JOBSEEKERS ALLOWANCE/BENEFIT, INJURY/DISABLEMENT BENEFIT, DISABILITY ALLOWANCE, ONE-PARENT FAMILY PAYMENT, DESERTED WIFE'S BENEFIT/ALLOWANCE, CARERS ALLOWANCE, FAMILY INCOME SUPPLEMENT (F.I.S), BACK TO WORK ALLOWANCE. \***

Dependants	Date of Birth	P.P.S. Number	Relation to Tenant	Tick if School Going

Name of Subsidiary Earners	Date of Birth	P.P.S. No.	Employer's Name/Book No.	Occupation	Income of Subsidiary Earner

***N.B. ALL RESIDENTS IN THE HOUSE MUST BE DECLARED.***

**I declare that all particulars given by me on this form are correct and accurate to the best of my knowledge.**

TENANT \_\_\_\_\_

DATE: \_\_\_\_\_

JOINT TENANT \_\_\_\_\_

DATE: \_\_\_\_\_

# THURLES TOWN COUNCIL

## CONFIDENTIAL

### FORM R2

I certify that \_\_\_\_\_ of  
\_\_\_\_\_ has been in my  
continuous employment with effect from \_\_\_\_\_ and that his / her  
basic weekly income \* (i.e. gross income exclusive of overtime, shift allowances  
and bonus payments but including other regular payments or allowances) is  
€\_\_\_\_\_.

Employee's Occupation (Job title) \_\_\_\_\_

Employer's Business Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Public Service Number (PPS No) \_\_\_\_\_

DEDUCTIONS from Basic Income are being made as follows:-

N.B. MUST BE BASED ON BASIC WEEKLY INCOME

- (a) Income Tax Payable on Basic Income \_\_\_\_\_
- (b) PRSI Amount \_\_\_\_\_ PRSI Class \_\_\_\_\_
- (c) Income Levy \_\_\_\_\_
- (d) Pension Related Deduction \_\_\_\_\_

(Income tax paid on overtime earnings and shift allowance should not be included here).

His / her weekly Tax Credit is \_\_\_\_\_

His / her weekly Standard Cut Off Rate is \_\_\_\_\_

Signed: \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_

Telephone No \_\_\_\_\_ Date \_\_\_\_\_

- See back of form for definition of basic weekly income.

**INCOME OF AN EMPLOYED PERSON** is in general the normal weekly rate of remuneration as defined in Section 1 of the Holidays (Employees) Act 1973, except that overtime, shift allowance and occasional lump sum bonus payments are excluded. All other regular payments in the nature of pay are included.

The definition of normal weekly rate of remuneration as per Section 1 of the Holidays (Employees) Act, 1973, is as follows:-

“normal weekly rate” in relation to remuneration means:-

- (a) in a case of payment wholly by a time rate or by a fixed rate or salary, and in any other case of payment not varying in relation to the work done - the sum (including any regular bonus or allowance which does not vary in relation to work done, but excluding overtime) payable in respect of normal weekly working hours in the working week next before annual leave or cesser of employment.
  
- (b) In any other case – a sum equivalent to the average weekly earnings (excluding pay for overtime) for normal working hours calculated by reference to the earnings in respect of the time worked during the thirteen weeks ending on the day before annual leave or cesser of employment or, if no time was worked during those weeks, during thirteen weeks ending on the day of which time was last worked before annual leave or cesser or employment.

**THURLES TOWN COUNCIL**

**FORM R3**

**REVIEW OF DIFFERENTIAL RENT**

**TO BE COMPLETED BY TENANT**

NAME: \_\_\_\_\_

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

PERSONAL PUBLIC SERVICE NO (PPS NO) \_\_\_\_\_

**CERTIFICATE TO BE COMPLETED BY DEPARTMENT OF SOCIAL PROTECTION**

WEEKLY RATE OF BENEFIT / ASSISTANCE \_\_\_\_\_ Personal Rate \_\_\_\_\_

Paid to Tenant (inclusive of PRSI) \_\_\_\_\_ Qualified Adult \_\_\_\_\_

**DO NOT INCLUDE FUEL ALLOWANCE** \_\_\_\_\_ Child Dependants \_\_\_\_\_

Living Alone Allowance \_\_\_\_\_

Extra Income for People age 80 or over \_\_\_\_\_

Family Income Supplement (F.I.S.) \_\_\_\_\_

TOTAL \_\_\_\_\_

DATE FROM WHICH PAYMENT RECEIVED \_\_\_\_\_

DATE FROM WHICH REVISED PAYMENT RECEIVED \_\_\_\_\_

TYPE OF BENEFIT / ASSISTANCE PAID \_\_\_\_\_

(i.e. State Pension, Sickness Benefit, Jobseekers Allowance/Benefit, One Parent Family Payment, Disability Benefit/Allowance, Carers Allowance, etc)

SIGNED: \_\_\_\_\_ RANK \_\_\_\_\_

STAMP \_\_\_\_\_

DATE \_\_\_\_\_

**THURLES TOWN COUNCIL**

**MAINTENANCE FORM**

PLEASE BE ADVISED THAT I AM IN RECEIPT OF MAINTENANCE OF

€ \_\_\_\_\_

INSERT CHILD/CHILDREN'S NAMES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF FATHER OF CHILD / CHILDREN

\_\_\_\_\_

ADDRESS OF FATHER OF CHILD / CHILDREN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED BY TENANT:

\_\_\_\_\_

DATE:

\_\_\_\_\_