# Application form for

# **Rent Supplement**



### What is Rent Supplement?

Rent Supplement is a means tested payment for people living in private rented accommodation who cannot provide for the cost of their accommodation. Please note, if you are already receiving Housing Assistance Payment (HAP) from your Local Authority, you do not qualify for Rent Supplement.

## **How do I qualify for Rent Supplement?**

You can qualify for Rent Supplement if you:

- are renting accommodation;
- · satisfy a means test; and
- you were previously in receipt of a Rent Supplement payment within 12 months of the date of application; or
- you have been renting for a period of six months (183 days) within the past 12 months of the
  date of this application, are experiencing a substantial change in your circumstances and are
  now unable to pay the rent.

### How much will I receive?

The amount of Rent Supplement provided to you by the Community Welfare Service is based on:

- the amount of rent you pay;
- where you live;
- · your household's income; and
- your family circumstances.

A contribution towards the rent is expected of everybody in receipt of rent supplement - this contribution will be calculated on a household's income.

## How long will the payment last?

Rent Supplement will last for as long as you continue to meet the conditions of the scheme. You must notify the department if your circumstances change, for example employment, self-employment, full-time education, or any other change in your household's income.

## Where can I get more information?

The Community Welfare Service in your local Intreo Centre can provide all information on Rent Supplement. They can explain the process and supply an application form.

## How to complete this application form?

- You need a Personal Public Service (PPS) Number before you apply.
- Write with a black ballpoint pen, use capital letters and place an X in the relevant boxes.
- Answer all questions that apply to you.

## How can I get help and further information?

Help in completing this form is available from your local Intreo Centre, Social Welfare Office or any Citizens Information Centre. When completed, send your form to your local Intreo Centre or Social Welfare Office. The name and address of your local Intreo Centre or Social Welfare Office can be found by visiting **www.gov.ie/intreo** 

For more information visit www.gov.ie/RENT

## How to fill in this form

To help us to process your application write letters and numbers clearly and use one box for each. Please see examples below.

1.	Your PPS Number:	1	2	3	4	5	6	7	Т												
2.	Title insert an <b>X</b> or specify:	Mr		ľ	Virs	X		Ms				C	Othe	r							
3.	Surname:	М	U	R	Р	Н	Υ														
4.	First names:	М	Α	U	R	Е	Е	N													
	Your name as it appears on your birth certificate:	М	Α	R	Υ		М	С	D	Е	R	M	0	Т	Т						
6.	Birth surname:	М	С	D	Е	R	М	0	Т	Т											
7.	Your date of birth:	2	8		0	2 M		1 Y	9 Y	7 Y	0 Y										
8.	Your mother's birth surname:	K	E	L	L	Υ			·												
9.	Your nationality:	I	R	I	S	Н															
10.	Do you have a social seco	urity	nu nu	mb	er fr	om	and	othe	er co	oun	try?				X	Y	es			_ \	Ю
	If <b>yes</b> , please state:																				
	Social Security Number:	J	D	2	3	6	8	7	5	В											
	Country:	Ε	N	G	L	Α	N	D													
11.	Do you have an Irish Res	ider	nce	Per	mit'	?									X	Y	es				No
					Co	ont	ac	t D	eta	ails	;										
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12.	Your address:	1		N	Е	W		l		R	<u> </u>	E	Т								
		0	L	D		T	0	W	N												
		D	0	N	E	G	Α	L		Т	0	W	N								
	County	D	0	N	Е	G	Α	L				Eir	COC	de	Α	6	5	F	4	Е	2
13.	Your telephone number:	0	8	8	1	2	3	4	5	6	7									Mo	bile
		0	1	3	2	1	1	2	3	4										La	ndline
14.	Your email address:	М	М	U	R	Р	Н	Υ	@	W	Е	L	F	Α	R	Е		I	Е		

SAMPLE

# Application form for **Rent Supplement**

For Official Use Only
Date received
By whom

Social Welfare Services RS 1



	Date received	D	ata Classification R	
	By whom		HRC	
			Satisfied	
r	own details		HRC1 issued	

Г	ail i		U	uI	UV	VII	ut	fla	119						TIIXO	1 1334	cu	ш			
1.	Your PPS Number:																				
2.	Title insert an <b>X</b> or specify:	Mr			Mrs			Ms				C	Othe	r							
3.	Surname:																				
4.	First names:																				
5.	Your name as it appears on your birth certificate:																				
6.	Birth surname:																				
7.	Your date of birth:	D	D		M	М		Y	Y	Y	Y					or off erified			only: or no	(n)	
8.	Your mother's birth surname:																				
9.	Your nationality:																				
10.	Do you have a social secur If <b>yes</b> , please state:	rity r	num	be	r fro	m a	ınot	ther	COL	untr	y?							Yε	s [		No
	Social Security Number:																				
	Country:																				
11.	Do you have an Irish Resid	lenc	e P	err	nit?													Ye	es		No
				Co	ont	act	D	eta	ils												
12.	Your address:																				
	County										]	Fir	cod	0							
	Journey							<u> </u>			<u> </u>		500			8.4	o lo i				
13.	Your telephone number:	$\vdash$														] ]	obi				
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14.	Your email address:																				
		L																			
				[	Dec	cla	rat	ion													
info to r	eclare that the information giver ormation I provide is untrue or r epay any payment I receive fro vise the department of any cha	nisle om tl	eadii he d	ng d lepa	or if I artm	fail ent a	to c and	disclo I that	ose :Im	any lay b n ma	rele pe p ay a	van	t inf	orma ed. I	atio un	n, th derta ied a	at I ake	will to ir	be r	equ ediat	ired
										Dat	te:	D	D		M	M		Y	Y	Y	Υ
S	Signature <b>not</b> block letters.																				

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

Part 1 continued	Your own details
<ul><li>15. Do you live alone?</li><li>16. Are you?</li></ul>	Yes No Single Separated In a Civil Partnership Married Divorced A surviving Civil Partner Widowed Cohabiting A former Civil Partner (you were in a Civil Partnership that has since been dissolved)
<ul><li>17. Are you in full time education?</li><li>If yes, please provide details:</li></ul>	Yes No
18. Are you currently involved i	in an industrial dispute?
19. Provide your most recent e	mployment details:
Your current or last employer's name: Your current or last	
employer's address:	
Your current or previous we	eekly gross income: €,
Number of days worked pe	r week: Number of hours worked per week:
Your current or previous we	eekly cost of travel to work: €,
Have you had a substantia	I reduction in your income or wages?
If <b>yes</b> , provide your <b>weekly</b> reduction in your income:	gross income prior to the substantial €,
20. Have you been made unen	nployed? Yes No
If <b>yes</b> , provide the date of y	your last wage or salary payment DDDMMMYYYYY
Amount of your last weekly	gross wage or salary received: € ,
Frequency of this payment:	
Why did this job finish?	
21. If you are self-employed, in	icluding farming, please state:
Type of business or trade:	
Your profit over the last year	ar: €
	d loss statement for the last 12 months, together with your most nt from the Office of the Revenue Commissioners.
foreign income, pension, or	olied for income from any other sources including maintenance, ccupational pension, casual or seasonal employment e payment including outside of the State?  Yes No
If <b>yes</b> , please provide details in the space provided:	

Pa	rt 2	Y	ou	rs	ро	us	e's	, ci	vil	pa	rtn	er'	s o	r c	oh	abi	itar	nt's	de	eta	ils
23.	Their PPS Number:									Τ	]										
_	Title, insert an <b>X</b> or specify:	Mr			∟ М	rs			N	⊥ ∕Is		(	Othe	er							
	Their surname:									,, <u>o</u>	$\frac{\square}{\square}$			 							
						1				<u>                                     </u>	<u>                                       </u>	<u> </u>			<u> </u>						
26.	Their first names:											<u>                                       </u>				or off	ioiol		nhu.		Щ
	Their date of birth:	D	D		M	M		Y	Y	Y	Y				Ve	or off erified			only: or no	(n)	
28.	Your partner's, spouse's or	coh	abi	tan	t's r	nos	t re	cen	t er	nplo	oym	ent	det	tails	s: 	1	ı	ı			
	Their current or last employer's name:																				
	Their current or last																				
	employer's address:																				
	Their current or previous we	eek	<b>ly</b> g	ros	s in	con	ne:							€		],[					
	Number of days worked per	r we	ek:						Nui	mbe	er of	ho	urs	IOW	kec	l pe	r we	eek			
	Their current or previous we	eek	ly c	ost	of t	rav	_ el to	o wo	ork:					€							
	Have they had a substantia	l red	duct	ion	in t	thei	r in	com	ne c	or w	age	s?				,		Ye	s [		No
	If <b>yes</b> , provide their <b>weekly</b> reduction in income:	gro	ss i	nco	ome	pri	or t	o th	e s	ubs	tan	tial		€		],[					
29.	Are they currently involved	in a	n in	dus	stria	al di	spu	ite?										Υe	es [		No
30.	Have they been made uner	mplo	yec	ነ?														Υe	es [		No
	If <b>yes</b> , provide the date of the	heir	last	t wa	age	or :	sala	ary p	oay	mer	nt:		D	D		М	M	Y	Υ	Υ	Y
	Amount of their last weekly	gro	ss v	vaç	je o	r sa	alar	y re	cei	ved:	:			€		, [					
	Frequency of this payment:		We	ekly	/		Fo	rtni	ght	ly		] 4	We	ekly	/		Ca	alen	ıdar	Мо	nth
	Why did this job finish?																				
31.	If they are self-employed, in	nclu	ding	g fa	rmi	ng,	ple	ase	sta	ite:											
	Type of business or trade:																				
	Their profit or loss over the	last	yea	ar:									€			],[					
	<b>Note:</b> Attach their profit and recent notice of assessmen												s, to	get	her	with	n the	eir r	nos	t	
32.	Have they income or applied income, pension, occupation welfare payment including the second	n p	ens	ion	, ca	sua	al or	sea							_				soci	al Ì	gn No
	If <b>yes</b> , please provide details in the space provided:																				

# Part 3

# **Capital assessment details**

	A separate sheet of paper can be	used for more details	s if requ	ired for this section.
33.	Have you, your spouse, civil partner or copayments?	ohabitant received, or	due to	receive, redundancy  Yes No
	If <b>yes</b> , provide details in the table below.			
	Recipient	Redundancy Am (Received or D	ount ue)	Date Paid or Due Date
	You			
	Your spouse, civil partner or cohabitant			
	Attach original written confirmation or docu	mentation showing red	dundand	cy or settlement payments.
34.	Do you, your spouse, civil partner or coho building society, credit union or any other	abitant have savings r financial institution ii	or acco n Irelan	unts in a bank, post office, d or another country? Yes No
	If <b>yes</b> , provide the requested details in th	e table below.	,	res no
	Name of Financial Institution	Current Balance €	A	ccount Holder Name
	Attach an original statement for each accou	unt showing transactio	ns for th	ne last six months.
35.	Do you, your spouse, civil partner or cohab or co-op, annuities, bonds, prize bonds, ins	oitant own stocks, shar surance policies or inve	es, incluestment	uding shares in a creamery s? Yes No
	If <b>yes</b> , state their current market value:		€	, .
	Attach statements to show details and cu	ırrent market value.		
36.	Do you, your spouse, civil partner or cohaincluding land, other than the house you			
	If <b>yes</b> , provide the requested details in th	e table below:		Yes No
	Address	Current Value	Use o	r Monthly Rental Income
$\vdash$			<u> </u>	

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## **Shared accommodation details**

<b>37.</b> How	many	children	do '	you	have?

age 18 to 22 in full-time education

**Note:** You must attach written confirmation from the school or college for children aged 18 to 22. Provide details of children under 18 years of age or 18 to 22 years of age who are in full-time education and are dependent on you.

First Name	Surname	Date of Birth	PPS Number	Relationship to you	Does this child live with you? Yes or No

**38.** Apart from your spouse, civil partner, cohabitant and children listed previously, state who else lives with you.

First Name	Surname	Date of Birth	Amount of rent they pay weekly	Relationship to you	Primary source of income, for example, wage, social welfare payment, pension

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

Part 5	Your accommo	dation details				
<b>39.</b> Are you currently in an accommodation Scheme (F	Yes No					
<b>40.</b> Have you been in receipt or	f Rent Supplement within	the last 12 months?	☐ Yes ☐ No			
<b>41.</b> Have you applied for accord	•	ıthority?	Yes No			
If <b>yes</b> , please provide the fo	ollowing details.		1			
Most Preferred Area o	of Choice to Live	Local Authority	Date of Application			
<b>42.</b> Have you been assessed be intend to live?	y the local authority in the	e area in which you	Yes No			
If <b>yes</b> , please provide the let	tter from the local authority	confirming your housing	need assessment.			
<b>43.</b> Have you been offered acc local authority?	ommodation, including H	Yes No				
If <b>yes</b> , provide the following	g details.					
Accommodation	n Address	Local Authority	Date of Offer			
44. Have you vacated any account including HAP, RAS or equ	ivalent schemes, either ir		Yes No			
If <b>yes</b> , provide the following	g details.		T			
Accommodation	n Address	Local Authority	Date Vacated			
45. Have you vacated any prop	perty owned by you, eithe	r in the State or abroad?	Yes No			

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

If **yes**, provide details below.

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<b>46.</b> Insert an <b>X</b> for which payment 1. Payment at a post office	ent meth	od yo	ou wo	uld p	refer	and	fill in	the	det	ails	bel	OW.				
2. Electronic Fund Transfer	(EFT) t	o you	r finaı	ncial	institu	ution										
3. Nominated payment to a	third pa	rty, fo	r exa	mple	, lanc	llord	s fin	anc	ial ir	nstit	utic	n				
Note: Final decision on payment method is a matter for the Department of Social Protection.																
		F	ost	Offi	се											
Post office name and address:																
County							Е	irco	ode							
	F	inar	ncial	Ins	tituti	on										
<b>Note:</b> You will find the details requested below printed on statements from your financial institution. <b>Nominated Payment:</b> Your payment can be made to a third party with your consent.  If you wish your payment to go to a third party please provide the following details and sign the declaration below.																
Name of financial institution:																
Address of financial institution:																
County							F	irco	de							
Bank Identifier Code (BIC):							1									
International Bank Account											$\neg$				$\neg$	
Number (IBAN):																
Names of account holders:											$\neg$				$\neg$	
Names of account noiders.								<u> </u>			$\frac{1}{1}$				$\frac{1}{1}$	
Decl	aratio	n of	navi	men	t to	a th	nird	na	rtv							
1	aratio		wish							naid	to a	a th	ird ı	nartı	<b>V</b>	
You must sign this declaration made to a third party.	to let us	knov							·							nt

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#### **Data Protection Statement**

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

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

00K 08-21 Edition: August 2021

# Please read this section carefully

## Essential documents required for your claim.

#### **Photographic ID:**

• If you have a Public Service Card (PSC), photographic ID is **not** required. If you do not have a PSC, your passport, driver's licence or other official photographic ID may be supplied.

#### Evidence required for residence period:

• If you are **not** currently receiving rent supplement or haven't previously received rent supplement in the last 12 months, you must be able to provide evidence of your rental payments to your landlord for 6 out of the previous 12 month period.

### **Evidence of tenancy:**

- Tenancy agreement signed by you and your landlord.
- Bank statement showing rental payments made.
- Rent book, signed and dated by landlord, if available.
- Two utility bills being paid by you or your spouse, civil partner or cohabitant at your tenancy's address.
- Proof of ownership from your landlord such as registration with the Residential Tenancies Board (RTB), or previous lease.

#### Proof of your household income:

- Six months of financial statements for all accounts held by you, your spouse, civil partner, or cohabitant, from a bank, credit union or any financial institution.
- Statements of all stocks, shares held by you, your spouse, civil partner or cohabitant.

#### Other supporting documentation required if you, your spouse, civil partner or cohabitant:

- Have received a redundancy payment in connection to your recent unemployment, provide correspondence from your employer supporting your redundancy amount.
- Are self-employed, provide the profit and loss statement for the last 12 months, together with the most recent notice of assessment from the Revenue Commissioners.
- Have any employed person residing with you over 18 years of age, provide their most recent payslips or financial statements showing salaries or wages details. This does not include children 18 to 22 years of age who are in full-time education.
- Have any outstanding mortgages for any property, including land or any foreign property, please provide documentation showing details.

## Ensure that your landlord or agent answers all the questions set out in Part 8 of this form.

# Please remember to sign the Declaration in Part 1

Failure to declare all your means and provide evidence of them, could result in a delay in processing your application.

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

you by the tenant:

## Landlord or landlord's agent details

### This section should be completed by your landlord or their agent

To process Rent Supplement applications, the Department of Social Protection must establish the ownership of the property by the landlord.

Examples of documents that can be provided include:

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

The documents provided can be photocopies and must show the landlord's name, the tenancy's address and be dated within the last 12 months.

If you are providing documents other than the above, contact the community welfare service and they will assist you if you have any concerns.

Please note you must provide personal details, including your name, address and PPS Number for the rent supplement claim to be fully processed.

Number for the rent supplement claim to be fully processed. 1. In relation to the accommodation rented or leased, please state: Type: House Number of **Address of Tenancy Furnished** Yes or No or Apartment **Bedrooms** 2. How much is the rent, exclusive of heating, lighting and € other service costs? Four Weekly Calendar Month 3. Is the rent payable? Weekly If other, provide details: M M **4.** Date tenancy started: **5.** Is there a tenancy agreement for this accommodation? Yes No **6.** Apart from the tenant, spouse, civil partner or cohabitant and their children, is No Yes the tenancy's address shared with other people? If yes, please state: **First Names** Surname 7. Has the rent been paid up to date? Yes No If **yes**, please state the amount and date of last payment: M Up to what date has the rent been paid? If **no**, please state the amount of rent outstanding and the last payment date rent was made to

Part 8 continued	L	.an	dl	or	d c	or I	an	dlo	ord	ľs	ag	en	it c	let	ail	S				
8. Is a deposit paid or payable	?																Ye	s [		No
If <b>yes</b> , please state amount and date paid or due date:			:	€[		, _			].[			D	D		M	M	Υ	Υ	Υ	Υ
9. Landlord's full name:																				
<b>10.</b> Landlord's home address:																				
County											Ei	rco	de							
11. Landlord's telephone numb	er:	'		,		•														
12. Landlord's tax reference nu	mbe	er, r	nor	mal	ly F	PS	Nu	mbe	er:											
<b>13.</b> Agent's full name:																				
<b>14.</b> Agent's address:	<u> </u>																			
	ᆜ																			
County				4.								cod								
	De	cla	ıra	tio	n k	by	lan	dlo	ord	or	aç	gen	ıt							
I confirm that the applicant is re that the information supplied by immediately of any changes to	y me	e is	CO	rec	t ar	nd a	accu	rate	. I ı	und	_									
										and tan		d or	lan	dlo	rd's	ag	ents	off	icia	I
Landlord or landlord's agent's signature, <b>not</b> block letters.																				
Date: DD MM YYYY																				
Warning: If you make a false	state	eme	ent	or v	vith	holo	d inf	orm	natio	on.	VOU	ma	v b	e pi	rose	ecut	ed	lead	lina	to

**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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