Housing Allocations Section, Johns Green House, Johns Green, Kilkenny

Ph: 056-7794000 Fax: 056-7794004

**Application for Permission to Reside in a Council Dwelling**

# Explanatory Memorandum

1. Please read form carefully and answer all questions fully.

2.Applicants should note that Council housing is reserved for persons whose financial circumstances do not

permit of them providing their own housing accommodation. Loan facilities are available for persons

whose financial circumstances are such as will enable them to purchase a new or second-hand dwelling.

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Please submit the following documents with your application form: |  | Tick if you have supplied it |  |
| 1. **Birth certificate(s) in respect of applicant.** |  |  |  |
|  |  |  |  |
| 1. **Photographic identification (e.g. passport, driver’s licence)**   **for applicant.** |  |  |  |
|  |  |  |  |
| 1. **Marriage Certificates (if applicable).** |  |  |  |
|  |  |  |  |
| 1. **P60 PAYE Tax Certificate for the previous tax year for**   **applicant** |  |  |  |
|  |  |  |  |
| 1. **Evidence of income received from the Department of Social**   **Protection on attached form for applicant** |  |  |  |
|  |  |  |  |
| 1. **Evidence of current Income from your employer on the**   **attached form for applicant** |  |  |  |
|  |  |  |  |
| 1. **Full details of all other sources of income to be documented**   **for applicant** |  |  |  |
|  |  |  |  |
| 1. **Rent book showing current receipts of rent (if applicable)** |  |  |  |
|  |  |  |  |
| 1. **The Department of Social Protection rent supplement**   **payment receipt (if applicable).** |  |  |  |
|  |  |  |  |
| 1. **Certification by Inspector of Taxes on attached form for**   **applicant** |  |  |  |
|  |  |  |  |

4.Attention is directed to the provisions of Section 4, 61 and 64 of the Housing Act, 1966. Please note

that under the provisions of the foregoing sections, any person who is required under these sections, and

who make a statement in writing which, to his/her knowledge, is false or misleading shall be guilty

of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding

€1,269.74.An applicant may be excluded from consideration if he/she supplies false information or

withholds relevant information.

5.Please note that information contained in this form may be disclosed to Department of Social Protection

and Voluntary Housing bodies within the terms of Section 15 of the Housing (Miscellaneous Provisions)

Act, 1997.

6.Please note Kilkenny County Council may refuse Permission to Reside on grounds

of antisocial behaviour or on the grounds of good estate management



## KILKENNY COUNTY COUNCIL

**Application for Permission to Reside in a Council Dwelling**

**PART A - TENANT**

all questions **must** be answered

Current Tenant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PARTICULARS OF HOUSEHOLD MEMBERS *(To be completed in full):* | | | | | | |
| Members of Household | Relationship to Applicant | Date of Birth | PPS Number | Occupation | Name/  Address of Employer  /School | Income |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

Type of Accommodation: House🞎 Flat🞎 Apt🞎 Duplex🞎 Bungalow🞎 Upstairs🞎 Downstairs🞎

No. of Bedrooms \_\_\_\_\_\_\_\_ Condition of Dwelling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alterations carried out by tenants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE*: *An application for Permission to Reside will not be considered if the rent account and/or water/domestic refuse collection accounts are in arrears, or where the paying records are unsatisfactory.***

Reason for requesting Permission to Reside:

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

I hereby declare that the foregoing information is correct

Signature(s) of tenant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

## KILKENNY COUNTY COUNCIL

**Application for Permission to Reside in a Council Dwelling**

**PART B – APPLICANT**

all questions **must** be answered

1. First Name(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPS No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPS No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. CURRENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL NO. (HOME)\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WORK)\_\_\_\_\_\_\_\_\_\_\_\_\_

3. MARITAL STATUS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if separated, a copy of legal separation agreement to be submitted).

4. **Please state address of Council dwelling for which permission to reside is being sought.**

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

What is your relationship to the tenant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you have an application for Social Housing Support? **YES / NO**  (Please circle)

Reference number (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address from which last application was made (if different from present address)

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

6. Members of applicant’s family **including applicant** who are seeking permission to reside:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Date of  Birth | Relationship  to Applicant | Total  income  per  week | Source of Income | If employed  name and address  of employer |
|  |  | **Applicant** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

All incomes, whether salary, wages, pensions or social welfare payments must be stated. If there is no

other source of income other than the applicant, the word NIL must be inserted in the space provided.

***Blank spaces are not acceptable.***

7. a. Were you ever a tenant/tenant purchaser/ purchaser of this Council or any other Local Authority? If so, give details including addresses and dates

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

b. Are you or have you ever been the owner of any house, shop, land, etc. - give details hereunder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Are you at present negotiating the purchase of any property (e.g. through Building Society or

Bank etc.)? - If so please give details:

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

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

8. Please state all places of residence and exact periods of time spent in chronological order at each

address since Birth. Exact reasons for leaving addresses must be stated. Please note documentary

evidence may be required.

###### APPLICANT

|  |  |  |
| --- | --- | --- |
| Address | **Exact Periods of Residence**  **From To** | **Reasons for Leaving Address(es)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

SPOUSE/PARTNER(If living)

|  |  |  |
| --- | --- | --- |
| Address | **Exact Periods of Residence**  **From To** | **Reasons for Leaving Address(es)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

9. With regard to your current address, please state

Rent per week/month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of arrears (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Landlord \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State amount of Rent Supplement from the Department of Social Protection (if any) \_\_\_\_\_\_\_\_\_\_\_

**Note:** If you are in receipt of Rent Supplement from the Department of Social Protection you must

produce the payment receiptsto the Council.

If your current address is a Council dwelling please state hereunder, whether rented, tenant purchase/Sales Scheme or Shared Ownership Scheme dwelling and give name of Tenant/Tenant Purchaser/Purchaser.

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

1. Have you, or any other persons seeking permission to reside listed on this form, ever been

convicted in respect of matters relating to anti-social behaviour or public order offences?

**Yes □ No □**

If yes, please give name of person and details of conviction;

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

1. Do you, or any other persons seeking permission to reside listed on this form, currently have

charges pending in respect of matters relating to anti-social behaviour or public order offences?

**Yes □ No □**

If yes, please give name of person and details of charges pending;

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

**I certify that I have read the explanatory memorandum and that all questions have**

**been answered fully and that the particulars given are true and that the documents sought**

**are supplied herewith and that by signing this application form I understand that I give**

**my consent to this application being discussed by officials of Kilkenny County Council’s Housing Department with the tenant(s).**

**I hereby undertake to inform Kilkenny County Council of any changes which may occur in my**

**income since the date of my application. Failure to inform Kilkenny County Council of any changes may exclude me from being considered for permission to reside.**

**SIGNATURE OF APPLICANT(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**-----------------------------------------------------------------------------------------------------------------**

**PART C – DECLARATION OF TENANT**

**I confirm that I am in agreement to the above person applying for permission to reside at**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **and that by signing this application form**

**I understand that I give my consent to this application being discussed by officials of Kilkenny County Council’s Housing Department with the applicant(s).**

**SIGNATURE OF TENANT(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATION**

**Please read this declaration carefully and sign and date it when you are satisfied that you** **understand it. Please note that applications will only be accepted when they have been signed**

**Collection and Use of Data**

**Kilkenny County Council** will use the data which you have supplied to assess

and administer your permission to reside application. Data may be shared with other

public bodies for the purpose of the prevention or detection of fraud.

**Kilkenny County Council** may, for the purpose of its functions under the Housing

Acts 1966 to 2009, request and obtain information from another Housing Authority, the Criminal Assets

Bureau, An Garda Siochána, the Department for Social & Family Affairs, a Health Board or a Voluntary

Housing Body approved for the purposes of Section 6 of the Housing (Miscellaneous Provisions) Act, 1992,

in relation to occupants or prospective occupants of, or applicants for, local authority housing, and of any

other person the authority considers may be engaged in anti-social behaviour.

**Declaration**

I/We declare that the information and particulars given by me/us on this application are true and

correct, and I/we understand that the provision of any false or misleading statements may lead to

this application being cancelled.

The local authority reserves the right to exclude an applicant from consideration for permission to reside if he/she supplies false information or withholds relevant information on this form or at subsequent interviews.

In addition any person who gives

false or misleading information may be guilty of a serious offence and may be liable for prosecution.

I/we undertake to notify **Kilkenny County Council** immediately should there be any change from the information provided, or in my/our circumstances.

I/We also authorise **Kilkenny County Council** to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

**Signed: Applicant 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_ \_ / \_ \_ / \_ \_ \_ \_

**Signed: Applicant 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_ \_ / \_ \_ / \_ \_ \_ \_

|  |
| --- |
| **IMPORTANT** **This form must be completed by you and certified by the Inspector of Taxes before**  **you return same with completed application form to the Council.**  **Please post to; Revenue, Government Offices, Hebron Road, Kilkenny** |

**SECTION A**

. **TO BE COMPLETED BY APPLICANT:**

1. YOUR FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(BLOCK LETTERS)

2. PREVIOUS NAME (IF ANY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. PRESENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. PREVIOUS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. INCOME TAX REFERENCE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY INSPECTOR OF TAXES**

I hereby certify, in accordance with my records and to the best of my knowledge, that the above

named person has not previously claimed income tax relief in respect of interest paid on money

borrowed to purchase/build a dwelling.

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| OFFICIAL STAMP |  |

Housing Allocations,

Johns Green

Kilkenny.

Telephone 056-7794000

Fax 056-7794004

**FOR COMPLETION BY EMPLOYER**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Commencement of Employment: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

Is the above named in **Full Time** or **Part Time** employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If employment is **Part Time** please specify the daily rate \_\_\_\_\_\_\_\_\_\_days at €\_\_\_\_\_\_\_\_\_ per day.

If employment is **Full Time** please complete the following.

Normal **Gross** Weekly/Monthly income of the above name. €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per Week/Month.

Employee’s Annual Tax Free Allowance. €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’ Weekly/Monthly P.R.S.I. contribution. €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Weekly/Monthly P.A.Y.E. contribution. €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at 20% /42%

Employee’s Weekly/Monthly U.S.C. contribution € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s **NETT** Weekly/Monthly income. €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per Week/Month.

**EMPLOYER’S CERTIFICATE**

I/We hereby certify that the particulars set out above are correct in respect of the above named employee.

|  |
| --- |
| Firm’s Official Stamp |

Signature .............................................................

Authorised Capacity .............................................

Date ...................../..................../.......................

Name of Firm ....................................................................................

To: The Manager The Housing Officer

Local Office Kilkenny County Council

Dept. of Social Protection Johns Green

Kilkenny

Telephone 056-7794000

Fax 056-7794004

**INFORMATION REQUIRED TO ASSESS AN APPLICANT FOR PERMISSION TO RESIDE IN A**

**COUNCIL DWELLING**

**Name: .....................................................................................................................................**

**Address: .............................................................................................................................**

**Insurance No.: ....................................................................................................................**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In the above matter, I authorise the Manager of the Employment Exchange or other official concerned of

the Department of Social Protection to disclose to Kilkenny County Council the information

required under the heading specified or otherwise.

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

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

**FOR COMPLETION BY DEPT. OF SOCIAL PROTECTION**

I hereby certify that the above named person is registered for Unemployment Benefit/Assistance/Other

(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and is at present in receipt of €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week.

Please give any other information you may consider relevant - e.g. part time or seasonal work.

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

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

Official Stamp

|  |
| --- |
|  |

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

Authorised Officer.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_