



Housing Association for Integrated Living
Rent Review Form
Confidential Income Statement

Name(s): Address

Telephone: Email Address:

THIS FORM MUST BE COMPLETED BY THE TENANT AND RETURNED TO THIS OFFICE WITH PROOF OF INCOME BY FRIDAY 27TH APRIL 2018. THIS IS TO ENABLE HAIL TO ASSESS YOUR RENT. FAILURE TO COMPLY IS A BREACH OF YOUR TENANCY CONDITIONS & YOUR RENT COULD INCREASE TO €200.00 PER WEEK.

1. MEMBERS OF HOUSEHOLD

(i.e. you & anyone who will be living with you at your home)

NAME	M/F	Relationship to you	Date of Birth	P.P.S.. No

2. DETAILS OF INCOME

We require income details for you & all members of your household (i.e. all those who will be living with you in your home).

a) INCOME FROM BENEFIT

Type of benefit received (e.g. One Parent Family allowance, Disability)	Name of person(s) who received benefit	Period for which benefit was received (i.e. from date to date)	Current Amount of benefit per week

Evidence of income from benefits must be provided by one of the three following methods:

1. A copy of your Social Welfare post office slip, showing payment amount for each person.

or

2. A letter of confirmation from the Dept of Social Community & Family Affairs.

or

3. Attached form SC1 completed by the Dept of Social Community & Family Affairs.

b) INCOME FROM EMPLOYMENT

Type of employment i.e. full/part time/CE Scheme	Name of persons(s) employed	Period of employment (i.e. from date to date)	Weekly or Monthly take home pay

Evidence of this income must be provided by the following: P60 for year ending 31st December 2017

c) INCOME FROM OTHER SOURCE

Type of income (e.g. child maintenance)	Name of person(s) who received income	Period income received (i.e. from date to date)	Amount received (Please state Weekly or Monthly)

Please provide written proof of this income

3. ARE ANY OF YOUR DEPENDANTS AGED 18 OR OVER & IN FULL TIME EDUCATION? YES/NO

If yes, please provide a letter from the school or college confirming attendance.

DECLARATION

I confirm that the above information is accurate to the best of my knowledge.
I authorise HAIL Housing Association to validate my income with the Department of Social, Community & Family Affairs, or the Community Welfare Officer if required.

Signed:.....

Date:

Signed:.....

Date:

THIS SECTION MUST BE SIGNED AND DATED BY THE TENANT

Have you completed the form correctly?

- Have you signed the declaration box?
- Have you submitted income details of all the occupants of your property?
- Have you provided proof of income?
- Return the form in the envelope provided.

Complete this form sc1 ONLY IF YOU HAVE NO OTHER PROOF OF INCOME.

FORM SC1

FROM: Department of Social Community & Family Affairs

P.P.S. Number _____

Name: _____

Address: _____

_____ **Date:** _____

Re: Confirmation of Allowance/Assistance Received

I can confirm that allowance/assistance was received by the above named during the period 1st January 2017 to 31st December 2017 as follows:

<u>TYPE OF PAYMENT</u>	<u>FROM</u>	<u>TO</u>	<u>WEEKLY RATE</u>
.....
.....
.....

SIGNED:

EXCHANGE:

TELEPHONE:

Official stamp:

DATE: .../.../....