



## **APPLICATION FORM FOR A RENT REFUND**

**ACC No.:** \_\_\_\_\_ **UPRN NO:** \_\_\_\_\_

**NAME(S):** \_\_\_\_\_

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

**SIGNATURE(S):** \_\_\_\_\_

**CHANGE OF ADDRESS IF ANY:**

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

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**In order for this refund to be processed your Rent Account has to be correctly assessed. Please complete the enclosed Rent Assessment Form and return to this office, together with all income details and documents as set out on the Rent Assessment Form "Checklist of Documents".**

**Refund can only be processed when the correct rent amount is being charged and paid on your Rent Account.**

### **METHOD BY WHICH YOU PAY YOUR WEEKLY CHARGE**

POST OFFICE BILLPAY-POST OFFICE COUNTER

HOUSEHOLD BUDGET DEDUCTION

STANDING ORDER FROM YOUR BANK ACCOUNT

Refunds can only be paid through electronic funds transfer. Please fill in your bank/credit union details at the back of this form fully including *BIC* and *IBAN*.

**Please return to: - Rent Section, 1<sup>st</sup> Floor, Grove Road,  
Blanchardstown, Dublin 15.**



**Tenant Signature 2:**

\_\_\_\_\_

**We hereby confirm that the above details are correct for the named person(s) and will advise in writing any change in the account details to The Rents Section, Fingal County Council, Civic Offices, Grove Road, Blanchardstown, Dublin 15.**

**Supplier ID: \_\_\_\_\_ (Fingal County Council Use Only)**

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

**Date:**

\_\_\_\_\_



**Rent Assessment Form (RAF)**

I/We certify that the information shown below is complete and correct and that all residents and all incomes in the dwelling are recorded below. I/We authorise and give authority to the Council to seek and receive any information which the Council may require from my/our employer's or from the Revenue Commissioners and Dept. of Social Protection or from any other source in relation to household income. I/We have read the checklist on the Rent Assessment Form and have included all applicable documentation and am/are aware that the inclusion of any false or misleading information, or deliberate exclusion of vital information, could leave me/us open to prosecution.

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

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

\_\_\_\_\_

\_\_\_\_\_

**A/c No:** \_\_\_\_\_ **UPRN:** \_\_\_\_\_

**Signature of Tenant:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Tenant:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**eMail:** \_\_\_\_\_

**For relationship to Tenant - Please tick the appropriate box below for each person in the household**

Full Name	Date of Birth	Age	Social Welfare PPS. No	Source of Income	Net Amount	Tenant	Partner/Spouse	Child	Adult over 18 with income	Adult 18 to 26 years in Full Time Education

**Please see the back page for Checklist**

**Return Address – Fingal County Council, Rent Account Management Section, Grove Road, Blanchardstown, Dublin 15 Eircode: D15 W638**



**Rent Assessment Form (RAF) - CHECKLIST OF DOCUMENTS - ENSURE ALL DOCUMENTS FOR PROOF OF INCOME ARE SUBMITTED**

**ALL EMPLOYMENT AND EMPLOYMENT/FOREIGN PENSIONS FOR THOSE 18 YEARS OR OVER, WHICH MUST BE INCLUDED WITH THE RENT ASSESSMENT FORM:**

- 1 P60 for any member of the household employed. A P60 must be supplied for each job, if the householder holds more than one job.
- 2 "Income Received from Employment" form completed by your employer if P60 not available. A form must be supplied for each job, if the householder holds more than one job.
- 3 P21 for any member of the household with more than one job held.
- 4 P45 if you changed job or are no longer employed.

**SELF-EMPLOYED FOR THOSE 18 YEARS OR OVER, WHICH MUST BE INCLUDED WITH THE RENT ASSESSMENT FORM:**

- Current Notice of Assessment from the Tax Office.

**SOCIAL WELFARE PAYMENTS FOR THOSE 18 YEARS OR OVER, WHICH MUST BE INCLUDED WITH THE RENT ASSESSMENT FORM:**

- 1 Social Protection payslip to be attached to this form
- 2 Bank statement if paid directly into your Bank Account to be attached to this form

**PERSON MOVING IN TO HOUSE, INCOME DETAILS AND THE DATE THAT PERSON MOVED IN MUST BE INCLUDED WITH THIS RENT ASSESSMENT FORM:**

- If a person has moved in, that person's income will be assessed for the weekly charge, this does not infer a right to reside. A request for permission to reside must be made in writing.

**PERSON MOVING OUT OF HOUSE/ REMOVE PERSON FROM RENT, DETAILS OF NEW ADDRESS AND DATE MOVED OUT TO BE INCLUDED WITH THIS FORM:**

- Proof of new address, i.e. Lease agreement or utility bill from new address dated from the time the person moved out.

**STUDENTS: 18 years**

- Letter from school or college stating confirmation of full-time education, documentary evidence of employment/social welfare if applicable.

**OTHER CHANGES IN HOUSEHOLD CIRCUMSTANCES**

- Marriage Certificate – if married in the last year
- Death Cert- for any member of the household who passed away Birth Cert- for a baby born

- This information is sought for the purpose of Section 20 and Section 22 of the Housing (Miscellaneous Provisions) Act 2009, and Section 58 of the Housing Act 1966-2014 as amended and Section 31 Housing Act 2009 as amended, and shall be used only for the purpose for which it is intended.

- Tá an foirm seo ar fáil as Gaeilge ach glaoch ar 8905593/5132

**Please note that if you are a person on whom a Tenancy Warning has been successfully served nothing in this form shall operate to confer rights on you or affect the validity of such Tenancy Warning or in any way affect or be a waiver of the right of Fingal County Council to recover possession of the dwelling.**