



**KILKENNY COUNTY COUNCIL
REVIEW OF DIFFERENTIAL RENTS 2024**

Customer ID: _____	File Ref: _____	Batch No: _____
--------------------	-----------------	-----------------

TENANT: _____

ADDRESS: _____ Eircode: _____

Tel/Mobile No. _____ Tel/Mobile: _____

E-mail address _____

Please set out hereunder, the present particulars of your family and all other persons residing in the house.

Names (including ALL persons residing in the house)	Age	P.P.S No.	D.O.B	Relationship-State whether Tenant, Spouse, Partner, Son Etc.	Weekly Income €

Source of Income – Please tick:

Employment <input type="checkbox"/>	Self Employed <input type="checkbox"/>	
Social Welfare <input type="checkbox"/>	Maintenance	€ _____ weekly
Pension <input type="checkbox"/>	CE Scheme	€ _____ weekly

PLEASE ATTACH COPIES OF THE FOLLOWING WHERE APPLICABLE: (This is a mandatory requirement and forms received without supporting evidence of income will be returned and a penalty fee may apply.)

- **Employment** – Please submit Pay and Tax Summary from Revenue.ie for previous calendar year and 4 most recent payslips
- **Self Employed** – Form 11 Summary for 2022 and Self-Assessment Chapter 4 from Revenue.ie
- **Social Welfare** – Evidence of social welfare payment
- **Overall Rent amount** – Evidence of overall monthly rent e.g. lease or proof of rent payments

Method of rent payment – Please tick the appropriate box

An Post Deduction

Bill Pay Card

Standing Order

If anyone was living with you at the time your rent was last reviewed and has now left the dwelling, you must supply **proof (e.g. Utility Bill or Bank Statement)** of their current address for verification: -

If anyone has moved into the property since the time your rent was last reviewed, you must supply the date that they moved into the property. If adding a new dependant please include a copy of birth cert and their PPSN.

Please state names of any full time Students (over 18 years) and the college being attended

This information will be checked against previous details supplied by you when your rent was last reviewed.

Any additional information:

I consent to the collection and processing of the data provided by me by Kilkenny County Council and the sharing of this data with relevant agents for the purposes of calculation of rent.

I agree that Kilkenny County Council when calculating my rent may contact other Government Departments including Department of Social Protection, Revenue Commissioners and the Department of Justice to confirm the information provided.

Any personal information which you provide may be shared/exchanged with other Governments Departments/Agencies in accordance with the law and will be used by Kilkenny County Council and other Agencies to carry out our legal obligations, for the detection of fraud or for the prevention of crime.

Kilkenny County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of rent calculation and in accordance with the Council's Retention Policy.

I hereby declare that the foregoing particulars are correct and true and I undertake to notify Kilkenny County Council of any change in my circumstances/household income. I hereby consent to my data being processed, shared and stored by Kilkenny County Council for the purposed outlined above.

Signed TENANT _____ TENANT _____

Date: _____

KILKENNY COUNTY COUNCIL
DIFFERENTIAL RENTS SCHEME

CERTIFICATE OF INCOME OF:

Name: _____

Address: _____

Average Gross Weekly Income

€.....

Average Tax amount paid Weekly

€.....

Average PRSI amount paid Weekly

€.....

Average Income Levy paid Weekly

€.....

I hereby declare that the foregoing particulars are correct and true.

EMPLOYER

DATE

EMPLOYER'S STAMP _____

If not stamped by employer it will not be accepted.

CERTIFICATE OF INCOME OF:

Name: _____

Address: _____

KILKENNY

Average Gross Weekly Income

€.....

Average Tax amount paid Weekly

€.....

Average PRSI amount paid Weekly

€.....

Average Income Levy paid Weekly

€.....

I hereby declare that the foregoing particulars are correct and true.

EMPLOYER

DATE

EMPLOYER'S STAMP _____

If not stamped by employer it will not be accepted.