

SUPPLEMENTARY WELFARE ALLOWANCE RENT SUPPLEMENT (S.W.A. 3 - 07/2009)

To be used in conjunction with S.W.A. 1

Office Use

Date Received

By Whom

SECTION 1: FOR COMPLETION BY THE APPLICANT

Name: (BLOCK CAPITALS) _____

P.P.S. No.

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I wish to claim a Rent Supplement from the Health Service Executive in respect of the following

address: _____

1.

How much is the rent (exclusive of heating/lighting and other service costs)?

€ _____ Weekly / 4 weekly / Monthly

Please also write the amount in words _____

NB: This amount of rent payable should reflect the amount recorded on the Tenancy Agreement or rent book.

2.

Date of commencement of tenancy _____

Please provide copy of Tenancy Agreement, rent book/receipts, utility bill etc.

3.

Please provide details of all addresses resided at in the last 12 months

(a) Address _____

*Accommodation type _____ Period of residency: from _____ to _____

(b) Address _____

*Accommodation type _____ Period of residency: from _____ to _____

(c) Address _____

*Accommodation type _____ Period of residency: from _____ to _____

* Accommodation type means: family home, private rented accommodation, local authority social housing, homeless or other.

Please provide appropriate verification in respect of the above address(es) i.e. tenancy agreement(s), rent book(s)/ receipts, utility bill(s) etc.

4.

Has your housing need been assessed by the Local Authority, in this area, in the last 12 months?

Yes No

If "Yes", please provide verification from the Local Authority in this area.

5.

(a) Have you applied for housing/accommodation to any Housing Authority/Authorities in the last 12 months?

Yes No

(b) Have you been offered housing/accommodation by any Housing Authority/Authorities in the last 12 months?

Yes No

If you answered "Yes" to (a) or (b) above, please provide the following details:

(i) Name of Housing Authority _____

Date of application/offer _____ Reference No. _____

(ii) Name of Housing Authority _____

Date of application/offer _____ Reference No. _____

(iii) Name of Housing Authority _____

Date of application/offer _____ Reference No. _____

6.

Have you vacated any accommodation provided by any Housing Authority/Authorities in the last 12 months?

Yes No

If "Yes", please provide the following details:

(a) Name of Housing Authority/Authorities _____

Address of accommodation(s) vacated: _____

Date(s) vacated: _____

(b) Name of Housing Authority/Authorities _____

Address of accommodation(s) vacated: _____

Date(s) vacated: _____

I confirm that the information provided by me is correct at the time of completing the form, and I undertake to inform the Health Service Executive immediately of any subsequent changes to this information provided by me. I request and authorise my **landlord** to complete Section 2 of this form so that I may claim a Rent Supplement from the Health Service Executive towards the cost of housing accommodation which I rent and reside in.

Signature: _____ **Date:** _____

**IT IS AN OFFENCE TO GIVE FALSES OR MISLEADING INFORMATION.
INFORMATION MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW,
AND THE H.S.E. MAY CONTACT YOUR LANDLORD FOR FURTHER INFORMATION.**

SECTION 2: FOR COMPLETION BY THE LANDLORD OR LANDLORD'S AGENT

1. In relation to the accommodation rented/leased, please describe/specify:
- (a) Address of tenancy _____
- (b) Is the accommodation (please tick ✓) furnished unfurnished
- (c) Description of rented dwelling (please tick ✓) Bedsit Flat Apartment
Semi-detached house Detached house Terraced house Maisonette
- (d) How many bedrooms are in the property?
2. Date of commencement of tenancy _____
3. Is the accommodation shared with any other person(s)? Yes No
If "Yes" please list the name(s) of the other person(s)

4. Is there a Tenancy Agreement or Rent Book in place in relation to this accommodation?
Yes No
5. How much is the rent (exclusive of heating/lighting & other service costs)?
€ _____ Weekly/4 Weekly/Monthly. **Please also write the amount in words**

- NB:** This amount of rent payable should reflect the amount recorded on the Tenancy Agreement or Rent Book
6. Is a deposit payable? Yes No How much? € _____
7. Has a deposit been paid? Yes No How much? € _____
8. Up to what date has the rent been paid? _____
9. Landlord's Full Name (BLOCK CAPITALS) _____
10. Landlord's Home Address (BLOCK CAPITALS) _____
_____ Tel No: _____
11. Agent's Full Name (BLOCK CAPITALS) _____
12. Agent's Address (BLOCK CAPITALS) _____
_____ Tel No: _____

NB: (FAO Agent) Please ensure that answers to questions 9 and 10 are completed in full.

I confirm that the applicant is renting/leasing and occupying living accommodation from me and that the information supplied by me is correct and accurate. I undertake to inform the Health Service Executive immediately of any subsequent changes to the information provided above.

Landlord's/Agent's Signature: _____ **Date:** _____

**IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION.
INFORMATION MAY BE SHARED WITH OTHER BODIES, IN ACCORDANCE WITH LAW,
AND THE H.S.E. MAY CONTACT YOU FOR FURTHER INFORMATION.**

