

SUPPLEMENTARY WELFARE ALLOWANCE

Housing Mortgage Interest Supplement (S.W.A. 4 - October 2011)

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

Office Use

Date Received

By Whom

Use BLOCK LETTERS. Answer all questions fully and attach all requested documentation (where relevant). Incomplete forms will be returned and will result in delay in processing your claim.

SECTION 1: FOR COMPLETION BY APPLICANT

I request and authorise _____ (Lending Agency)

to complete Section 2 of this form in relation to the Housing Loan(s) for my residence at _____

_____ and to furnish copy/copies

of my loan application(s) and evidence of income(s) supplied at the time of the application(s).

1. Mortgage Account Number/Loan Reference Number _____
2. Is this application in respect of the purchase, repair or essential improvement of your principal primary residence? Yes No (please tick)
3. Do you have a Mortgage/Unemployment/Income/Sickness Protection Policy? Yes No (please tick)
If "Yes" please provide copy of the Policy.
4. Are you in receipt of a Mortgage Subsidy or Mortgage Allowance from your Local Authority? Yes No (please tick)

NB: Please provide a copy of the Tax Relief at Source (TRS) Certificate if the amount of TRS is paid into an account other than this mortgage account.

If you are not availing of, or not entitled to, Tax Relief at Source (TRS), please provide evidence.

I declare that the information given by me is true and accurate, that I reside at the above address and that my residence is not for sale.

Signature _____ Date: _____ P.P.S. No.

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SECTION 2: FOR COMPLETION BY THE LENDING AGENCY

1. Has the above named a House Loan(s) from your Organisation in respect of the above address? Yes No (please tick)
2. Is/are the loan(s) in joint names? Yes No (please tick)
3. If the answer is "Yes" to either question 1 or question 2, please supply the following details:-
 - (a) Name(s) on the account(s) _____
 - (b) Loan Reference Number(s) _____
 - (c) Date(s) when loan(s) was/were advanced _____
 - (d) Purpose of the loan(s) _____
 - (e) Date Loan(s) Agreement(s) was/were signed _____
 - (f) Amount advanced under each loan? € _____ € _____
 - (g) Term of loan(s) in years _____
 - (h) Type of loan(s) e.g. annuity etc. _____

P.T.O.

SECTION 2: (CONTINUED) FOR COMPLETION BY THE LENDING AGENCY

4. (a) Balance outstanding (exclusive of arrears and interest) € _____ € _____
- (b) Arrears (if any) € _____ € _____
- (c) Current monthly repayments € _____ € _____
- (d) Current gross interest content of monthly repayment is € _____ € _____
- (e) Current interest content of monthly repayments after Tax Relief at Source (TRS) has been applied € _____ € _____
- (f) Current annual percentage rate of interest % _____ % _____
- (g) Gross interest paid in year ended 31/12/ was € _____ € _____
- (h) Interest paid in year ended 31/12/ after Tax Relief at Source (TRS) has been applied € _____ € _____

5. Is/are the loan(s) covered by an Unemployment/Income/Sickness Protection Policy? Yes No (please tick)

6. Have the loan(s) repayment arrangement(s) been re-negotiated or have mortgage arrears been re-capitalised on the loan(s)? Yes No (please tick)

If "Yes" please give details: _____

7. Have any penalties been applied to the loan(s)? Yes No (please tick)

If "Yes" please give details: _____

8. Please detail legal actions (if any) instituted to recover the loan(s) _____

PLEASE ATTACH COPY OF THE LOAN APPLICATION(S) / LOAN APPROVAL AND EVIDENCE OF INCOME(S) SUPPLIED AT THE TIME OF APPLICATION.

IF ANY OTHER LOAN HAS BEEN SECURED ON THIS PROPERTY PLEASE ATTACH COPY OF THE LOAN APPLICATION / LOAN APPROVAL AND EVIDENCE OF INCOME(S) SUPPLIED AT THE TIME OF THE APPLICATION.

SIGNED: _____

DATE: _____

TEL NO: _____

Lending Agency Stamp

**IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION.
INFORMATION MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.**