



Application form for

Supplementary Welfare Allowance Rent Supplement

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions**. We will return any form that is incomplete. This will delay your application for Supplementary Welfare Allowance.

If you do not have a spouse, civil partner or cohabitant:

Fill in **Parts 1, 3, 4, 7, 8** and **9** as they apply to you. When form is completed, read **Part 10** and sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant:

Fill in **Parts 1, 3, 4, 5, 7, 8,** and **9** as they apply to you and your spouse, civil partner or cohabitant. When form is completed, read **Part 10** and sign declaration in **Part 1**.

Employer:

If you are an **employer** for the applicant fill in **Part 2**. If you are an **employer** for the spouse, civil partner or cohabitant fill in **Part 6**. Please make sure you sign and stamp these parts of the form.

Landlord or landlord's agent:

Please fill in **Part 11**. Please make sure you sign and stamp this part of the form.

Please note:

To process your Rent Supplement, we need to establish ownership of the property by the landlord. One of the following documents are acceptable in photocopy form.

1. Evidence of registration with Private Residential Tenancies Board (PRTB).
2. Receipt from Non Principal Private Residence (NPPR).
3. Evidence of buildings insurance policy held by landlord.

If you need any help to complete this form, please contact your local Intreo Centre, Social Welfare Office or Citizens Information Centre.

For more information, log on to www.welfare.ie.

How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your date of birth:	2	8	0	2	1	9	7	0											
	D	D	M	M	Y	Y	Y	Y											
8. Your mother's birth surname:	K	E	L	L	Y														

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D		T	O	W	N											
	D	O	N	E	G	A	L		T	O	W	N							
County	D	O	N	E	G	A	L		Post Code										
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	MOBILE																		
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	LANDLINE																		
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																

SAMPLE

Application form for

For Official Use Only

Date received _____

By whom _____

Social Welfare Services

SWA RS 1

Data Classification R



Supplementary Welfare Allowance Rent Supplement

Part 1

Your own details

1. **Your PPS No.:**

2. **Title:** (insert an 'X' or specify) Mr. Mrs. Ms. Other

3. **Surname:**

4. **First name(s):**

5. **Your first name as it appears on your birth certificate:**

6. **Birth surname:**

7. **Your date of birth:**

D D M M Y Y Y Y

8. **Your mother's birth surname:**

Contact Details

9. **Your address:**

County

Post Code

10. **Your telephone number:**

MOBILE

LANDLINE

11. **Your email address:**

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

Signature (not block letters)

Date:

D D M M 2 0 Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 1 continued

Your own details

12. Are you?

Single

Cohabiting

Married

In a Civil Partnership

Separated

A surviving Civil Partner

Divorced

A former Civil Partner

Widowed

(you were in a Civil Partnership that has since been dissolved)

If you are married, in a civil partnership or cohabiting, from what date?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D D		M M		Y Y Y Y			

13. Your current income from employment:

€ , . a week

Are you employed?

Yes

No

You are 'employed' when you work for another person or company and you get paid for this work. Please attach copies of your 4 most recent payslips.

If 'Yes', please state:

Number of days worked a week:

a week

Total number of hours worked per week:

a week

Your usual occupation:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your current employer's name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your current employer's address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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County

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your current employer must also complete Part 2.

If 'No', please state:

Your previous income:

€ , . a week

Your last occupation:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your last employer's name:

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Your last employer's address:

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County

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Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date you were last employed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D D		M M		Y Y Y Y			

Part 1 continued

Your own details

14. Amount of redundancy payment made and date paid? € , .
D D M M Y Y Y Y

Please attach original written confirmation of redundancy.

15. Amount and date of redundancy payment due? € , .
D D M M Y Y Y Y

16. If you are self-employed (including farming) at present, please state:

Type of business or trade:

Your profit over the last year: € , .

Note: Please attach your profit and loss account for the last 12 months, together with most recent notice of assessment from Revenue Commissioners.

17. Are you? In full-time education
 Involved in an industrial dispute

18. If you are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

Amount: € , . a week

19. If you are getting or have applied for any other pension or allowance from another country, please state:

Name of country:

Your claim or reference number:

Amount: € , . a week

20. Have you applied for any other source(s) of income such as an occupational pension?

Yes No

If 'Yes', please state:

Type of payment:

Amount: € , . a week

Note: A separate sheet of paper can be used for more details if needed.

21. Do you have any other income including but not limited to income from casual, occasional or seasonal employment? Yes No

If 'Yes', please give details in the space provided:

22. If you are getting or have applied for maintenance, please state:

Amount: € , . a week

23. Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

Yes No

If 'Yes', please state:

Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 3

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Please attach an original statement for each account, showing transactions for the last 6 months.

If you have any other accounts you must give details of them to this Department on a separate sheet of paper.

Note: A separate sheet of paper can be used for more details if needed.

24. Do you own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments?

Yes No

If 'Yes', please state:

Their value: € , . **Please attach a statement to show details and current market value.**

25. Do you own or share in the ownership of any property (including land) other than the house you occupy?

Yes No

If 'Yes', please state:

Property/land address:

County

Post Code

Use of property/land:

Note: A separate sheet of paper can be used for more details if needed.

26. How much are you paying weekly on the following?

House rent: € , . a week

Cost of travel to work: € , . a week

Mortgage: € , . a week

Maintenance you pay: € , . a week

This part must **ONLY** be completed by your employer

27. What is your employee's full name?

28. Please confirm their PPS No.:

29. Their address:

 County Post Code

Current employee

30. Please confirm the date employee first started working for you:
 D D M M Y Y Y Y

31. Is the above employee participating in a Department of Social Protection Employment Incentive Scheme? Yes No

32. Numbers of hours normally worked per week? a week

33. Gross basic wage per hour: € , . per hour

34. Gross income since January 1st last: € , .

35. Number of weeks of insurable employment since January 1st last:

36. PRSI contributions deducted since January 1st last: € , .

37. Total Tax (PAYE) paid since January 1st last: € , .

Employee on sick leave

38. Is the employee on sick leave from your firm? Yes No

39. What date did sick leave commence?
 D D M M Y Y Y Y

40. Gross weekly amount of sick pay less PRSI: € , . a week

41. Date of last payment made:
 D D M M Y Y Y Y

42. Amount of last payment made: € , .

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Employer's official stamp

Date:

D	D

M	M

2	0		
Y	Y	Y	Y

Employer's registered number:

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Employer's telephone number:

MOBILE

LANDLINE

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

This section must be completed by all applicants. Habitual residence is a condition that you must satisfy to qualify for this payment. For more information, log on to www.welfare.ie.

43. What country were you born in?

44. What is your nationality?

45. Do you have a social security number from another country?

Yes No

If 'Yes', please state:

Social security number:

Country:

46. Do you have a GNIB (Garda National Immigration Bureau) card?

Yes No

If 'Yes', please attach a verified copy of same (your local Social Welfare Office can photocopy it for you and verify that they saw the original).

47. Have you resided continuously in Ireland since birth?

Yes No

If 'No', please give details of where you lived in the space provided.

Country 1

Country:

From:

To:
D D M M Y Y Y Y

Why you lived there:

Country 2

Country:

From:

To:
D D M M Y Y Y Y

Why you lived there:

For official use only

HRC satisfied

HRC1 issued

Part 4

Details of your dependent child(ren)

48. How many children do you have?

under age 18

age 18 - 22 in full-time education*

***You must attach written confirmation from the school or college for children aged 18 - 22**

Please state child's:

Child 1

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Does this child live with you? Yes No

Child 2

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Does this child live with you? Yes No

Child 3

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Does this child live with you? Yes No

Child 4

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Does this child live with you? Yes No

Note: A separate sheet of paper can be used for more details if needed.

Part 5 continued

Your spouse's, civil partner's or cohabitant's details

60. Their current income from employment: € , . a week

Are they employed? Yes No

They are 'employed' when they work for another person or company and they get paid for this work. Please attach copies of their 4 most recent payslips.

If 'Yes', please state:

Number of days worked a week: a week

Total number of hours worked per week: a week

Their usual occupation:

Their current employer's name:

Their current employer's address:

County

Post Code

Their current employer must also complete Part 6.

If 'No', please state:

Their previous income: € , . a week

Their last occupation:

Their last employer's name:

Their last employer's address:

County

Post Code

Date they were last employed:

D D

M M

Y Y Y Y

61. If they are self-employed (including farming) at present, please state:

Type of business or trade:

Their profit over the last year:

€ , .

Note: Please attach their profit and loss account for the last 12 months, together with most recent notice of assessment from Revenue Commissioners.

62. Amount of redundancy payment made and date paid?

€ , .

D D

M M

Y Y Y Y

Please attach original written confirmation of redundancy.

63. Amount and date of redundancy payment due?

€ , .

D D M M Y Y Y Y

64. If they are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

Amount: € , . a week

65. If they are getting or have applied for any other pension or allowance from another country, please state:

Name of country:

Their claim or reference number:

Amount: € , . a week

66. Have they applied for any other source(s) of income such as an occupational pension?

Yes No

If 'Yes', please state:

Type of payment:

Amount: € , . a week

Note: A separate sheet of paper can be used for more details if needed.

67. Do they have any other income including but not limited to income from casual, occasional or seasonal employment?

Yes No

If 'Yes', please give details in the space provided:

Note: A separate sheet of paper can be used for more details if needed.

68. If they are getting or have applied for maintenance, please state:

Amount: € , . a week

69. Do they have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

Yes No

If 'Yes', please state:

Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 3

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Please attach an original statement for each account, showing transactions for the last 6 months.

If you have any other accounts you must give details of them to this Department on a separate sheet of paper.

Note: A separate sheet of paper can be used for more details if needed.

70. Do they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments?

Yes No

If 'Yes', please state:

Their value: € , . **Please attach a statement to show details and current market value.**

71. Do they own or share in the ownership of any property (including land) other than the house they occupy?

Yes No

If 'Yes', please state:

Property/land address:

County

Post Code

Use of property/land:

Note: A separate sheet of paper can be used for more details if needed.

72. How much are they paying weekly on the following?

House rent: € , . a week

Cost of travel to work: € , . a week

Mortgage: € , . a week

Maintenance they are paying: € , . a week

Part 6 continued

Details from your spouse's, civil partner's or cohabitant's employer

Signed by or for employer

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Signature (not block letters)

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Position in company or organisation

<p>Employer's official stamp</p>

Date:

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2	0		
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D D M M Y Y Y Y

Employer's registered number:

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Employer's telephone number:

MOBILE
LANDLINE

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 7

Details of other people sharing the accommodation

89. Apart from yourself, your spouse, civil partner or cohabitant and child(ren) listed in Part 5, please state who else lives with you:

Person 1 living with you

Surname:

First name(s):

Their relationship to you:

Amount of rent they pay per week € , . a week

Person 2 living with you

Surname:

First name(s):

Their relationship to you:

Amount of rent they pay per week € , . a week

Person 3 living with you

Surname:

First name(s):

Their relationship to you:

Amount of rent they pay per week € , . a week

Person 4 living with you

Surname:

First name(s):

Their relationship to you:

Amount of rent they pay per week € , . a week

Person 5 living with you

Surname:

First name(s):

Their relationship to you:

Amount of rent they pay per week € , . a week

Note: A separate sheet of paper can be used for more details if needed.

Part 8

Your accommodation details

90. Please state addresses resided at in the last 12 months:

Accommodation 1

Address:

County

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Post Code

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* Accommodation type:

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Period of residency:

From:

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To:

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D D

M M

Y Y Y Y

Accommodation 2

Address:

County

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Post Code

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* Accommodation type:

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Period of residency:

From:

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To:

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D D

M M

Y Y Y Y

Accommodation 3

Address:

County

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Post Code

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* Accommodation type:

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Period of residency:

From:

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To:

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D D

M M

Y Y Y Y

Note: A separate sheet of paper can be used for more details if needed.

* Accommodation type means: family home, private rented accommodation, housing authority social housing, homeless accommodation or accommodation provided under the Rental Accommodation Scheme (R.A.S.) or other.

91. Have you applied for accommodation to any housing authority in the last 12 months?

Yes No

If 'Yes', please provide the following details:

Housing authority:

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Date of application:

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D D

M M

Y Y Y Y

Note: A separate sheet of paper can be used for more details if needed.

Part 9

Your preferred payment option

Final decision on payment method is a matter for the Department.

Please complete one option below.

96. Please indicate which method you would prefer by ticking the appropriate box.

1. **Electronic Fund Transfer to a Bank Account**
2. **Payment at a Post Office**
3. **Cheque payment**
4. **Payment to a third party** (if choosing this payment option, please sign declaration below)

Declaration of payment to a third party

I, , wish to have Rent Supplement paid to a third party.

You must sign this declaration to let us know that you want to have the Rent Supplement payment made to a third party.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:	<input type="text"/>		
Address of financial institution:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
County	<input type="text"/>	Post Code	<input type="text"/>
Bank Identifier Code (BIC):	<input type="text"/>		
International Bank Account Number (IBAN):	<input type="text"/>		
	<input type="text"/>		
Name(s) of account holder(s):	<input type="text"/>		
Name 1:	<input type="text"/>		
Name 2 (if any):	<input type="text"/>		

Please attach a bank statement

Post Office

Post Office address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
County	<input type="text"/>	Post Code	<input type="text"/>

Cheque payment

If your preferred payment option is a cheque payment please provide the following:

Surname:	<input type="text"/>
First name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>

Part 10

Checklist

Have you answered all questions?

Have you enclosed the following?

— Letter from Housing Authority in the area in which you intend to reside stating that you have been assessed as having a housing need.

or

— Evidence of rent paid for six out of the previous twelve months. Provide two of the following: utility bills, rent paid by standing orders/direct debits, registration with PRTB, rent book or previous lease.

and

Proof of income

— If you or your spouse, civil partner or cohabitant are employed, please include both your and their 4 most recent payslips and or P60, if required.

— If you and or your spouse, civil partner or cohabitant are self-employed, please attach a copy of both your and their profit and loss account for the last 12 months, if required.

and

— Six months bank statements/proof of saving and investments.

— Copy of photographic ID.

— Proof of ownership from your landlord.

— Current lease/tenancy agreement.

— Proof of your redundancy.

— Proof of your spouse's, civil partner's or cohabitant's redundancy.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Intreo Centre, Social Welfare Office or Citizens Information Centre.

Note for landlord

The tax reference number may be provided by completing Question 13 of this part of the form. Should you not wish to complete this part, a separate form (SWA 3C) is available online at www.welfare.ie. If you do not have a tax reference number, please state this in writing and provide a written explanation as to why it is the case.

Under Section 198 (4A) of the Social Welfare Consolidation Act 2005 (as amended), a rent supplement may not be paid if the landlord has not provided the Department of Social Protection with their tax reference number or has not advised the Department of Social Protection in writing that they do not have such number and of the reason(s) that they do not have one. A Tax Reference Number can be the landlord's Personal Social Services Number (PPSN) or the reference number stated on any return form of income or profits, or notice of assessment, issued to that person by the Revenue Commissioners.

The Department will periodically confirm in writing details of a tenancy with a landlord or letting agent where a Rent Supplement has been applied for or is payable.

To process Rent Supplement, we need to establish ownership of the property by the landlord. One of the following documents are acceptable in photocopy form.

1. Evidence of registration with Private Residential Tenancies Board (PRTB) landlord section.
2. Receipt of payment to Non Principal Private Residence (NPPR).
3. Evidence of buildings insurance policy held by landlord.

1. In relation to the accommodation rented/leased, please state:

Address of tenancy:

County

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Post Code

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Is the accommodation:

furnished or unfurnished

Description of rented dwelling:

Bedsit Flat Apartment Maisonette

Semi-detached house Detached house Terraced house

Number of bedrooms in the property:

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2. Is the accommodation shared with any other person(s)?

Yes No

If 'Yes', please state:

Name of person 1:

Name of person 2:

Name of person 3:

Note: A separate sheet of paper can be used for more details if needed.

3. Date tenancy started:

				2	0		
D	D	M	M	Y	Y	Y	Y

4. Is there a tenancy agreement or rent book for this accommodation?

Yes No

5(a). Is the rent paid?

weekly four weekly calendar monthly other

5(b). If 'Other', please give details:

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

Amount: €

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Note: The amount of rent stated above should reflect the amount recorded on the Tenancy Agreement or Rent Book.

7. Is a deposit payable?

Yes No

If 'Yes', please state:

Amount: €

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8. Has the deposit been paid?

Yes No

If 'Yes', please state:

Amount: €

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9. Up to what date has the rent been paid?

				2	0		
D	D	M	M	Y	Y	Y	Y

10.Landlord's full name:

11.Landlord's home address:

County

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Post Code

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12.Landlord's telephone number:

MOBILE

LANDLINE

13.Landlord's tax ref no. (normally PPS No.)

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14.Agent's full name:

15.Agent's address:

County

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Post Code

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Note: Please ensure that answers to questions 10 to 15 are completed in full.

Declaration by landlord/agency

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 Department immediately of any subsequent changes to the information provided above.

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Landlord or landlord's agent's signature (not block letters)

Date:

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D D

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M M

2	0		
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Y Y Y Y

Landlord or landlord's agent's official stamp

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Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.