

CERTIFICATE OF INCOME

Ref No.

A Certificate must be completed in respect of every member of the household who is at present in receipt of income of any kind.

- PART 1** if employed, to be completed and signed by the employer
- PART 2** if unemployed, to be completed and certified by the Dept. Social Welfare/Post Office
- PART 3** to be completed by the Self-employed/land owners/Farmers
- PART 4** to be completed by all those in receipt of Other Income

This form should be completed **in full** in Block Capitals, except where a signature is required.

<p>Name : <input style="width: 90%;" type="text"/></p> <p>Address : <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/></p>	<p>Occupation: <input style="width: 90%;" type="text"/></p> <p>PPS No: <input style="width: 90%;" type="text"/></p> <p>Weekly Income: € <input style="width: 80%;" type="text"/></p>
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PART 1: FOR COMPLETION BY YOUR EMPLOYER

The following are the details of the **weekly** gross income received by the above named:

<p>Occupation: <input style="width: 90%;" type="text"/></p> <p>Is Position Permanent? <input style="width: 90%;" type="text"/></p> <p>Date Employment Commenced: <input style="width: 90%;" type="text"/></p> <p>Gross Weekly Wages: € <input style="width: 90%;" type="text"/></p>	<p>P.A.Y.E.: € <input style="width: 90%;" type="text"/></p> <p>P.R.S.I.: € <input style="width: 90%;" type="text"/></p> <p>Net Weekly Income € <input style="width: 90%;" type="text"/></p> <p>Give Details: _____ _____ _____</p>
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<p>Name of Employer: <input style="width: 90%;" type="text"/></p> <p>Address: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/></p>	<p>Telephone No: <input style="width: 90%;" type="text"/></p> <p>Email Address: <input style="width: 90%;" type="text"/></p>
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I / We certify that the particulars set out above are correct in respect of the above named employee.

<p>Signed: _____</p> <p>Occupation: <input style="width: 90%;" type="text"/></p>	<p>Stamped <input style="width: 90%; height: 100px;" type="text"/></p>
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Note: This Certificate must be signed and stamped by the Secretary, Accountant or Partner in the Firm.

N.B. If you are employed in your current position for less than 5 years please give details of previous employment on a separate page.

Please Forward your P60 for the Last Tax Year and your Most Recent Payslip.

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PART 2: FOR COMPLETION BY SOCIAL WELFARE / POST OFFICE

If in receipt of Social Welfare/Pension: Please have Social Welfare/Post Office complete the following

Type Of Benefit: <input style="width: 90%;" type="text"/>	Date benefit was applied for: <input style="width: 90%;" type="text"/>
Weekly Payment: € <input style="width: 80%;" type="text"/>	Effective From: <input style="width: 90%;" type="text"/>

Signed: _____
Position:

(Official stamp of Social Welfare Office or Post Office)

Note: If you are in receipt of a pension the amount can be inserted on this form and certified by your local Post Office.

PART 3: FOR COMPLETION BY SELF-EMPLOYED / LAND OWNERS / FARMERS

Name of business:

Address:

Date business established:

Income: €

Particulars of Land Owned (if any)

Location:

Acreage:

Number of livestock:

<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
CATTLE	SHEEP	OTHER

(Give Details) _____

N.B. Evidence of Income must be submitted.

You must submit a certified copy of your most recent accounts (including Profit & Loss and Balance Sheet) , as submitted to the Revenue Commissioners and as prepared by your accountant. These accounts should be for the most recent tax year.

If you are a farmer and you are not liable for tax, a letter to this effect must be submitted from the Revenue Commissioners. You must also submit details of your farm income and expenditure to show the net profit or loss from farming practices for the most recent tax year

Income from Land €

Per Week/Per Month/Per Annum
 (delete as appropriate)

Amount of any REPs payments: €

PART 4: OTHER INCOME - PLEASE ANSWER ALL QUESTIONS

Are you in receipt of Maintenance ? Yes No
 If Yes, Please provide evidence of the amount received and provide documentary evidence of any Maintenance Order or Agreement (whether formal or informal)

If you are entitled to receive Maintenance but payments are not being made please provide details below.

Are you in receipt of any other income ? (ie. company pension, etc) Yes No
 If Yes, please provide details below **and** submit documentary evidence when returning this form.

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STATUTORY DECLARATION TO BE COMPLETED BY ALL APPLICANTS:

I / We declare that the information given by me/us for the purpose of declaring my/our income is correct.

I / We make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

I / We authorise the local authority to make any enquiries from official sources as it may consider necessary.

Applicants Signature (i)

(ii)

Date:

Date:



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