

**ATHLONE TOWN COUNCIL**  
Civic Centre, Church Street, Athlone

Phone: 090 6442100

## Rent Assessment Form

**Name:** \_\_\_\_\_ **Customer ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **File Reference:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp Here

**Phone No:** \_\_\_\_\_

**Tenant Name:** \_\_\_\_\_ **Partner Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**PPS No:** \_\_\_\_\_ **PPS No:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Weekly Income:** \_\_\_\_\_ **Weekly Income:** \_\_\_\_\_  
**Have you any other income:** \_\_\_\_\_ **Have you any other income:** \_\_\_\_\_  
**If so, give details:** \_\_\_\_\_ **If so, give details:** \_\_\_\_\_

Are you or any member of your household in possession of land? Yes  No

If Yes, Please state: **Townland:** \_\_\_\_\_ **Acreage:** \_\_\_\_\_ **Valuation:** \_\_\_\_\_

**Other Residents:**

<b>Name:</b>	<b>Date of Birth</b>	<b>Relationship to Applicant</b>	<b>PPS Number</b>	<b>Source of Income</b>	<b>Weekly Income</b>

*PPS Number is available form Dept of Social and Family Affairs: 044 – 34220 or 090 6421640*

**I declare that the information and particulars given by me on this application form are true and correct, and I undertake to notify the Council of any change in my circumstances.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The furnishing of false or misleading information is an offence liable to prosecution**

## Employment Certification

Employee Name: \_\_\_\_\_  
Nature of Employment \_\_\_\_\_ PPS Number \_\_\_\_\_  
Date Employment Commenced \_\_\_\_\_ Gross Weekly Income: € \_\_\_\_\_  
Weekly Tax Credit: € \_\_\_\_\_ Weekly Tax Paid: € \_\_\_\_\_  
Tax Rate (%): \_\_\_\_\_ PRSI Contribution € \_\_\_\_\_  
PRSI Class: \_\_\_\_\_ Is Employment Temporary  Permanent   
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_



Please ensure you enclose two recent payslips

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## SOCIAL WELFARE CERTIFICATION

ALL QUESTIONS MUST BE ANSWERED FULLY

Name \_\_\_\_\_ PPS No \_\_\_\_\_  
Nature of Benefit: \_\_\_\_\_ Weekly Amount \_\_\_\_\_  
Date Claim Was Submitted: \_\_\_\_\_  
Personal Rate \_\_\_\_\_ Qualified Adult Allowance \_\_\_\_\_  
No. of Children: \_\_\_\_\_ Child Dependant Allowance: \_\_\_\_\_  
Other Allowances: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

