





**TO:**  
Housing Department  
Westmeath County Council  
County Buildings  
Mulligar, Co. Westmeath

## EMPLOYER CERTIFICATION

### APPLICANT DETAILS

TO BE COMPLETED BY THE EMPLOYER

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME
	NATURE OF EMPLOYMENT _____
PPSN _____	
GROSS WEEKLY INCOME € _____	
WEEKLY TAX CREDIT € _____	TAX RATE (%) _____
SOCIAL WELFARE CONTRIBUTIONS € _____	
	IS EMPLOYMENT <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
DATE EMPLOYMENT COMMENCED	

### EMPLOYER

NAME OF EMPLOYER	
ADDRESS OF EMPLOYER	
TELEPHONE	
SIGNED _____	DATE _____
<div style="border: 2px solid gray; border-radius: 15px; width: 150px; height: 80px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid gray; border-radius: 10px; width: 140px; height: 70px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p style="margin: 0;">Official Stamp</p> </div> </div>	

### CHECKLIST

To the Applicant: ENSURE YOU ENCLOSE THE FOLLOWING DOCUMENT(S)

- A letter from your employer (s) stating period of employment and if you are employed in a full-time permanent capacity
- Current Pay Slip

Westmeath County Council may contact the above for confirmation details curtailed in this form

**TO:**  
Housing Department  
Westmeath County Council  
County Buildings  
Mulligar, Co. Westmeath

## EMPLOYER CERTIFICATION

APPLICANT DETAILS	TO BE COMPLETED BY THE EMPLOYER								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">EMPLOYEE LAST NAME</td> <td style="font-size: 8px;">EMPLOYEE FIRST NAME</td> </tr> </table>			EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">PPSN</td> <td style="font-size: 8px;">NATURE OF EMPLOYMENT</td> </tr> </table>			PPSN	NATURE OF EMPLOYMENT
EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME								
PPSN	NATURE OF EMPLOYMENT								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">GROSS WEEKLY INCOME €</td> <td style="font-size: 8px;">TAX RATE (%)</td> </tr> </table>			GROSS WEEKLY INCOME €	TAX RATE (%)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">WEEKLY TAX CREDIT €</td> <td style="font-size: 8px;">SOCIAL WELFARE CONTRIBUTIONS €</td> </tr> </table>			WEEKLY TAX CREDIT €	SOCIAL WELFARE CONTRIBUTIONS €
GROSS WEEKLY INCOME €	TAX RATE (%)								
WEEKLY TAX CREDIT €	SOCIAL WELFARE CONTRIBUTIONS €								
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 35%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td style="font-size: 8px;">DATE EMPLOYMENT COMMENCED</td> <td style="font-size: 8px;">IS EMPLOYMENT</td> <td style="font-size: 8px;"> <input type="checkbox"/> Permanent      <input type="checkbox"/> Temporary             </td> </tr> </table>				DATE EMPLOYMENT COMMENCED	IS EMPLOYMENT	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
DATE EMPLOYMENT COMMENCED	IS EMPLOYMENT	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary							

EMPLOYER				
<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">NAME OF EMPLOYER</td> </tr> </table>		NAME OF EMPLOYER		
NAME OF EMPLOYER				
<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">ADDRESS OF EMPLOYER</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>		ADDRESS OF EMPLOYER		
ADDRESS OF EMPLOYER				
<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">TELEPHONE</td> </tr> </table>		TELEPHONE		
TELEPHONE				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">SIGNED</td> <td style="font-size: 8px;">DATE</td> </tr> </table> <div style="text-align: center; margin-top: 20px;"> <div style="border: 2px solid gray; border-radius: 15px; width: 150px; height: 80px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid gray; border-radius: 10px; width: 140px; height: 70px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p style="margin: 0;">Official Stamp</p> </div> </div> </div>			SIGNED	DATE
SIGNED	DATE			

CHECKLIST
<p>To the Applicant: ENSURE YOU ENCLOSE THE FOLLOWING DOCUMENT(S)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A letter from your employer (s) stating period of employment and if you are employed in a full-time permanent capacity</li> <li><input type="checkbox"/> Current Pay Slip</li> </ul>

Westmeath County Council may contact the above for confirmation details curtailed in this form