

SUPPLEMENTARY WELFARE ALLOWANCE RENT SUPPLEMENT (S.W.A. 3 - 02/2010)

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

Office Use

Date Received

By Whom

SECTION 1: FOR COMPLETION BY THE APPLICANT

Please refer to checklist on last page of form before you return it to the Community Welfare Officer.

P.P.S. No.

Name: (BLOCK CAPITALS) _____

NUMBERS							LETTERS	

I wish to claim a Rent Supplement from the Health Service Executive in respect of the following address: _____

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

€ _____ Weekly / 4 weekly / Monthly

Please also write the amount in words _____

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

2. Date of commencement of tenancy _____

Please provide copy of Tenancy Agreement or Rent Book/receipts.

3. Please provide details of all addresses resided at in the last 12 months

(a) Address _____

*Accommodation type _____ Period of residency: from _____ to _____

(b) Address _____

*Accommodation type _____ Period of residency: from _____ to _____

(c) Address _____

*Accommodation type _____ Period of residency: from _____ to _____

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

Please provide appropriate verification in respect of the above address(es) i.e. Tenancy Agreement(s), Rent Book(s)/receipts, utility bill(s).

4. Has your housing need been assessed by the Housing Authority, **in this area**, in the last 12 months?

Yes No

If "Yes", please provide verification from the Housing Authority in this area.

5. Have you applied for accommodation to **any** Housing Authority in the last 12 months?

Yes No

If "Yes", please provide the following details:

(i) Housing Authority _____

Date of application _____

(ii) Housing Authority _____

Date of application _____

6. Have you been offered accommodation by **any** Housing Authority in the last 12 months?

Yes No

If "Yes", please provide the following details:

(i) Housing Authority _____

Date of offer _____

(ii) Housing Authority _____

Date of offer _____

7. Have you vacated any accommodation provided by **any** Housing Authority?

Yes No

If "Yes", please provide the following details:

(i) Housing Authority _____

Address of accommodation vacated _____

Date Vacated _____

(ii) Housing Authority _____

Address of accommodation vacated _____

Date Vacated _____

I confirm that the information provided by me is correct at the time of completing the form, and I undertake to inform the Health Service Executive immediately of any subsequent changes to this information. I request and authorise my landlord to complete Section 2 of this form so that I may claim a Rent Supplement from the Health Service Executive.

Signature: _____ **Date:** _____

**IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION.
INFORMATION MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW,
AND THE H.S.E. MAY CONTACT YOUR LANDLORD FOR FURTHER INFORMATION.**

SECTION 2: FOR COMPLETION BY THE LANDLORD OR LANDLORD'S AGENT

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

- (a) Address of tenancy _____
- (b) Is the accommodation (please tick ✓) furnished unfurnished
- (c) Description of rented dwelling (please tick ✓) Bedsit Flat Apartment
Semi-detached house Detached house Terraced house Maisonette
- (d) How many bedrooms are in the property?
- (e) Is the accommodation shared with any other person(s)? Yes No
- If "Yes" please list the name(s) of the other person(s)

- 2.** (a) Date of commencement of tenancy _____
- (b) Is there a Tenancy Agreement or Rent Book in place in relation to this accommodation?
Yes No

- 3.** (a) How much is the rent (exclusive of heating/lighting & other service costs)?
€ _____ Weekly/4 Weekly/Monthly. **Please also write the amount in words**

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

- (b) Is a deposit payable? Yes No How much? € _____
- (c) Has a deposit been paid? Yes No How much? € _____
- (d) Up to what date has the rent been paid? _____

- 4.** (a) Landlord's Full Name (BLOCK CAPITALS) _____
- (b) Landlord's Home Address (BLOCK CAPITALS) _____
_____ Tel No: _____
- (c) In order to comply with the Taxes Consolidation Act, it is necessary to provide the landlord's P.P.S. Number
- | NUMBERS | | | | | | | LETTERS | |
|---------|--|--|--|--|--|--|---------|--|
| | | | | | | | | |
- (d) Agent's Full Name (BLOCK CAPITALS) _____
- (e) Agent's Address (BLOCK CAPITALS) _____
_____ Tel No: _____

NB: (FAO Agent) Please ensure that answers to questions 4.(a), 4.(b) and 4.(c) are completed in full.

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 Health Service Executive immediately of any subsequent changes to the information provided above.

Landlord's/Agent's Signature: _____ **Date:** _____

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CHECKLIST

- Have you answered all questions fully in Section 1? Yes No

- Have you signed and dated Section 1? Yes No

- Has your landlord/landlord's agent answered all questions fully in Section 2? Yes No

- Has your landlord/landlord's agent signed and dated Section 2? Yes No

- Have you provided a copy of the Tenancy Agreement or Rent Book/ Receipts for the accommodation? (Question 2, Section 1 refers). Yes No

- Have you (if applicable), provided a copy of the Tenancy Agreement(s) or Rent Book(s)/Receipts for previous accommodation(s) that you have resided in? (Question 3, Section 1 refers). Yes No

- Have you (if applicable), provided verification from the Housing Authority, **in this area**, that a housing needs assessment has been carried out? (Question 4, Section 1 refers). Yes No

NB: If you have answered “no” to any of the questions above, or if the application form is returned incomplete or if requested documentary evidence/verifications are not provided (where applicable), it will delay the processing of your application.

For further information on Rent Supplement, please refer to the Community Welfare Service website: www.communitywelfareservice.ie or The Citizens Information website: www.citizensinformation.ie