

NORTH TIPPERARY COUNTY COUNCIL

DIFFERENTIAL RENT SCHEME, 2011

FORM R2

Name of Tenant	Date of Birth	Telephone Number	P.P.S. Number	Employer's Name/Book No.	Weekly Income	Type of Payment *
Name of Joint Tenant/Partner	Date of Birth	Telephone Number	P.P.S. Number	Employer's Name/Book No.	Weekly Income	Type of Payment *

* A PRECISE DESCRIPTION OF SOCIAL WELFARE PAYMENTS MUST BE GIVEN, STATING WHETHER IT IS:- PENSION, UN-EMPLOYMENT ASSISTANCE, UNEMPLOYMENT BENEFIT, INJURY/DISABLEMENT BENEFIT, ONE-PARENT FAMILY ALLOWANCE, DESERTED WIFE'S BENEFIT, FAMILY INCOME SUPPLEMENT (F.I.S), BACK TO WORK ALLOWANCE, CARER'S ALLOWANCE

Dependants	Date of Birth	P.P.S. Number	Relation to Tenant	Tick if School Going

Name of Subsidiary Earners	Date of Birth	P.P.S. No.	Employer's Name/Book No.	Occupation	Income of Subsidiary Earner

I/We declare that all particulars given by me on this form are correct and accurate to the best of my knowledge.
 I/We also authorise the Housing Authority to make enquiries it considers necessary to verify income details on my form.

TENANT _____ DATE: _____, 2011 .

Certified by AREA STAFF OFFICER: _____ DATE: _____, 2011 .

FOR OFFICE USE ONLY			
Income of Tenant	€ _____	TOTAL OF SUBSIDIARY EARNERS	€ _____
Income of Joint Tenant/Partner	€ _____	# OF DEPENDENT CHILDREN	_____
Total Household Income	€ _____	GROSS TOTAL RENT	_____
BASIC RENT	€ _____	LESS CHILD ALLOWANCE	_____
Subsidiary Earners Net	€ _____	NETT TOTAL RENT	€ _____
Nett	€ _____	Prepared: _____	Checked: _____
Nett	€ _____		
Nett	€ _____		
Nett	€ _____		