

**CONFIDENTIAL**

**FORM R3(B)**

**CERTIFICATE FOR COMPLETION BY EMPLOYMENT EXCHANGE IN RELATION TO INCOME FOR THE PURPOSE OF NORTH TIPPERARY COUNTY COUNCIL DIFFERENTIAL RENT SCHEME.**

I certify that (name) \_\_\_\_\_ is currently in receipt of a weekly

payment from the Department of Social, Community and Family Affairs in the sum of

€ \_\_\_\_\_

**THIS PAYMENT IS IN RESPECT OF** \_\_\_\_\_

(E.G.: UNEMPLOYMENT ASSISTANCE, ONE-PARENT FAMILY ALLOWANCE, PENSION, ETC.)

**Flat Rate:** \_\_\_\_\_ **Pay-Related Benefit:** \_\_\_\_\_

**Means Assessed:** \_\_\_\_\_ **TOTAL PAYMENT:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **- EXCHANGE - DATE:** \_\_\_\_\_

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**SIGNED:** \_\_\_\_\_ **- EXCHANGE - DATE:** \_\_\_\_\_

*FURTHER COPIES OF THIS FORM ARE AVAILABLE FROM YOUR REVENUE COLLECTOR IF REQUIRED.*