



# Application form for Rent Supplement

## What is Rent Supplement?

Rent Supplement is a means-tested payment for people living in private rented accommodation who cannot provide for the cost of their accommodation. If you are already receiving Housing Assistance Payment (HAP) from your Local Authority, you do not qualify for Rent Supplement.

## Who can get Rent Supplement?

You can apply for Rent Supplement if you are renting accommodation and

- you satisfy a means test, **and**
- you were previously in receipt of a Rent Supplement payment within 12 months of the date of application, **or**
- you have been living there for a period of 183 days within the past 12 months of the date of this application, and you are experiencing a substantial change in your circumstances and are now unable to pay the rent.

**Note:** A registered full-time student is not eligible for Rent Supplement.

## How much will I receive?

The amount of Rent Supplement is decided by the amount of rent payable on your tenancy and your income. People receiving rent supplement are expected to contribute towards their rental costs. The minimum contribution for single persons is €30 per week and a couple are expected to contribute a minimum of €40 per week.

The maximum amount of rent support provided is based on where you live and your family circumstances.

## How long will the payment last?

Rent Supplement will last for as long as you continue to meet the conditions of the scheme.

## Where can I find more information and how do I apply?

If you want to find out more about Rent Supplement, you should contact your local Intreo Centre. They will explain how the process works and give you an application form. The form is also available to download from [www.gov.ie/deasp](http://www.gov.ie/deasp).

## How to complete this application form.

- You need a Personal Public Service Number (PPS No.) before you apply.
- Please use BLACK ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions that apply to you**.

Incomplete forms will be returned to you and this will delay your application.

If you need any help to complete this form, please contact your local Intreo Centre, Social Welfare Office or Citizens Information Centre. For more information, log on to [www.gov.ie/deasp](http://www.gov.ie/deasp).

## How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T		
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other			
3. Surname:	M	U	R	P	H	Y				
4. First name(s):	M	A	U	R	E	E	N			
5. Your first name as it appears on your birth certificate:	M	A	R	Y						
6. Birth surname:	M	C	D	E	R	M	O	T	T	
7. Your date of birth:	2	8	0	2	1	9	7	0		
	D	D	M	M	Y	Y	Y	Y		
8. Your mother's birth surname:	K	E	L	L	Y					

## Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T						
	O	L	D		T	O	W	N										
	D	O	N	E	G	A	L		T	O	W	N						
County	D	O	N	E	G	A	L		Post Code									
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
	MOBILE																	
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
	LANDLINE																	
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R	
	B	O	X															

# SAMPLE

# Application form for Rent Supplement

For Official Use Only  
Date received \_\_\_\_\_  
By whom \_\_\_\_\_

Social Welfare Services  
**PRS**  
Data Classification R



## Part 1

## Your own details

1. Your PPS Number:
2. Title: (insert an **X** or specify) Mr.  Mrs.  Ms.  Other
3. Surname:
4. First name(s):
5. Your first name as it appears on your birth certificate:
6. Birth surname:
7. Your date of birth:        
D D M M Y Y Y Y
8. Your mother's birth surname:

## Contact Details

9. Your address:   
  
  
County  Post Code
10. Your telephone number:  MOBILE  
 LANDLINE
11. Your email address:

## Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

Signature (not block letters)

Date:        
D D M M Y Y Y Y

**Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.**

12. Do you live alone?  Yes  No

13. If you or your spouse/partner are in full-time education, please give details:

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14. Have you or your partner/spouse (if applicable) had a reduction in your household's weekly income?

Yes  No

If yes, please state why your household's income has been reduced:

Reduced Hours  Reduced Hourly Rate of Pay  
 Redundancy  Temporarily Laid Off

15. Please give your most recent employment details.

Your current/last employer's name:

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Your current/last employer's address:


Your current/last employer's phone number:

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15a If you are still in employment, please provide:

Your previous last Gross Income: €  ,  .  a week

Your new weekly reduced gross earnings: €  ,  .  a week

15b If you have been made unemployed, please provide:

Last day you got paid: 

D	D
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M	M
---	---

2	0		
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Frequency of this Payment:  Weekly  Fortnightly  
 4 Weekly  Calendar Monthly

Why did this job finish: 

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16. If you are self-employed (including farming) at present, please state:

Type of business or trade: 

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Expected reduced weekly earnings from self-employment (please estimate if necessary)  
 €  ,  .

**Note:** Where possible, please attach your profit and loss account for the last 12 months, together with most recent notice of assessment from Revenue Commissioners.

17. If you have other income from any other source (including maintenance/foreign income) please give details:

Amount: €  ,  .  a week

Details of Source: 

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**18.** Are you in receipt of a social welfare payment

If **Yes**, please state:  Yes  No

name of the scheme:

Weekly amount: € , .  a week

Please use a blank sheet for additional information for question 17 and 18 if needed.

**Part 2**

**Your spouse's, civil partner's or cohabitant's details**

**19.** Their PPS Number:

**20.** Title: (insert an X or specify) Mr.  Mrs.  Ms.  Other

**21.** Their surname:

**22.** Their first name(s):

**23.** Their birth surname:

**24.** Their date of birth:          (Y/N) Verified

**25.** Please give your partner/spouse/cohabitant's most recent employment details.

Their current/last employer's name:

Their current/last employer's address:

Their current/last employer's phone number:

**25a** If they are still in employment, please provide:

Their previous last Gross Income: € , .  a week

Their new weekly reduced gross earnings: € , .  a week

**25b** If they have been made unemployed, please provide:

Last day they got paid:

Frequency of this Payment:  Weekly  Fortnightly  4 Weekly  Calender Monthly

Why did this job finish?

**26.** If they are self-employed (including farming) at present, please state:

Type of business or trade:

Expected reduced weekly earnings from self-employment (please estimate if necessary)

€ , .

**27.** If you have other income from any other source (including maintenance/foreign income) please give details:

Amount: € , .  a week

## Part 3

## Your children's details

28. Please give details of children under 18 years of age or 18-22 years who are still in full-time education and are dependent on you:

First Name	Surname	Date of Birth	PPS Number	Relationship to you	Does this child live with you? YES/NO

## Part 4

## Your accommodation details

29. Is there a tenancy agreement or rent book for this accommodation?

Yes  No

30. How much are you paying weekly for your rent as per your tenancy agreement?

€ , .  a week

30(a). Is the rent paid?

weekly  four weekly  calendar monthly

30(b). Date rent last paid:

30(c). Date rent is due to be paid:

31. Landlord's full name:


32. Landlord's home address:


County

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Post Code

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33. Landlord's telephone number:


MOBILE

LANDLINE

34. Landlord's tax ref no. (normally PPS Number)

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**Note:** If your landlord is unavailable, not immediately contactable or unwilling to share his PPS Number you can leave this section blank. We will request this information from you or from your landlord later (see **Landlord Tax Reference Number and Proof of Residency** on last page).

**35.** Are you currently in an accommodation provided by the local authority, including the Housing Assistance Payment Scheme (HAP) and the Rental Accommodation Scheme (RAS) or a Local Authority House.  Yes  No

**36.** Apart from yourself, your spouse, civil partner or cohabitant and children listed in **Part 3**, please state who else lives with you:

First Name	Surname	Date of Birth	Relationship to you	Amount of rent paid per week	Occupation

**Part 5**

**Payment details**

You can get your payment direct to your current, deposit, savings or standard bank account in a financial institution or at your local Post Office. **Please complete ONLY one section below**

**Financial Institution**

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Address of financial institution:

County  Post Code

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

**Post Office**

Post Office address:

County  Post Code

**Essential Documents Required for Your Claim**

- **Photographic ID:** If you have a Public Service Card (PSC), photographic ID is not required. A photocopy of your passport or driver's licence must be supplied if you do not have PSC. If you cannot access a photocopier/scanner at the point of your application, you will be requested to provide photographic identification at a later date.
- **Evidence of rent paid and residency:** You must be able to provide evidence of your rental payments to your landlord. Financial statements from bank or credit union showing standing orders/direct debits will be required.
- **Proof of household income:** If you or your spouse, civil partner or cohabitant or any children over 18 years of age are employed (not including children aged 18-22 who are in full-time education), please provide their most recent payslips, or alternatively, a recent financial statement from bank or credit union which shows details of salaries/wages being paid.

**Note:** If any household members (including you) are self-employed, you must provide evidence of previous earnings and the expected reduction in income due to the Covid-19 Pandemic.

**Landlord Tax Reference Number and Proof of Residency**

The landlord's relevant tax reference number (generally their PPS Number) is required for continued on-going entitlement. If you can provide this at the point of application please do so. If you cannot immediately contact your landlord please provide this to the officer dealing with your claim at the earliest opportunity.

It is necessary to establish ownership of the property by the landlord - documents provided can be a photocopy. They must show the: tenancy's address; landlord's name and generally dated within the last 12 months. Please provide any documentation that you can to help at the point of application. Documentation can be:

1. The most recent tenancy agreement entered into by you and your landlord, signed and dated by both parties.
2. Evidence of registration with Residential Tenancies Board (RTB).
3. Local Property Tax (LPT) Receipt / Building Insurance policy provided by the landlord.
4. Documentation of any mortgages on the property in the landlord's name

**Note:** You may be asked to present other documentation.

**Send this completed form to:**

Return this form your local Intreo Centre/Social Welfare Branch Office or by **FREEPOST PO Box 12896, Dublin 1.**

**Data Protection Statement**

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at [www.gov.ie/deasp/privacystatement](http://www.gov.ie/deasp/privacystatement) or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.