



Confidential Income Statement

1. Please provide full details of your household income by completing all sections of the form below.
2. Please return your form to us with all relevant documentation
 - ✓ By Post using stamped address envelope enclosed to: Income Management Section, Circle Voluntary Housing, Phoenix House, 32-34 Castle Street, Dublin 2
 - ✓ By email to: rent@circlevha.ie
3. Failure to provide your full household income or information requested will result in the application of penalties as per your tenancy agreement. Failure to provide the necessary documentation to establish income levels represents a breach of tenancy agreement and could jeopardise your tenancy with Circle VHA.

Section 1 - Household Details

Your Address:

Your Contact Telephone Numbers:

Your Email Address:

Please list all members of the household, including all children and dependents in this section. If there have been new additions to your household, please include.

Name	Relationship to you (Self, spouse, partner, son, daughter etc.)	Date of Birth	Date of Move in	PPS Number (Adults only, PPS not required for children)	Current Occupation (Employed, unemployed, retired, part time work, school etc.)

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Section 2 – Emergency Contact

Information provided on this form is strictly confidential, contact details will only be used in the event of an emergency.

Name	Relationship to you	Address	Contact Number

Section 3 - Income Details

- ✓ If any of your dependents are aged 18 or over and are in full time education, please provide a letter from the School or College confirming their attendance.
- ✓ Details of all dependents over the age of 18 years **not** in full time education must be included below.

3a. Income from Employment/Pension

Name of Person	Type of Employment/Pension (self-employed, full time, part time, CE Scheme)	Date That Income Change Applied	Weekly Income Amount
			€
			€
			€
			€

Employment: Please attach a copy of each of the following

- ✓ P60 or 3 current pay slips
- ✓ P45 (if no longer in employment)

Self-Employment: Please attach a copy of the following

- ✓ Most recent tax returns or set of accounts

CE Scheme Employment: Please attach

- ✓ A letter confirming pay and attendance at CE Scheme

Pension: Private, Occupational & Foreign Pensions – please attach the following

- ✓ An up to date statement from your pension provider to confirm the total amount received

(if you are in receipt of an Irish State Pension, please refer to Social Welfare Form to be completed by the Department of Social Protection)

3b. Income from Other Sources

Name of Person	Type of Income (child maintenance, jobseekers, carers allowance, disability allowance etc.)	Date That Income Change Applied	Weekly Income Amount

If you are in receipt of a welfare payment the attached Social Welfare Form must be completed by The Department of Social Protection **and** 3 current social welfare slips.

3c. Interest on Savings or Dividends

Please provide relevant documentation if you or a member of your household has earned interest on savings, dividends on shares or received any other income with a value greater than €100 in 2019/2020.

4. Declaration

Please read the statements below carefully and sign in the relevant box.

I/We declare that the income details as provided are a full and an up to date accurate statement of my/our household income. I /We authorise and give authorisation for Circle Voluntary Housing Association to seek and receive any information which Circle Voluntary Housing Association may require from my/our employer or The Department of Social Protection or from any source in relation to income.

I/We are aware that it is a condition of my/our tenancy agreement that the inclusion of false information or omission of any income details is a breach of my/our tenancy agreement and may jeopardise my/our tenancy with Circle Voluntary Housing Association.

Tenant 1		Date	
Tenant 2		Date	

How to Send Your Information to Us:

- ✓ By Post using stamped address envelope enclosed to: Income Management Section, Circle Voluntary Housing, Phoenix House, 32-34 Castle Street, Dublin 2
- ✓ By email to: rent@circlevha.ie

CHECKLIST FOR CIS COMPLETION – Have you enclosed the following?

Section 1	Listed all members of your household including all children, dependents and new additions	✓
Section 1	Birth Certificate for any new addition/s to your family	✓
Section 2	Please provide Emergency contact person's details. These details are strictly confidential and will only be used in an emergency	✓
Section 3a	P60 or 3 current pay slips (for any member of your household in employment)	✓
Section 3a	P45 (if your employment or the employment of a household member has ended)	✓
Section 3a	Most recent tax returns or set of accounts from (as prepared by your accountant if you or any member of your household is self-employed.	✓
Section 3a	A letter confirming pay and attendance at CE Scheme if you or any member of your household was employed in a CE Scheme for part or all of 2019.	✓
Section 3a	An up to date statement from your pension provider to confirm the total amount received. if you or any household member is in receipt of a private, occupational or foreign pension.	✓
Section 3b	Completed social welfare form or A statement from your Social Welfare Office. A statement can be requested at your local office or on the following website: https://www.welfare.ie/en/Pages/secure/OnlineStatementRequest.aspx	✓
Section 3c	If you or any member of your household was in receipt of any other income with a value greater than €100 please provide relevant documentation - for example, a certificate from your bank, as statement to confirm any share dividends paid to you etc.	✓
Section 4	Please read and sign the declaration, both tenants must sign the declaration in the case of a joint tenancy	✓



To be completed by the Department of Social Protection

Circle VHA requests the following information in order to assess rent under the Differential Rent Scheme

Where a payment was received, please outline the total amount received, exclusive of fuel allowance, Living Alone Allowance, Telephone Support Allowance (TSA) in the Net Payment box. Thank you for your cooperation.

Tenant Name:		Address:	
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I confirm that the following payments are being received by the Household:

	Main Claimant	Additional Claimant 1	Additional Claimant 2
Name			
PPS Number			
Type of Payment			
From (date)			
Weekly Rate			
Reason for Deduction/s (if any)			
Amount of Deduction/s			
Net Payment 2019			

To be signed, dated and stamped by Department of Social Protection Officer only.

Name:		Official Stamp:
Signed:		
Date:		
Tel Number:		