

CERTIFICATE OF INCOME

PART 2: FOR COMPLETION BY SOCIAL WELFARE / POST OFFICE

If in receipt of Social Welfare/Pension: Please have Social Welfare/Post Office complete the following

Type Of Benefit:

Date benefit was applied for:

Weekly Payment: €

Effective From:

Signed:

Position:

(Official stamp of Social Welfare Office or Post Office)

Note: If you are in receipt of a pension the amount can be inserted on this form and certified by your local Post Office.

PART 3: FOR COMPLETION BY SELF-EMPLOYED / LAND OWNERS / FARMERS

Name of business:

Address:

Date business established:

Income: €

Particulars of Land Owned (if any)

Location:

Acreage:

Number of livestock:

CATTLE

SHEEP

OTHER

(Give Details)

Income from Land €

Per Week/Per Month/Per Annum

(delete as appropriate)

Amount of any REPs payments: €

N.B. Evidence of Income must be submitted.

You must submit a certified copy of your most recent accounts (including Profit & Loss and Balance Sheet), as submitted to the Revenue Commissioners and as prepared by your accountant. These accounts should be for the most recent tax year.

If you are a farmer and you are not liable for tax, a letter to this effect must be submitted from the Revenue Commissioners. You must also submit details of your farm income and expenditure to show the net profit or loss from farming practices for the most recent tax year

PART 4: OTHER INCOME - PLEASE ANSWER ALL QUESTIONS

Are you in receipt of Maintenance? Yes No

If Yes, Please provide evidence of the amount received and provide documentary evidence of any Maintenance Order or Agreement (whether formal or informal)

If you are entitled to receive Maintenance but payments are not being made please provide details below.

Are you in receipt of any other income? (ie. company pension, etc) Yes No

If Yes, please provide details below **and** submit documentary evidence when returning this form.

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STATUTORY DECLARATION TO BE COMPLETED BY ALL APPLICANTS:

I / We declare that the information given by me/us for the purpose of declaring my/our income is correct.

I / We make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

I / We authorise the local authority to make any enquiries from official sources as it may consider necessary.

Applicants Signature (i) _____

(ii) _____

Date:

Date:

To be completed by Commissioner of Oaths/Notary Public/Peace Commissioner/Member of Clergy/Garda Siochana:

*Declared before me by _____ who is / are personally known to me (or who is / are identified to me by _____ who is known to me, or who is identified to me by Passport or Driving Licence) at _____ this _____ day of _____ 20 _____

Signature of Witness: _____

Please also print your name in Block Capitals: _____

Occupation:

Address:

Date:

Warning: Any person providing false or misleading information may render themselves liable to penalties.

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Ref No.

A Certificate must be completed in respect of every member of the household who is at present in receipt of income of any kind.

PART 1 if employed, to be completed and signed by the employer

PART 2 if unemployed, to be completed and certified by the Dept. Social Welfare/Post Office

PART 3 to be completed by the Self-employed/land owners/Farmers

PART 4 to be completed by all those in receipt of Other Income

This form should be completed **in full** in Block Capitals, except where a signature is required.

Name :

Occupation:

Address :

PPS No:

Weekly Income: €

PART 1: FOR COMPLETION BY YOUR EMPLOYER

The following are the details of the **weekly** gross income received by the above named:

Occupation:

P.A.Y.E.: €

Is Position Permanent?

P.R.S.I.: €

Date Employment Commenced:

Net Weekly Income €

Gross Weekly Wages: €

Give Details: _____

Name of Employer:

Telephone No:

Address:

Email Address:

I / We certify that the particulars set out above are correct in respect of the above named employee.

Signed: _____

Stamped

Occupation:

Note: This Certificate must be signed and stamped by the Secretary, Accountant or Partner in the Firm.

N.B. If you are employed in your current position for less than 5 years please give details of previous employment on a separate page.

Please Forward your P60 for the Last Tax Year and your Most Recent Payslip.