Tenant's Full Name		Date of Birth		PPSN (Old RSI No)		Source of Income	Employment Income	Social Welfare Income	Child Maintenance	W.F.P. (Working Family Payment) (formerly FIS)	FOR OFFICIAL USE ONL
							€	€	€	€	
							€	€	€	€	
Occupants Full Name	Relationship to Tenant		Date of Birth		PPSN (Old RSI No)	Source of Income	Employment Income	Social Welfare Income	Child Maintenance	W.F.P. (Working Family Payment) (formerly FIS)	FOR OFFICIA USE ONL
							€	€	€	€	
							€	€	€	€	
							€	€	€	€	
							€	€	€	€	
							€	€	€	€	
							€	€	€	€	
							€	€	€	€	
							€	€	€	€	
Next of Kin:	Address:				s:	Relationship:			Tel no:		
						DECLARATION					
I/We hereby declare that a and give authority to Cork to me/us or any occupant	City Coun	cil to see	k and receiv	e any i	nformation from m	t and that no persons othe y/our employer, Departm	ent of Employment		<del>-</del> -		
						(2):		_	_		

**CORK CITY COUNCIL - 2020 RENT REVIEW** 

Contact Tel No:\_\_\_\_\_\_ E-mail: \_\_\_\_\_

NAME & ADDRESS

## IMPORTANT PLEASE READ THE FOLLOWING BEFORE FILLING IN THE BACK OF THIS FORM

## **RENT REVIEW FORM CHECKLIST**

1.	Return no later than							
2.	Fully completed rent review form							
3.	. Signed declaration							
4.	PPS numbers for all household members							
5.	Birth certificates for children not listed on any previous rent review form							
6.	• Marriage certificate if applicable							
7.	Evidence of Income:							
	i.	If in employment: 3 recent consecutive payslips, CE Scheme, Job Bridge, FAS, TUS, etc						
	ii.	If Self Employed: most recent set of accounts						
	iii.	If in receipt of Social Protection payment: copy of payment slip						
	iv.	Pension: details of work, private, overseas pensions						
	v.	Working Family Payment (formerly Family Income Supplement): proof of payment						
	vi.	Maintenance: if you pay or receive maintenance, evidence of payments						
	vii.	Dependent child aged between 16 & 21: letter from the child's school/college						
		confirming his/her attendance for the academic year 2019/2020 – otherwise an						
		income will be assumed.						
8.	. Removal of an occupant from the household – please provide of their new							
	address such as a rent book, utility bill, etc							

Please return fully completed forms with the relevant documentation to:
Rent Review Section, Cork City Council, City Hall, Cork.

PLEASE NOTE THAT ONLY FULLY COMPLETED FORMS WILL BE PROCESSED.

ANY INCOMPLETE RENT REVIEW FORMS WILL BE RETURNED.