

NAME & ADDRESS

HAP/RAS CORK CITY COUNCIL - 2020 RENT REVIEW

Contact Tel No: _____

E-mail: _____

Rent Review For Income Change Due To Covid-19 Pandemic

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 ONLY
				€	€	€	€	
				€	€	€	€	

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 OFFICIAL USE ONLY
					€	€	€	€	
					€	€	€	€	
					€	€	€	€	
					€	€	€	€	
					€	€	€	€	
					€	€	€	€	
					€	€	€	€	
					€	€	€	€	
					€	€	€	€	

Next of Kin: _____ Address: _____ Relationship: _____ Tel no: _____

DECLARATION

I/We hereby declare that all of the information given above is complete and correct and that no persons other than those listed above are residing at my/our address. I/We authorise and give authority to Cork City Council to seek and receive any information from my/our employer, Department of Employment Affairs & Social Protection or any other source in relation to me/us or any occupant of my/our household in order to facilitate the calculation of my/our household rent.

Signed Tenant (1): _____ Tenant (2): _____ Date: _____

**APPLICATION FOR RENT ADJUSTMENT AS A RESULT OF
UNEMPLOYMENT/TEMPORARY LAYOFF DUE TO CORONAVIRUS COVID-A9**

Name: _____

PPSN: _____

Employer Name: _____

Date Employment Finished: _____

Please tick payment type applied for:

Covid-19 Illness Benefit	
Covid-19 Unemployment Payment	

Declaration

- I declare that I am not being paid by my employer at the moment
- I state that I will inform Cork City Council if there are any changes in my circumstances which would affect my entitlement to a reduction in rent

Signed: _____

Date: _____