



Comhairle Cathrach Chorcaí Cork City Council

Halla na Cathrach, Corcaigh - City Hall, Cork - T12 T997

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 2020/2021 – otherwise an income will be assumed.
8. Removal of an occupant from the household – please provide official proof 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.



We are Cork.

NAME & ADDRESS

CORK CITY COUNCIL - RENT REVIEW

Contact Tel No: _____

E-mail: _____

Warning: This form must be completed accurately and in full so far as it relates to your household.
FAILURE TO RETURN THE COMPLETED FORM WILL RESULT IN A PENALTY OF €25.00 PER WEEK BEING ADDED TO YOUR CURRENT RENT.

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 consent to the collection and processing of the data provided by me by Cork City Council and the sharing of this data with relevant agents for the purposes of calculation of rent. I agree that Cork City Council, when calculating my rent, may contact other Government Departments including the Department of Employment Affairs & Social Protection, Revenue Commissioners and the Department of Justice & Equality to confirm the information provided.

Any personal information which you provide may be shared/exchanged with other Government Departments/Agencies in accordance with the law and will be used by Cork City Council and other Agencies to carry out our legal obligations, for the detection of fraud or for the prevention of crime.

Cork City Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of rent calculation and in accordance with the City Council's Retention Policy. A copy of the Cork City Council Data Protection Policy and Privacy Statement are available on our website at: <http://www.corkcity.ie/services/corporateandexternalaffairs/data%20protection/>

I/We hereby declare that the foregoing particulars are correct and true. I/we undertake to notify Cork City Council of any change in my/our circumstances/household income. I/We hereby consent to my/our data being processed, shared and stored by Cork City Council for the purposes outlined above.

Signed Tenant (1): _____

Tenant (2): _____

Date: _____