

CERTIFICATE OF INCOME

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

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

Name :	<input type="text"/>	Occupation:	<input type="text"/>
Address :	<input type="text"/>	PPS No:	<input type="text"/>
	<input type="text"/>	Weekly Income: €	<input type="text"/>
	<input type="text"/>		

PART 1: FOR COMPLETION BY YOUR EMPLOYER

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

Occupation:	<input type="text"/>	Overtime:	<input type="text"/>
Is Position Permanent?	<input type="text"/>	Shift Allowance:	<input type="text"/>
Date Employment Commenced:	<input type="text"/>	Any Other Payments:	<input type="text"/>
Gross Weekly Wages:	€ <input type="text"/>	Give Details:	<input type="text"/>
Total Net Weekly Income:	€ <input type="text"/>		<input type="text"/>

Name of Employer:	<input type="text"/>	Telephone No:	<input type="text"/>
Address:	<input type="text"/>	Email Address:	<input type="text"/>
	<input type="text"/>		

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.

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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 should submit a copy of the most recent accounts, 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

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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:

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

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

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.

Appendix 1A - HPL1 Form

THIS FORM MUST BE COMPLETED BY THE **REVENUE COMMISSIONERS** AND RETURNED WITH EVERY APPLICATION.

YOUR FULL NAME (BLOCK LETTERS)	<input type="text"/>
PREVIOUS NAME (IF ANY)	<input type="text"/>
PRESENT ADDRESS	<input type="text"/>
PREVIOUS ADDRESS (IF ANY)	<input type="text"/>
PPS NUMBER (PRSI NUMBER)	<input type="text"/>

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED

DATE

OFFICIAL STAMP