

**LEITRIM COUNTY COUNCIL**  
**DIFFERENTIAL RENTS SCHEME – DECLARATION OF INCOME**

1 (i) If you are in receipt of a wage/salary please have the following information certified by your Employer.

NAME OF TENANT: \_\_\_\_\_ PPS NUMBER \_\_\_\_\_

(a) Gross Wage/Salary (exclusive of overtime)	€ _____	per week
(b) Average overtime	€ _____	per week
(c) Bonus	€ _____	per week
(d) Income Tax/PAYE	€ _____	per week
(e) Social Welfare deduction	€ _____	per week
(f) Nett (take home pay)	€ _____	per week

Signature and stamp of Employer \_\_\_\_\_

1 (ii) To be completed in respect of subsidiary wage/salary in your household.

NAME OF SUBSIDIARY EARNER: \_\_\_\_\_ PPS NUMBER \_\_\_\_\_

(a) Gross Wage/Salary (exclusive of overtime)	€ _____	per week
(b) Average overtime	€ _____	per week
(c) Bonus	€ _____	per week
(d) Income Tax/PAYE	€ _____	per week
(e) Social Welfare deduction	€ _____	per week
(f) Nett (take home pay)	€ _____	per week

Signature and stamp of Employer \_\_\_\_\_

2. If you are self employed please attach Tax Balancing Statement for year ended 31<sup>st</sup> December 2013. If this document is not available please complete the following declaration.

Gross Income for year ended 31 <sup>st</sup> December 2014	€ _____	per week
Tax paid for year ended 31 <sup>st</sup> December 2014	€ _____	per week
Nett Income for year ended 31 <sup>st</sup> December 2014	€ _____	per week

Separate sheet should be submitted giving similar information relating to other subsidiary wage/salary earners/self employed persons in your household.

3. If in receipt of social welfare assistance/benefit/pensions please complete the following and submit **written certification from the Paying Body** to verify the position.

NAME OF TENANT: \_\_\_\_\_ PPS NUMBER \_\_\_\_\_

Please quote appropriate Social Welfare No.	_____	
Amount of weekly Unemployment Assistance/Benefit	€ _____	per week
Amount of Weekly Disability Benefit	€ _____	per week
Amount of weekly Old Age Pension	€ _____	per week

**P.T.O.**

