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 31st December 2013. If this document is not available please complete the following declaration.

Gross Income for year ended 31st December 2014 € ____________ per week
Tax paid for year ended 31st December 2014 € ____________ per week
Nett Income for year ended 31st 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.
Please give details of any other pensions or allowance payable to you or any member of your household.

4. If you derive income from agriculture please complete the following:

(a) Size of farm owned by you _______ Acres €________ Valuation
(b) Land rented by you _______ Acres €________ Valuation
(c) No. of cattle owned by you _______
(d) No. of sheep owned by you _______
(e) No. of pigs owned by you _______

Details of any other income from agriculture received by you or any member of your household.

5. Details of any other sources of income or assets in your possession in respect of you and all other members of your household should be outlined hereunder.

Warning: This form must be fully and accurately completed. You are notified that under Section 61 of the Housing Act, 1966, any person who withholds or gives false or misleading information shall be guilty of an offence and shall be liable to prosecution.

We/I certify that all information stated above is true and accurate and We/I are aware of the penalties, which are stipulated for uttering false or misleading information.

Signed: _______________ (Tenant)

Signed __________________________ (Joint Tenant)

Address: __________________________________________

_________________________________________________

Contact Telephone No: ________________________________

DETAILS OF EACH MEMBER OF HOUSEHOLD (PLACE TENANTS NAME FIRST ON LIST)

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>OCCUPATION</th>
<th>INCOME (specify weekly/monthly)</th>
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