

Application for a Rent Reduction under the Hardship Clause of Rents Scheme

Please complete all sections of the form and sign at the end were indicated

Additional information to support your application can be stated at the end of this form

I/We wish to apply for a reduction in my/our weekly rent under the hardship clause of the rents scheme because:

Rent Account Number: _____

Tenant(s) Name(s): _____

Tenant(s) Address: _____

Telephone No: _____ Email: _____

Summary of Household Members & Income

Name in Full	Date of Birth	PPS Number	Relationship to Tenant	Income	Name & Address of Employer

Weekly Budget Sheet - Income

Income	€
Wages/Salary	
My Earnings (net)	
Partner's Earnings (net)	
Other earner in household (net)	
Additional earners in household (net)	
Total Wages/Salary	
Social Welfare	
MY Social Welfare Payment	
Partners Social Welfare Payment	
Other e.g., WFP	
Other persons in household who receive Social Welfare	
Total Social Welfare Payments	
Child Benefit	
Pensions	
Mine	
Partner	
Other/Private Pensions	
Total Pensions	
Other Income	
Maintenance	
Student Grant	
Back to education Allowance	
Other	
Total Other income	

Weekly Budget Sheet - expenditure

Expenditure	€		€
Medical Costs		Travel Costs	
Doctor's Bills		Fuel	
Hospital Parking		Tolls	
Exceptional Optical Costs		Other - Please State	
Dentists Costs			
Other Medical Costs (Please State)			
Exceptional Financial Hardship			

Please provide the following information regarding your income and expenditure

- Proof of Medical Expenses not covered by Medical Card or other schemes
- Proof of Travel/Parking and Tolls Cots
- Proof of exceptionally low income (e.g., below basic social welfare payment)
- Any other support information/documentation
- If you are experiencing financial difficulties, it is advisable that you contact MABS for Budgetary advice: MABS 1 Mayoralty Street, Drogheda, 0761-072490

Any Additional Information:

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I/We Declare that the information stated in this form by me/us, and all supporting information, is accurate and correct:

Signed: _____

Date: _____

Signed: _____

Date: _____

Return to Foscadh Housing, Ballymakenny Road, Drogheda, Co. Louth 0419844786 / Tenants@foscadhousing.ie