

RENT REVIEW FORM 2025

Please read Information Leaflet before completing form. Supply details for all occupants.

Adult 1 (Legal Tenant)													
Name	<input type="text"/>												
Date of Birth	<input type="text" value="ddmmyyyy"/> Male <input type="checkbox"/> Female <input type="checkbox"/>												
PPSN	<input type="text"/>												
Tel. No.	<input type="text"/>												
Email address	<input type="text"/>												
Employment Status	<input type="text"/>												
Date Employment Started	<input type="text" value="ddmmyyyy"/>												
Social Welfare Benefit Type(s)	<table border="1"> <tr> <td>1</td> <td><input type="text"/></td> <td>€</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td>€</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td>€</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	€	<input type="text"/>	2	<input type="text"/>	€	<input type="text"/>	3	<input type="text"/>	€	<input type="text"/>
1	<input type="text"/>	€	<input type="text"/>										
2	<input type="text"/>	€	<input type="text"/>										
3	<input type="text"/>	€	<input type="text"/>										
No. of children being claimed	<input type="text"/> Total Social Welfare Payment(s) € <input type="text"/>												

Adult 2 (Aged 18+ OR Aged 16-18 and in receipt of an Income)													
Name	<input type="text"/>												
Date of Birth	<input type="text" value="ddmmyyyy"/> Male <input type="checkbox"/> Female <input type="checkbox"/>												
PPSN	<input type="text"/>												
Tel. No.	<input type="text"/>												
Employment Status	<input type="text"/>												
Date Employment Started	<input type="text" value="ddmmyyyy"/>												
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1	<input type="text"/>	€	<input type="text"/>										
2	<input type="text"/>	€	<input type="text"/>										
3	<input type="text"/>	€	<input type="text"/>										
No. of children being claimed	<input type="text"/> Total Social Welfare Payment(s) € <input type="text"/>												

Adult 3 (Aged 18+ OR Aged 16-18 and in receipt of an Income)									
Name	<input type="text"/>								
Date of Birth	<input type="text" value="ddmmyyyy"/> Male <input type="checkbox"/> Female <input type="checkbox"/>								
PPSN	<input type="text"/>								
Tel. No.	<input type="text"/>								
Employment Status	<input type="text"/>								
Date Employment Started	<input type="text" value="ddmmyyyy"/>								
Social Welfare Benefit Type(s)	<table border="1"> <tr> <td>1</td> <td><input type="text"/></td> <td>€</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td>€</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	€	<input type="text"/>	2	<input type="text"/>	€	<input type="text"/>
1	<input type="text"/>	€	<input type="text"/>						
2	<input type="text"/>	€	<input type="text"/>						
No. of children being claimed	<input type="text"/> Total Social Welfare Payment(s) € <input type="text"/>								

Adult 4 (Aged 18+ OR Aged 16-18 and in receipt of an Income)

Name PPSN

Date of Birth Male Female Tel. No.

Employment Status

Date Employment Started

Social Welfare Benefit Type(s)

1	<input type="text"/>	€ <input type="text"/>
2	<input type="text"/>	€ <input type="text"/>
3	<input type="text"/>	€ <input type="text"/>

No. of children being claimed Total Social Welfare Payment(s) €

Children (Aged 17 and under)

Name	PPSN	Date of Birth	M/F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Changes in the last 12 months: Occupant Moved In Moved Out

Name PPSN Date of Birth

Date Moved In/Out

Previous Address if moved in

New Address if moved out

Additional Information

I/We authorise the Housing Authority to make whatever enquiries it considers necessary to verify the information given on this form.

You must be included on the rent account for at least 2 years to be considered for succession of tenancy.

Signature _____ Date _____

The provision of false or misleading information is an offence liable to prosecution.

Data Protection

The Housing Section requires customers to provide personal information on this form. The personal data you provide will be processed in accordance with the General Data Protection Regulations 2016 and the Data Protection Act 1998 to 2018. Data may be shared internally with the Finance section and other public bodies such as the HSE, Tulsa, Social Welfare, Revenue and Gardai in order to carry out legislative and administrative functions in connection with the rent assessment, credit control, and for the prevention or detection of Fraud. For further information please refer to Housing's privacy policy on the WCC website.