# Applicant Information

| | | | |
|---|---|---|---|
| **Waiver Claim** | Housing Rent ☐ | Water Charges ☐ | |
| | Fire Charges ☐ | Rates ☐ | |
| | Other (Please Specify) ☐ | _____ | |

| | |
|---|---|
| **Applicant Name** | |
| **Address** | |
| **Contact Phone Number** | |
| **Date of Birth** | |
| **Occupation** | |
| **Number of Dependents** | |
| **Annual Household Income *** | € |
| **Source** | |
| **Medical Card Number** | |
| **Farmer** | Land Owned ☐ Land Rented ☐<br>Acreage Herd Number<br>Total Stock |

*** Please attach supporting documentation (e.g. P60, Wages Slip, Social Welfare Certificate, Income Tax Assessment). The application cannot be considered without this information.**

| | |
|---|---|
| **Account Number** | |
| **Amount Outstanding** | € |
| **State any relevant circumstances which justify the waiver of charge** | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |

I declare that all the information given in this application form is accurate and complete.

**Signed** _____ **Date** _____