

# **CERTIFICATE OF INCOME**

A Certificate must be completed in respect of every member of the household who is at present in receipt of income of any kind.

**PART 1:** Employed: Employer to complete and submit along with End of Year Statement (P60), P21 and 4 out of the last 6 payslips.

**PART 2:** Social Welfare Income: A recent payment slip AND a statement from the Department of Social Protection of all Social insurance benefits and social assistance payments, allowances and pensions that household members are receiving. We require a recent summary of payments received for a period of **one month**. If means deduction on your social welfare a letter from Social Protection explaining deduction is required.

**PART 3:** If Self-Employed complete and submit a minimum of 2 years accounts along with an up-to-date tax balancing statement and preliminary tax receipt.

**PART 4: HPL1 Form** – must be completed by the Office of the Revenue Commissioners for each applicant / joint applicant.

This form should be completed in full in BLOCK CAPITALS, except where a signature is required.

| Name:  | PPSN No:                        |
|--|---------------------------------|
| Previous Name (if any):  |                                 |
| Present Address:   |                                 |
| Previous Address:  |                                 |
| PART 1: FOR COMPLETION BY YOUR   | REMPLOYER                       |
| The following are the details of the <u>weekly</u> gross income received b                             |                                 |
| Occupation:  | Regular Overtime:               |
| Date Employment Commenced:   | Shift Allowance:                |
| Is Position (please tick): Permanent □ Temporary □ Part-Time   | □ Full-Time □                   |
| If part-time, how many hours per week:   |                                 |
| Name of Employer:  | Telephone:                      |
| Address:   | Email:                          |
|  |                                 |
|  |                                 |
| I/We certify that the particulars set our above are correct in respec                                  | ct of the above named employee: |
| Signed:  | Official                        |
|  | Stamp:                          |
| Occupation:  |                                 |
| Note: this Certificate must be signed and stamped by the Secretary, Accountant or Partner in the Firm. |                                 |



# PART 2: SOCIAL WELFARE INCOME

If in receipt of any payment from the Department of Social Protection provide a recent payment slip **AND** a statement from the Department of Social Protection of all Social insurance benefits and social assistance payments, allowances and pensions that household members are receiving. We require a recent summary of payments received for a period of **one month**. If means deduction on your social welfare a letter from Social Protection explaining deduction is required.

| If payment is lower than standard payment, please indicate below why payment is reduced, e.g. Deductions for overpayment, means-tested. If means-tested, please submit copy of calculation of   |                           |  |
|---|---------------------------|--|
| means as issued by the Department   |                           |  |
|   |                           |  |
|   |                           |  |
| -   |                           |  |
| PART 3: FOR COMPLE  | CTION BY SELF-EMPLOYED    |  |
| Name of Business:   | Date Business Registered: |  |
| Address of Business:  | Type/Nature of Business:  |  |
| <ol> <li>In addition to the above details we require:         <ol> <li>Copy of Certificate of Registration of your business as issued by Revenue.</li> <li>If trading more than 12 months, copy of most recent Profit &amp; Loss Accounts as certified by your Accountant and Notice of Self-Assessment as issued by Revenue.</li> <li>If you are trading less than 12 months, please provide letter from your Accountant with your projected profits and/or income for your business.</li> </ol> </li> </ol> |                           |  |
| APPENDIX 1A – HPL1 FORM TO BE COMPLETED FOR ALL APPLICANTS BY REVENUE   |                           |  |
| TO BE COMPLETED BY INSPECTOR OF TAXES   |                           |  |
| I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income relief in respect of interest paid on money borrowed to purchase or build a dwelling.  |                           |  |
| SIGNED  | DATE /                    |  |
| OFFICIAL STAMP  |                           |  |
|   | OTTIONE OTAMI             |  |
| I declare that the information given by me for the purpose of declaring my income is correct and authorise the local authority to make any enquiries from official sources as it may be consider necessary.   |                           |  |
| SIGNATURE OF APPLICAN   | Γ: DATE:                  |  |



## **End of Year Statement (P60)**

Please note that as and from 1<sup>st</sup> January 2019 the P60 was abolished. 2018 was the final year that P60s were issued to employees. For 2019 onwards an end of year statement is available to all employees through My Account on ROS (Revenue Online Service). This end of year statement will show all of the details that a P60 previously contained.

The statement can be accessed through the following link:

Website Link: <a href="https://www.ros.ie/myaccount-web/sign\_in.html?execution=e1s1">https://www.ros.ie/myaccount-web/sign\_in.html?execution=e1s1</a>

You will need to register with Revenue to access this portal if you have not done so already.

Details on how to register are available on the site and can be accessed by the following link:

Website Link: https://www.revenue.ie/en/online-services/support/help-guides/myaccount/registering.aspx

Any queries in relation to same should be directed to Revenue

### **Social Welfare Income**

If in receipt of any payment from the Department of Social Protection provide a recent payment slip **AND** a statement from the Department of Social Protection of all Social insurance benefits and social assistance payments, allowances and pensions that household members are receiving. We require a recent summary of payments received for a period of **one month**. If means deduction on your social welfare a letter from Social Protection explaining deduction is required.

A payment statement is a record of the amount paid to you by the Department of Employment Affairs and Social Protection for a period of time. The statement will have a breakdown per scheme of how much received and the dates of the Statement requested.

Customers with a verified MyGovID account can request a payment statement. Shortly after requesting your statement you will receive a notification of your statement in your mywelfare.ie inbox.

Website Link: https://services.mywelfare.ie/

#### **❖** HPL1 Form – Revenue

This form must be completed by the Revenue Commissioners for each applicant / joint applicant.

It is possible to have this form completed online by accessing the following link:

Website Link: https://www.revenue.ie/en/online-services/index.aspx

#### **STEPS**

- Sign in to myAccount or ROS
- Go to My Enquiries (top right hand side)
- Add New Enquiry and attach HPL 1 Form requesting completion
- The applicant must also sign the form before submitting to the housing department.

#### Contribution Statement

If you are an EU Citizen and currently unemployed, evidence of employment for 12 months will be required.

A Contribution Statement is a summary of your social insurance record in Ireland and provides a record of how many contributions you have, up to the end of the last tax year.

This statement can be requested by anyone with a MyGovID account.

Website Link: https://services.mywelfare.ie/