

Wexford County Council

PLEASE RETURN ALL FORMS TO REVENUE DEPARTMENT

Refuse Reduction Assessment Form 2006

Section A Household Details

Refuse Account Number: _____

Telephone Contact: Home _____ Mobile _____

CUSTOMER DETAILS

Name: _____

Address: _____

PLEASE SUPPLY DETAILS OF ALL PERSONS WHO NOW RESIDE IN THE HOUSE

NAME:	Date Of Birth	Amount of Nett Weekly Income €	Income Source* see below	PPS Number	Book Number (if any)

* E.G. Employed, Unemployment Benefit/Assistance, Disability Benefit, Pay Related Benefit, Invalidity Pension, Old Age Pension, Contributory/Non-Contributory, Widows Pension: Contributory/Non Contributory, Deserted Wives Allowance/Benefit, Lone Parents Allowance, Family Income Supplement, Other.

- **Each person** who is **employed** must have "**Section B**" overleaf completed and certified. A current payslip must be submitted also.
- **Each person** who is **unemployed** & in receipt of benefit/assistance must have "**Section C**" completed and certified
- **Each person** who is on a **Back to Work Scheme or Lone Parent in Employment** must have **Section B & C** completed and certified.

I certify the information on this application form to be correct and I understand that false or misleading information may result in my application being refused.

Signed Date:

SECTION B: CERTIFICATION OF EMPLOYMENT AND EARNINGS

****** TO BE COMPLETED BY ALL PERSONS IN EMPLOYMENT
& ON BACK TO WORK SCHEME*******

**NOTE : THIS SECTION MUST BE COMPLETED, SIGNED AND STAMPED BY THE
EMPLOYER AND ACCOMPANIED BY A CURRENT PAYS LIP**

Main Earner

Name: _____
Address _____

Employed as: _____
Are you on Back to Work Scheme? Yes _____
No _____
No. of years on Back to Work Scheme _____

PPS[RSI] Number: _____

Date Employment Started: _____

Basic Pay:

Weekly Wage _____

Overtime _____

Other _____

Tax Deductions _____

PRSI(Employee) _____

Nett Pay _____

I hereby certify that the details of earning etc.
set out above are correct.

Employers Signature _____

Employers Address: _____

Date: _____

**Employers
Stamp**



Other Earner

Name: _____
Address _____

Employed as: _____
Are you on Back to Work Scheme? Yes _____
No _____
No. of years on Back to Work Scheme _____

PPS[RSI] Number: _____

Date Employment Started: _____

Basic Pay:

Weekly Wage _____

Overtime _____

Other _____

Tax Deductions _____

PRSI(Employee) _____

Nett Pay _____

I hereby certify that the details of earning etc.
set out above are correct.

Employers Signature _____

Employers Address: _____

Date: _____

**Employers
Stamp**



