



**Wexford County Council**  
***Rental Accommodation***  
***Scheme (RAS)***



**RAS Unit**  
**Wexford County Council**  
**County Hall**  
**Wexford**

**RE: Cancellation of Rent Supplement Payment**

I \_\_\_\_\_, PPSN no \_\_\_\_\_  
*tenants name*

am currently in receipt of rent supplement in the amount of  
€ \_\_\_\_\_ per week from the Health Services Executive (HSE) in  
respect of property at \_\_\_\_\_

hereby agree to the cancellation of payment of my rent supplement to me  
and for same to be recouped by Wexford County Council under the  
provisions of the Rental Accommodation Scheme (RAS).

I authorise that from a date to be agreed, the HSE can cease payment of  
the above rent supplement amount to me.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
*Rent Supplement Recipient*