

Section 4: Income Details

i) Social Welfare Details

If you are in receipt of social welfare payments, please arrange for the following section to be completed and stamped in your Social Welfare Office:

Name	
Address	
PPS No.	
Type of Payment	
Effective From	
Rate of Payment per week/month	



Name: _____ **Signed:** _____

Title: _____ **Date:** _____

ii) Pension Details

If you are in receipt of pension payments please complete the following section and arrange to have it stamped at your local post office or alternatively provide appropriate receipts or proof of payment.

Name	
Address	
PPS No.	
Type of Pension (Contributory or non-contributory)	
Commencement Date of Pension	
Rate of Payment per week/month	



Name: _____ **Signed:** _____

Title: _____ **Date:** _____

iii) **Employment Details**

If you are employed, please arrange for the following to be completed by your employer.

Name	
Address	
Is employed By (Company Name)	
Effective From	
Has gross annual earnings of	€



Name: _____ Signed: _____

Title: _____ Date: _____

Section 5: Declaration

I, _____

Of _____

Do solemnly and sincerely declare that all the foregoing statements and particulars in this application for Waiver of Reduction of Charge are true and correct in every detail to the best of my knowledge, information and belief. I authorise Cork County Council to make any enquiries necessary to validate my application

SIGNATURE OF APPLICANT _____

Date: _____

Notes:

Please complete ALL sections of the form, answer N/A through sections that do not apply to you

Please return completed forms to:

**Fire & Building Control Department,
Cork County Council,
County Hall Campus,
Farranlea Road,
Cork,
T12 R298.**