



HAP RENT REVIEW FORM 2024

PART 1: DETAILS OF HAP TENANTS

OFFICE USE ONLY	
EI	€ _____
SE	€ _____
SW	€ _____
SW	€ _____
CAP	€ _____
HHI	€ _____
DWR	€ _____

HAP Account No:		Tenant Name:	
Address:			
Phone No(s):			
Email Address(es):			

PLEASE SUPPLY DETAILS OF ALL PERSONS WHO RESIDE IN THE HOUSE

Name	Relationship to Main Tenant	Date of Birth	PPS Number	Source of Income (Employed/ Self-Employed/ Social Welfare)	Net Weekly Income from Employment	Social Welfare Payment Type	Social Welfare Weekly Amount
	Tenant						

DECLARATION

I / We hereby certify that as a HAP Tenant(s) the information shown above is complete and correct and that all residents and incomes in the dwelling are recorded above. I / We the HAP Tenant(s) authorise and give authority to the Council to seek and receive any information which the Council may require from my employer or from any other source in relation to household income.

Signature (not block letters)

Date

Signature (not block letters)

Date

N.B. FAILURE TO RETURN THIS FORM OR DECLARE ALL HOUSEHOLD INCOME MAY RESULT IN A PENALTY RENT OF €40.00 BEING APPLIED TO YOUR ACCOUNT



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PART 2: MAINTENANCE

Are you in receipt of maintenance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you paying maintenance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please state amount per week:	€		If 'Yes', please state amount per week:	€	
Name of person paying maintenance:			Name of person receiving maintenance:		

Please attach a copy of Court or Maintenance Order and proof of payments e.g. bank statements

PART 3: CHANGES IN FAMILY SIZE SINCE PREVIOUS HAP RENT REVIEW FORM SUBMITTED/PERSONS NO LONGER LIVING AT HOME

Name	Date of Birth	Date of Leaving	New Address

Please submit appropriate evidence of new address i.e., Letter from their new Landlord and / or Utility Bill

PART 4: HAP TENANCY RENT DETAILS

Value of Landlord Rent	Euro €	Top-up payment to Landlord (if any)	Euro €
Current HAP Rent contribution	Euro €		

CHECKLIST

Have you enclosed the following, as applicable, for all occupants?

- Recent payslips (3 if paid weekly, 2 if paid fortnightly/monthly) for each person in employment
- Certified set of Accounts & most up to date Notice of Assessment, if self-employed
- Letter/email from school/college for occupants aged 18-25 confirming in full-time
- Proof of new address for any persons who have moved out since the last rent assessment
- Court or Maintenance Order and proof of payment, where relevant
- Please remember to sign this form

Please return your completed form to: Meath County Council, HAP section, Housing Department, Buvinda House, Dublin Road, Navan, Co Meath or by email to hap@meathcoco.ie. Please contact the HAP Section on 046 – 9097290 between 9am-1pm or by email if any queries.