**APPLICATION FOR WAIVER OF FIRE CHARGE**

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| --- |
| **PLEASE READ & COMPLETE CHECKLIST CAREFULLY BEFORE SUBMITTING THIS FORM**   * Income details for all adults in receipt of social welfare payments and or in full time/part time employment who reside in the property – **See table A.** * If unemployed - this form must be stamped and signed by your local Employment Exchange Office **or** you must provide 2 recent An Post payment slips.      * If employed (full time/part time) - you must provide 2 recent payment slips. * Evidence in the form of a letter from your Home/Car Insurance Provider to prove that your insurance policy does not cover the fire charge levied by Kilkenny County Council. * Question 1-11 are completed in full.   **Waiver applications will not be considered if submitted without relevant proofs of income and evidence of house insurance.** |

**PERSONAL DETAILS**

1. Customer ID/Acc No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Invoice Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICIAL EMPLOYMENT EXCHANGE STAMP

7. Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME DETAILS - TABLE A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Age** | **Occupation** | **Weekly Income** | **Source of Income/ Claim no.** | **Relationship to Applicant** |
| 8. |  |  |  |  |  |  |
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**INSURANCE DETAILS**

9. Insurance provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

I declare that the answers given to therein are correct and complete and I claim a reduction in charge.

11. **Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **FOR OFFICE USE ONLY**  **REFERRAL CHECK**   * Income details for all adults in receipt of social welfare payments and or in full time/part time employment who reside in the property are provided. * If unemployed - form is stamped and signed by local Employment Exchange Office **or** 2 recent An Post payment slips. * If employed (full time/part time) - 2 recent payment slips provided. * Letter from Home/Car Insurance Provider provided. * Question 1-11 are completed in full.   **SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ASSISTANT STAFF OFFICER**  I certify that the above particulars, to the best of my knowledge are correct.  **SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **A/ADMINISTRATIVE OFFICER**  **Waiver Recommended Invoice reduced to: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Waiver Declined**  **APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **HEAD OF FINANCE** |

**PLEASE RETURN TO: ARREARS MANAGEMENT**

**FINANCE DEPARTMENT**

**KILKENNY COUNTY COUNCIL**

**JOHN STREET**

**KILKENNY**

***DATA PROTECTION CONSENT FORM***

***WAIVER OF FIRE CHARGE***

**Data Protection Acts 1988 to 2018**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the collection and processing of the data provided by me by Kilkenny County Council and the sharing of this data with relevant agencies/bodies for the purposes of applying for a Waiver of Fire Charge.

Any personal information which you provide may be shared/exchanged with Solicitors, Courts, Third Party Debt Collection Agency, Fire Services & Insurance to carry out our legal obligations, for the collection of Fire Service Charges.

Kilkenny County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of Waiver of Fire Charge and in accordance with the Council’s Retention Policy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in Block Capitals)

⃝ I do not consent to my data being processed, shared and stored by Kilkenny County Council for the purposes outlined above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in Block Capitals)