

Household Budget Deduction Instruction Form

Ref. no. _____ (for office use only)

Which Social Welfare payment do you receive?

1 pps no. _____
Numbers Letters

First name(s) _____

Surname _____

Address _____

County _____

Eircode _____

Phone _____

Do you use a Social Services card to collect your payments?

Yes No

Signed: _____

Date: _____

Local Authority/Housing Body Deduction

2
2.1 Name of local authority

2.2 Bill type

Rent Tenant Purchase Mortgage

2.3 Account no _____

2.4 Account holder's name (if different from section 1)

I agree that all requests for changes to deductions or cancellation of Local Authority/Housing Body rent deductions must have the consent and approval of the Local Authority/Housing Body.

I authorise deduction of the sum of € _____ being the amount jointly agreed with the above named Local Authority/Housing Body, from my weekly payment from the Department of Social Protection, for remittance to the said Local Authority/Housing Body for credit of the Account described above in accordance with the Agreement.

I further authorise the Local Authority/Housing Body variation of the weekly deduction, at the request of the Local Authority to reflect any revision of Rent calculated in accordance with the Differential Rent Scheme of the Local Authority/Housing Body.

Signed: _____ Date: _____

I confirm the Agreement of the above named Local Authority/Housing Body to the terms as set out and authorise acceptance.

Signed: _____

Position: _____

Date: _____

Local
Authority/
Housing
Body Stamp

HHB is **only** for applicants that collect their Social Welfare payment from the Post Office.
Please return completed form to South Dublin County Council **OR** email to →
hrent@sdblincoco.ie