

CASHEL TOWN COUNCIL

APPLICATION FOR RELIEF FROM REFUSE CHARGES, 2006

Relief will not be considered unless the application form is completed fully and accurately and witnessed by a Peace Commissioner, Member of the Town Council or your Revenue Collector.

1. Name Of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

2. Address Of Applicant: \_\_\_\_\_

3. Account No.: \_\_\_\_\_ 4. Amount of Account: \_\_\_\_\_

5. Applicant's **WEEKLY** Income from any of the following sources [Please state the amount] :

- |   |       |                                       |       |
|---|-------|---------------------------------------|-------|
| [a] Old Age Pension                         | _____ | [g] Unemployment Assistance (DOLE)    | _____ |
| [b] Widow's/Widower's Pension               | _____ | [h] Supplementary Welfare Allowance   | _____ |
| [c] Blind Welfare Allowance                 | _____ | [i] Retirement Pension (state source) | _____ |
| [d] Disabled Persons Maintenance Allowance  | _____ | [j] Lone Parent's Allowance           | _____ |
| [e] Invalidity Pension / Disability Benefit | _____ | [k] Prisoners Wife's Allowance        | _____ |
| [f] Deserted Wife's Benefit                 | _____ |                                       |       |

6. Pension Book Number [if in receipt of Pension] \_\_\_\_\_

7. Have you any other source of Income? \_\_\_\_\_. If so, state source \_\_\_\_\_  
 \_\_\_\_\_ and amount received **per week** \_\_\_\_\_

8. If there are any special circumstances which you consider make your case one of hardship, please give details:  
 \_\_\_\_\_

9. Particulars of ALL OTHER Persons residing with you :-

NAME	AGE	RELATIONSHIP TO APPLICANT	OCCUPATION	WEEKLY INCOME

Signature of Applicant / \_\_\_\_\_

Witness / \_\_\_\_\_  
 Peace Commissioner, Member of Town Council, Revenue Collector. Date/ \_\_\_\_\_

**REPORT OF REVENUE COLLECTOR**

Observations and Recommendation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed/ \_\_\_\_\_ Revenue Collector. Date/ \_\_\_\_\_

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**DECISION ON APPLICATION**

Relief in the sum of € \_\_\_\_\_ is approved.

Signed/ \_\_\_\_\_ Date/ \_\_\_\_\_  
 Town Clerk.

## INSTRUCTIONS FOR COMPLETING FORM

Applicants and other persons residing with applicant who are employed must submit a Wages Certificate from their Employer – Certificates to be attached to application form.

Applicants etc. who receive Social Assistance Payments must provide evidence of such payments and the rate of payment must be certified.

The Agency making such payments should stamp the application form.

Unless the above requirements are complied with, where they apply, a decision will not be made on the application.

Complete form in full and return to Mr. Christopher Dunne, Revenue Collector.