Comhairle Chontae Liatroma
Leitrim County Council

Áras an Chontae
Cora Droma Rúisc
Contae Liatroma
N41 PF67

Áras an Chontae
Carrick on Shannon
County Leitrim
N41 PF67

Application for Review of Differential Rent on Hardship Grounds

Applicant Details

Name	
Address	
Contact Number	
Email	
Rent A/C No	

Application for Hardship Review

I wish to apply for a review of my assessed differential rent on hardship grounds due to a significant financial hardship affecting my household's ability to meet rental payments.

Please provide brief details of the circumstances giving rise to this hardship application:

To support my application, I confirm that:

☐ I have attended an appointment with the Money Advice and Budgeting Service (MABS).
☐ I have attached my Personal Financial Plan (PFP) prepared by MABS.
☐ I have attached any additional supporting documentation relevant to my application.

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Declaration

I declare that the information provided in this application and in the supporting documentation submitted is true and correct to the best of my knowledge and belief.

I understand that:

- The Local Authority may request additional information or documentation to assess my application.
- Failure to provide the required information, including evidence of engagement with MABS and a Personal Financial Plan, may result in my application being delayed or refused.
- Any review granted will be subject to the provisions of the Local Authority's Differential Rents Scheme and Housing legislation.

Applicant Signature: _____

Date: _____

Privacy Notice

The personal information collected on this form is required by the Local Authority for the purpose of assessing and administering your application for a review of differential rent on hardship grounds.

Your information will be processed in accordance with applicable data protection legislation, including the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. The information provided will be used only for the purpose of assessing your application and may be shared with authorised personnel and relevant public bodies where required by law or necessary for the administration of housing services.

The Local Authority will retain your personal data only for as long as necessary in accordance with its record retention policies and statutory obligations.

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You have the right to access your personal data, request correction of inaccurate data, and exercise other rights available under data protection legislation. For further information on how your personal data is processed, please refer to the Local Authority's Privacy Statement or contact the Data Protection Officer.

I acknowledge that I have read and understood the above Privacy Notice.

☐ I agree to the processing of my personal data for the purposes outlined above.

Applicant Signature: _____

Date: _____

Applicant Checklist

Before submitting your application, please ensure you have included:

☐ Completed and signed application form

☐ Evidence of attendance at, or appointment with, MABS

☐ Personal Financial Plan (PFP)

☐ Relevant supporting financial documentation

☐ Any additional information requested by the Local Authority

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LOCAL AUTHORITY USE ONLY

Application Receipt

Date Application Received: ____ / ____ / _____

Received By: _____

Housing File Reference No.: _____

Documentation Checklist

Documentation	Received	Notes
Completed Application Form	☐ Yes ☐ No	
Evidence of MABS Appointment/Attendance	☐ Yes ☐ No	
Personal Financial Plan (PFP)	☐ Yes ☐ No	
Supporting Financial Documentation	☐ Yes ☐ No	
Additional Information Requested	☐ Yes ☐ No	
Identification (if required)	☐ Yes ☐ No	

Assessment

Summary of Hardship Circumstances:

Current Weekly Rent: € _____**Recommended Weekly Rent:** € _____

Decision

☐ Approved ☐ Partially Approved ☐ Refused ☐ Further Information Required

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Reason for Decision:

Effective Date (if approved): ____ / ____ / _____

Cessation/Review Date (if approved): ____ / ____ / _____

Authorisation

Assessing Officer: _____

Signature: _____

Date: ____ / ____ / _____

Approved By (Senior Executive Officer): _____

Signature: _____

Date: ____ / ____ / _____

Notification

Applicant Notified On: ____ / ____ / _____

Method of Notification: ☐ Letter ☐ Email

Officer Initials: _____

Retention Note: This application and supporting documentation shall be retained in accordance with the Local Authority's Records Retention Policy, GDPR requirements, and relevant housing legislation.