

# Application Form for Waiver/Reduction of Fire Service Charges

Offaly County Council  
Fire Service  
Aras an Chontae  
Charleville Road  
Tullamore  
Co. Offaly



## Application of Waiver/Reduction of Fire Service Charges

### 1. Invoice Details

Invoice Number:	<input type="text"/>	Invoice Date:	<input type="text"/>
Name:	<input type="text"/>	Invoice Amount:	<input type="text"/>

### 2. Correspondence

Correspondence Address:

### 3. Declaration of Income - Names (and income if any) of all members of household (including applicant).

Name	Relation to Applicant	Age	Employer or source of income	Weekly Income

### 4. Supporting Documentation with respect to Income

#### (a) Details of Applicant's Income: -

Applicants employed: - Please have the attached Certificate of Income (Section 6) completed by your employer or attach Form P.60 for year ended 5th April. Section 6 must be completed in respect of every member of the household who is at present in receipt of income of any kind. Further copies of Section 6 may be obtained on request if necessary.

#### (b) Applicants on Pension or Social Welfare Allowances: -

Please have the attached Certificate (Section 7) completed by the Department of Social Welfare or An Post as appropriate. Section 7 must be completed in respect of every member of the household who is at present in receipt of Social Welfare benefit of any kind including Unemployment Assistance or Benefit, Disability Benefit, Occupational Injuries Benefit, Old Age Pension or Widows Pension, or pension of any kind. Further copies of Section 7 may be obtained on request if necessary.

### 5. Declaration (Must be completed in all cases)

I declare that the information supplied is correct and represents the true statement of my financial circumstances. If this application is successful, I agree to pay a minimum of 20% of the invoiced amount

and will enter into a staged payment scheme with Offaly County Council if necessary to clear any outstanding amount.

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

**N.B. A FALSE DECLARATION WILL RESULT IN THE LOSS OF YOUR WAIVER ENTITLEMENT.**

**6. Certificate of Income – Applicants Employed**

I certify that \_\_\_\_\_ is employed by me/us at \_\_\_\_\_  
 Gross Weekly Income: \_\_\_\_\_ Net (take home) weekly income \_\_\_\_\_  
 Date of commencement of employment: \_\_\_\_\_

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

Office Stamp:

Position: \_\_\_\_\_

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

**7. Certificate of Income - Applicants on Pension or Social Welfare Allowance**

I certify that \_\_\_\_\_ is at present in receipt of the sum of € \_\_\_\_\_ per week in  
 respect of \_\_\_\_\_ (nature of benefit)  
 (exclude living alone and fuel allowance)

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

Office Stamp:

Position: \_\_\_\_\_

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

**8. Waiver Requested on Other Grounds**

Non Compliance with  
Policy:

Reason for Non-  
compliance:

Charitable Status:

Registered Charity  
Number

**8. Determination (for Office use ONLY)**

<input type="checkbox"/> Waiver Approved	<input type="checkbox"/> Waiver Refused
<input type="checkbox"/> Invoiced issued in Non-Compliance with Policy	<input type="checkbox"/> Invoice Correctly issued in compliance with Policy
<input type="checkbox"/> Criteria for Hardship met	<input type="checkbox"/> Criteria for Hardship not met
<input type="checkbox"/> Charitable Status	<input type="checkbox"/> Charitable Status not Registered
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Recommended amount to be waived: (if applicable)

Recommendation by:

Approved by:

Section:

Section:

Date:

Date:

Reduced amount now due:

**The following should be noted:**

1. *A minimum fee of €100 will apply to Chimney Fires upon grant of waiver where invoicing is in accordance with the Policy. Chimney Fires are deemed to be preventable through regular and effective cleaning of flues.*
2. *A minimum fee of not less than 20% of invoice total will apply in all other cases where invoicing is in accordance with the Policy.*

**Check List**

- Letter from insurance company stating the applicant's invoice is not covered under the terms and conditions of their insurance
- Completed Application Form for Waiver/Reduction of Fire Service Charges
  - Income of all householder declared (Section 3)
  - Income Certified by Employer (Section 6)
  - Income Certified by Post Office (Pension)/Social Welfare etc. (Section 7)
  - Proof of Charitable Status (if applicable) (Section 8)
  - Detailed of claim of non-compliance with Policy (an additional note may be required to substantiate claim) (Section 8)

**Additional Section 6 – Certificate of Income – Applicants Employed**

<b>Invoice Number:</b> _____	<b>Invoice Date:</b> _____
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**6. Certificate of Income – Applicants Employed**

I certify that \_\_\_\_\_ is employed by me/us at \_\_\_\_\_  
 Gross Weekly Income: \_\_\_\_\_ Net (take home) weekly income \_\_\_\_\_  
 Date of commencement of employment: \_\_\_\_\_

<b>Signed:</b> _____	<b>Office Stamp:</b> <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
<b>Position:</b> _____	
<b>Date:</b> _____	

**6. Certificate of Income – Applicants Employed**

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 Date of commencement of employment: \_\_\_\_\_

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<b>Date:</b> _____	

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<b>Position:</b> _____	
<b>Date:</b> _____	

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<b>Position:</b> _____	
<b>Date:</b> _____	

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 Date of commencement of employment: \_\_\_\_\_

<b>Signed:</b> _____	<b>Office Stamp:</b> <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
<b>Position:</b> _____	
<b>Date:</b> _____	

## Additional Section 7. Certificate of Income - Applicants on Pension or Social Welfare Allowance

### 7. Certificate of Income - Applicants on Pension or Social Welfare Allowance

I certify that \_\_\_\_\_ is at present in receipt of the sum of €\_\_\_\_\_ per week in respect of \_\_\_\_\_ (*nature of benefit*)  
(*exclude living alone and fuel allowance*)

**Signed:** \_\_\_\_\_

**Office Stamp:**

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### 7. Certificate of Income - Applicants on Pension or Social Welfare Allowance

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(*exclude living alone and fuel allowance*)

**Signed:** \_\_\_\_\_

**Office Stamp:**

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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(*exclude living alone and fuel allowance*)

**Signed:** \_\_\_\_\_

**Office Stamp:**

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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(*exclude living alone and fuel allowance*)

**Signed:** \_\_\_\_\_

**Office Stamp:**

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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(*exclude living alone and fuel allowance*)

**Signed:** \_\_\_\_\_

**Office Stamp:**

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_