

MAYO COUNTY FIRE SERVICE

SEIRBHÍS DÓITEÁIN CHONTAE MHAIGH EO



Application Form for Waiver/Reduction of Fire Service Charges

(Please refer to Guidance Notes attached before completing this Form)

Your Details:

1. Applicant's Name(s): (Please print in BLOCK capitals)			Invoice No.:	
2. Applicant's Address: (Including Eircode)				Eircode:
3. Telephone number(s):	Mobile:		Landline:	
4. Email address:				
5. Are you the owner of the Property?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Landlord:	(If "No" state name and address of landlord)			
Address of Landlord:				
6. Is this your primary place of residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please give details of your primary place of residence:				
7. Medical Card Number: (If appropriate)				

Insurance Details:

8. Do you have property/car insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details of the Insurance Company and Policy number		
9. Have you submitted the invoice as part of a claim to your insurers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Does this insurance cover the Fire Service Charge either in full or partially? (If No, please submit a letter from your insurance company stating same)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. If your insurance company only part covers the charge, please state the amount covered and submit a letter from your insurance company stating same.	€	

Note: An application for a reduction/waiver of a Fire Service Charge will only be assessed for the amount or part of the charge that is not recoverable from an insurance company or from any other source

Income Details:

12. Details of all persons (including the Applicant) living at your address and their income (Please refer to Guidance Notes attached when completing this table)				
Person's Name	Age	Relationship to Applicant	Income from all Sources	Assessable Weekly Income (€)

13. Certificate of Income
 (To be completed by either An Post or the Department of Social Welfare where the sources of income declared above relates to either Pension or Social Welfare payments respectively)

I hereby declare that the information provided above, in relation to the premises at _____ is true.

The house members _____ (total number) are confirmed to be in receipt of the social welfare benefit as outlined above.
(initials of the Declaring Officer is required beside each household representative)

Signed: _____

Date: _____

I hereby declare that the foregoing particulars are true, correct and complete to the best of my knowledge and I authorise Mayo County Council to make any necessary enquiries to validate my application.

Signed: _____ **Date:** _____
 (Applicant)

Office use only: Invoice Number: _____ Name: _____

Qualifies for Waiver/Reduction: Yes/No Amount (%): _____ Balance: _____

I recommend that the waiver/reduction shown above be applied to this charge

Signed: _____ Date: _____

GUIDANCE NOTES ON COMPLETION OF APPLICATION FOR WAIVER/REDUCTION OF FIRE SERVICE CHARGES

1. **Eligibility for waiving/partial waiving of fire service charges is based on total household income, except in the case of private motor vehicle incidents where the income threshold that applies will be based on that of the registered owner.**
 - (i) Applicants should note that where a waiver is requested for a chimney fire that only one waiver application will be considered for each individual. Subsequent applications for chimney fire by the same applicant or from the same premises will not be considered.
 - (ii) Where a part waiver, maximum 50%, is granted the applicant will be notified and applicant will be required to sign an agreement for payment of balance outstanding.
 - (iii) **Assessable income** is the income from the following sources, assessed in full, but reduced by pay related social insurance contributions, income levies and any income tax payable, on such income;
 - a. Income from employment including self-employment,
 - b. All social insurance and social assistance payments and allowances,
 - c. Maintenance payments, whether under a formal or an informal arrangement or whether procured by way of Court Order or otherwise,
 - d. Payments by Government Departments or State Agencies except payment listed at (v) beneath,
 - e. Rental and other income from land or property,
 - f. Income from pensions of kind not already included at (b) above,
 - g. In the case of self-employment, persons will be obliged to submit audited accounts for the previous year and the last income tax assessment from the Inspector of Taxes.
 - (iv) Income of any employed person is, in general, the normal weekly rate of remuneration as defined in Section 2 of the Holidays (Employees) Act, 1973. All other regular payments in the nature of pay are included, including overtime.
 - (v) Income from the following sources is disregarded for the purpose of calculation of assessable income:-
 - a. Children's allowance, Orphan's allowances or Orphan's pensions, payable under the Social Welfare (Consolidation) Act, 1981.
 - b. Guardian's payment.
 - c. Scholarships.
 - d. Student Grants.
 - e. Rent and mortgage interest supplements.
 - f. Lump sum compensation payments.
 - g. Carer's Allowance.
 - h. Community Employment Scheme and Back to Work Schemes.
 - i. Family Income Supplement (FIS).
 - j. Fuel Allowance.
 - k. Living Alone Allowance.
 - l. Blind Pension/Welfare Allowance.

GUIDANCE NOTES ON COMPLETION OF APPLICATION FOR WAIVER/REDUCTION OF FIRE SERVICE CHARGES

2. Examples of Proof of Income: -

- a. Applicants Employed:- Copy of P60 from previous tax year
- b. Applicants in receipt of Social Welfare Payment:- Copy of Paying Order, Pension Book or letter from Department of Social Welfare.
- c. Self-Employed/Farmers:- Copy of audited accounts for previous year.

3. Single applicant: -

Persons living alone, in receipt of statutory old age pension and living alone allowance as the only source of income, will qualify for 100% waiver of Fire Charge. A fully completed waiver form, however, must be submitted.

4. Forms, which are not completed in ALL respects, will be returned to the applicant.

5. Reminder: -

Have you completed the form fully?

Have you signed and dated the declaration?

Have you included all sources of income?

Have you included proof of income?

Have you included the letter from the insurance company?

Please note that failure to furnish information or giving misleading information will automatically disqualify the applicant from any waiver of charges.

Completed form, including proof of income and letter from insurance company (where applicable), to be returned to:

Chief Fire Officer, Fire Brigade H.Q., Humbert Way, Castlebar, Co. Mayo F23 V089	Tel: (094) 9064999 Email: fire@mayococo.ie Web: www.mayo.ie/fire-service
---	---