

## **Income from Designated Programmes Form**

For income from Community Employment (CE), TUS or Rural Social Scheme (RSS), please ask your employer to complete this form.

Applicant's Name	
SUSI Application Number	
Employee's Name	
Employee's PPS	
Number	

Employer's Name	
Employer's Address	

Please indicate the type of programme to which this employment refers:

$ \bigcirc$	$  \bigcirc$	$\bigcirc$	$\bigcirc$
CE	TUS	RSS	Other

Details of Other Programme (if applicable)	

Please provide dates for employment on this scheme:

Date From: (DD/MM/YYYY)	Date To: (DD/MM/YYYY)

## Please provide details of payment:

Weekly Rate€Year Total€	
-------------------------	--

Please tick if payment included amounts for	Qualified Adult	Qualified Child
---	--------------------	--------------------

Name of Qualified Adult (if in respect of a party to the SUSI Grant Application)	
Total Amount paid for Qualified Adult	€

Please Note: Forms that are not signed and stamped by all parties will not be accepted by SUSI. This will result in delays when processing your application.



Name of Qualified Child (If in respect of SUSI Grant Applicant)	
Total Amount paid for Qualified Child	€

Signature of Employee	Date	
Signature of Employer	Date	

Company/Employer Stamp

Please Note: Forms that are not signed and stamped by all parties will not be accepted by SUSI. This will result in delays when processing your application.