**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HAP Customer ID:** ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PPSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Address/Forwarding Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*Please ensure to submit all documents with this checklist when applying for a refund\*\****

***\*\*Please note your account will be updated with the contact details you provide\*\****

 **Bank Header** from **a bank statement only** dated within the last 12 months clearly showing:

Name, Address, BIC, IBAN, Bank Logo, Date

\*We do not need to see any bank transactions or balance, top of bank statement only.

\*Screenshots of online bank account are not sufficient as per terms of our finance department.

 **Letter of Permission** (where applicable)

\*If HAP tenancy in single name and bank account for refund in joint names or third party name, please provide permission, signed and dated from the other account holder to process refund into the bank account.

\*If HAP tenancy in joint names and bank account in single name, please provide permission from other named tenant to proceed with processing refund into the named bank account.

\*Letter of permission must clearly state that person permits refund to be issued to the named bank account

*e.g. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my permission to lodge the HAP refund monies into the bank account of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

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

***Emails are ONLY acceptable from the registered email address on the HAP tenant account.***

**PLEASE NOTE: ALL DOCUMENTS REQUIRED MUST BE SUBMITTED BEFORE A REFUND CAN BE PROCESSED.**

*The refund process takes approximately 6 weeks.*

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

**Return completed checklist and accompanying documents to** **haptenantrefund@limerick.ie** **or post to**

 **Debt Management Unit, HAP Shared Services Centre, Carlton House, Henry Street, Limerick, V94 N8H2.**

**CRITERIA FOR APPLYING FOR A REFUND**

* **There must be a credit/overpayment (negative value), on your HAP Account**
* **Where the HAP tenancy is ceased, all payments must be stopped before a refund can be processed.**
* **Where your HAP tenancy is active, a refund will only be processed where the credit/overpayment is more that six weeks rent. If the credit/overpayment is six weeks or less, HAPSSC recommend stopping payments until the credit/overpayment is used up. Please contact HAPSSC at 061 556600 if paying by Household Budget (HHB)**
	+ **NOTE: the respsonsibility is on you, as the HAP recipient, to restart your payments to ensure your HAP account does not go into arrears and possibly enter the debt process.**
* **Refund applications will not be processed until all the required supporting documentation is received and all payments are stopped for ceased HAP tenancies.**