

Form Ref. SAF 4

## Student Assistance Fund

### RENT RECEIPT

Name of Landlord: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

I confirm that \_\_\_\_\_ is a tenant in my property at  
Please Print

\_\_\_\_\_ and that I received €\_\_\_\_\_ to cover the period

From: \_\_\_\_\_ To: \_\_\_\_\_

I agree to be contacted by a Committee member if this needs to be verified.

I give consent to Unit SETU Carlow to retain my details for Student Assistance Fund purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Landlord (signed not printed)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student (signed not printed)

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