HPL1 Form – First Applicant	

THIS FORM MUST BE COMPLETED BY THE **REVENUE COMMISSIONERS** AND RETURNED WITH EVERY APPLICATION.

YOUR FULL NAME (BLOCK LETTERS)	
PREVIOUS NAME (IF ANY)	
PRESENT ADDRESS	
PREVIOUS ADDRESS (IF ANY)	
PPS NUMBER (PRSI NUMBER)	

TO BE COMPLETED BY INSPECTOR OF TAXES							
	s not previously cla	e with my records and imed income relief in r					
SIGNED			DATE	1	/		
		OFFI	CIAL STAMP				

HPL1 Form – Second Applicant					
THIS FORM MUST BE COMPLETED BY WITH EVERY APPLICATION.	THE REVENUE COMMISSIONERS AND RETURNED				
YOUR FULL NAME (BLOCK LETTERS)					
PREVIOUS NAME (IF ANY)					
PRESENT ADDRESS					
PREVIOUS ADDRESS (IF ANY)					
PPS NUMBER (PRSI NUMBER)					
TO BE COMPLETED BY INSPECTOR OF TAXES					
	and to the best of my knowledge, that the above named of in respect of interest paid on money borrowed to purchase				
SIGNED	DATE / /				
	ECICIAL STAMP				