Application form for

Household Benefits Package

Social Welfare Services
HB 1

- Please use BLOCK LETTERS
- Please use BLACK INK and complete all questions.
- If a question does not apply to you, please leave the answer area blank.
- Log on to **www.welfare.ie** for more information.

Part 1 Your own details

1. Your PPS No:

2. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

3. Surname:

4. First name(s):

5. Your birth surname:

6. Your mother's birth surname:

7. Your date of birth: D D M M Y Y Y Y

Contact Details

8. Your address:

9. Your telephone number: LANDLINE

MOBILE

10. Your email address:

Declaration

I declare that all the information I have given on this form is accurate.

I will tell the Department when my means or circumstances change.

Signature (**not** block letters)

Date: D D M M 2 0 Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 1 continued — Your own details

11. Have you changed address recently? ☐ Yes ☐ No

If Yes, please give details of your previous address

12. Are you aged 70 years or over? ☐ Yes ☐ No

If Yes, please go to Part 2 on the next page

13. Are you living alone? ☐ Yes ☐ No

If No, please give details of those living with you:

PPS Number	How are they related to you?	Source of income or social welfare payment or student	Gross pay if employed

14. Are you getting an occupational pension? ☐ Yes ☐ No

Are you getting a social security payment from another country? ☐ Yes ☐ No

If 'Yes' to either of the above, please state:

Type of payment:

Source of payment:

15. If you are aged between 66 and 70 years and not in receipt of a qualifying payment (for more information see www.welfare.ie), do you want to be means tested?

☐ Yes ☐ No

16. If you or anyone in your household has ever applied for Household Benefits, please state:

Applicant's surname:

Applicant's first name:

PPS Number:

Part 2 Allowance(s) you are applying for

Please tick ONLY one of the four options below: (Log on to **www.welfare.ie** for more information.**)**

- ☐ Electricity Allowance (complete question 1)
- ☐ Gas Allowance (complete question 2)
- ☐ Group Account Allowance (complete question 3)
- ☐ Bottled Gas Allowance (complete question 3)

Please tick if you wish to apply for:

- ☐ Television Licence (complete question 4)
- ☐ Telephone Allowance (complete question 5)

1. Electricity Allowance:

You must be registered, or joint registered consumer, before the allowance can be credited to your bill. Please contact your supplier if this is not the case.

What is your electricity MPRN? ☐☐☐☐☐☐☐☐☐☐☐

(11 digit number) on right hand side of bill

Who is your electricity supplier? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Gas Allowance:

You must be registered, or joint registered consumer, before the allowance can be credited to your bill. Please contact your supplier if this is not the case.

What is your Gas GPRN? ☐☐☐☐☐☐☐

(7 digit number) on right hand side of bill

Who is your gas supplier? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. Group Account Allowance / Bottled Gas Allowance:

For Electricity or Gas, if the registered consumer is a landlord, or you have a separate slot meter, you may be entitled to a Group Account Allowance. If your home is not connected to an electricity or natural gas supply you may get a Bottled Gas Allowance. These allowances are paid monthly to your nominated financial institution or post office. Log on to **www.welfare.ie** for more information.

If you are applying for a Group Account Allowance or Bottled Gas Allowance please tick below how you wish to be paid:

To your nominated financial institution ☐

To your Post Office (using Social Services Card) ☐

(You must complete payment details at PART 3 overleaf)

4. Television Licence:

What is your television licence number? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Part 2 continued — You must complete relevant section below

5. Telephone Allowance:

Please tick whether you want the allowance to apply to a landline phone (the allowance will be credited to your bill) or to a mobile phone (your allowance will be paid monthly to your nominated financial institution or post office). Log on to **www.welfare.ie** for more information.

Landline Phone ☐

If landline, who is your supplier?

OR

Mobile Phone ☐

If mobile phone, please tick below how you wish to be paid:

To your nominated financial institution ☐

To your Post Office (using Social Services Card) ☐

(You must complete payment details at PART 3 below)

Part 3 — Your Payment Details

You must complete your preferred payment details if you have applied for a mobile phone allowance and / or group account allowance or bottled gas allowance. Please complete either option below.

Post Office

Post Office address:

Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution:

Sort code:

Account number:

Send this completed application form with copies of relevant bills to:

Household Benefits Section
Social Welfare Services
FREEPOST
College Road
Sligo

If you need help to fill in this form LoCall: 1890 500 000 or call to your local Social Welfare Office.

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

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