



# Application for Jobseeker's Allowance Transition (JST)

Previous SW Payment

One-Parent Family Payment

Official Use JST

Name: \_\_\_\_\_ PPSN: \_\_\_\_\_

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

Telephone Numbers: Land Line \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail address \_\_\_\_\_ Occupation \_\_\_\_\_

Please confirm your current status: Single  Married

Divorced/Separated  In a Civil Partnership  Cohabiting

1. Are you working full-time, part-time or occasionally? Yes  No

2. Are you attending a course of education or training? Yes  No

3. If working/attending a course, please give the name and address of the employer/course, state whether the course is full-time / part-time and the hours you attend.

P45  
P60  
AD Code  
Link Ind  
Occ Code  
Posn Prior  
Date of claim  
Forms issued:  
UP16 \_\_\_\_\_  
HRC satisfied/HRC1 issued \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. If working:

Date you started the job \_\_\_\_\_

Number of days you work per week \_\_\_\_\_

Number of hours you work per week \_\_\_\_\_

Hourly rate of pay \_\_\_\_\_

**Please bring in a recent payslip to your Intreo Centre/Local Office as soon as possible.**

5. Are you self-employed? Yes  No

If you answered 'Yes' to this question, please give further details below:

6. At what Post Office do you wish to be paid? \_\_\_\_\_

## Application for Jobseeker's Allowance Transition (JST)

**Please list details of everyone else who lives in your household**

| Name | Age | Relationship to you | Occupation | If in receipt of a Social Welfare payment, please state type of payment |
|------|-----|---------------------|------------|---|
|      |     |                     |            |   |
|      |     |                     |            |   |
|      |     |                     |            |   |
|      |     |                     |            |   |
|      |     |                     |            |   |

7. Do you own the property in which you live? Yes  No

If "No" are you paying rent? Yes  No

Amount of rent € \_\_\_\_\_ weekly/fortnightly/monthly

| Do you have:   | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Money in a Bank, Building Society, Post Office, Credit Union or other financial institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Earnings from full-time/part-time employment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Income from self-employment including farming, in the last year?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Investments, including stocks, bonds, shares?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Interest in any house, property or land <u>not personally occupied by you</u> ?              | <input type="checkbox"/> | <input type="checkbox"/> |
| A Maintenance Grant or a Deed of Covenant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Income from any pension(s)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Money received from compensation, redundancy or lump sum in the last two years?              | <input type="checkbox"/> | <input type="checkbox"/> |
| Income from any other source, including Maintenance Payments                                 | <input type="checkbox"/> | <input type="checkbox"/> |

## Application for Jobseeker's Allowance Transition (JST) Declaration by Customer

**I confirm the following:**

1. My means and circumstances have not changed from those last declared for the purposes of One-Parent Family Payment (OFP) apart from changes detailed on this form.
2. I am parenting alone and am not co-habiting with a spouse or partner.
3. There has been no change in my child dependant details from those last declared for the purposes of One-Parent Family Payment apart from those detailed on this form.
4. Other than any employment declared on this application form I am unemployed and I am capable of work.
5. I am aware of my obligation to tell the Department if there is any change in my means or circumstances, including my domestic circumstances, which may affect my entitlement to payment.

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

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

**Customer's Signature**

### ITEMS REQUESTED FROM CUSTOMER (MARKED 'X')

|   |  |  |
|---|--|--|
| Money in a Bank, Building Society, Post Office, Credit Union or other financial institution | Up to date balance                                       |  |
| Earnings from full-time/part-time employment  | Recent payslip   |  |
| Income from self-employment including farming, in the last year                             | Copy of latest accounts                                  |  |
| Investments, including stocks, bonds, shares  | Up to date valuation                                     |  |
| Interest in any house, property or land <u>not personally occupied by the customer</u>      | Valuation of property & evidence of outstanding mortgage |  |
| A Maintenance Grant or a Deed of Covenant   | Confirmation of details                                  |  |
| Income from any pension(s)  | Confirmation of details                                  |  |
| Money received from compensation, redundancy or lump sum in the last two years              | Confirmation of details                                  |  |
| Income from any other source, including Maintenance Payments                                | Confirmation of details                                  |  |

Signature of Local Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Local Office: \_\_\_\_\_

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## For Official Use Only

Other relevant factors for the information of the Deciding Officer

### Evidence of Identity

- Public Service Card
- Personally Known
- Resembles photo ID on file
- Passport
- Driver's Licence
- Other Photo ID  Specify \_\_\_\_\_
- Bank/Credit Cards
- Other documents  Specify \_\_\_\_\_
- System Information
- Other  Specify \_\_\_\_\_

### Evidence of Address (Only where required)

- Local Authority Rent Book
- Utility Bill  Specify \_\_\_\_\_
- Financial Statements  Specify \_\_\_\_\_
- Government / Local Authority Correspondence  Specify \_\_\_\_\_
- Other acceptable correspondence  Specify \_\_\_\_\_

Signature of Claim Acceptance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**To: Inspector:** \_\_\_\_\_

Please review customer's means at the request of **customer/deciding officer** (delete as appropriate)

Reason: \_\_\_\_\_

Jobseeker's Allowance Transitional **is/is not** currently being paid (delete as appropriate)

### Decision

- I decide that Jobseekers' Allowance (JST) **can** be awarded based on the information on this form.
- I decide that Jobseekers' Allowance (JST) **cannot** be awarded based on the information on this form.

Signed \_\_\_\_\_ Deciding Officer Date \_\_\_\_\_