

Application form for Household Benefits Package

Social Welfare Services

HB 1

Data Classification R



You need a Personal Public Service Number (PPS No.) before you apply.

- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions**.
- For more information, log on to **www.welfare.ie**.

Part 1

Your own details

1. Your PPS No:	<input type="text"/>
2. Title: (insert an 'X' or specify)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="text"/>
3. Surname:	<input type="text"/>
4. First name(s):	<input type="text"/>
5. Your birth surname:	<input type="text"/>
6. Your date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	D D M M Y Y Y Y
7. Your mother's birth surname:	<input type="text"/>

Contact Details

8. Your address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	County <input type="text"/>	Postcode <input type="text"/>
9. Your telephone number:	<input type="text"/>	MOBILE
	<input type="text"/>	LANDLINE
10. Your email address:	<input type="text"/>	
	<input type="text"/>	

Declaration

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.

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Signature (not block letters)

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 living permanently in the State?

Yes No

13. Are you aged 70 years or over?

Yes No

14. Are you living alone?

Yes No

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

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

15. Are you getting a private/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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

16. 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

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

Applicant's surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Applicant's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PPS Number:

--	--	--	--	--	--	--	--	--	--

18. What is your nationality?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

19. Are you legally entitled to reside in the Republic of Ireland?

Yes No

If you are a holder of a GNIB (Garda National Immigration Bureau) card, please provide a copy of the GNIB card and your letter from the Department of Justice and Equality.



Please tick **ONLY ONE** of the four options below:

For more information, log on to www.welfare.ie.

- Electricity Allowance (complete question 1), or
- Gas Allowance (complete question 2), or
- Group Account Allowance (complete question 3), or
- Bottled Gas Allowance (complete question 3).

Please tick if you wish to apply for:

- Television Licence (complete question 4)

1. Electricity Allowance:

You must be registered, or joint registered consumer (your name must be on the bill), before the allowance can be credited to your bill. Please contact your supplier if this is not the case. Please provide a copy of your electricity bill.

What is your electricity MPRN?
(11 digit number) on right hand side of bill

DO NOT LEAVE BLANK IF YOU ARE APPLYING FOR THE ELECTRICITY ALLOWANCE

Who is your electricity supplier?

2. Gas Allowance:

You must be registered, or joint registered consumer (your name must be on the bill), before the allowance can be credited to your bill. Please contact your supplier if this is not the case. Please provide a copy of your gas bill.

What is your Gas GPRN?
(7 digit number) on right hand side of bill

DO NOT LEAVE BLANK IF YOU ARE APPLYING FOR THE GAS ALLOWANCE

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. For more information, log on to www.welfare.ie.

(You must complete payment details at PART 3 overleaf)

4. Television Licence:

What is your television licence number?



You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

Financial Institution

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

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:

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

Household Benefits Section
 Department of Social Protection
 Social Welfare Services
 College Road
 Sligo

Telephone: (071) 915 7100
 LoCall: 1890 500 000

If you are calling from outside the Republic of Ireland please call + 353 71 915 7100

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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

