Application form for

Living Alone Increase

Social Welfare Services
LA 1

Data Classification
Confidential

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

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 date of birth:
D D M M Y Y Y Y

Contact Details

6. Your address:

7. Your telephone number:
LANDLINE

MOBILE

8. 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

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

9. **Please state the name of the payment you are getting from this Department?**

10. **Please state the date you started living alone or mainly alone:**

D D M M Y Y Y Y

11. **Please give details of any changes in your household that have resulted in you living completely or mainly alone.**

Complete this Section ONLY if you live OUTSIDE the Republic of Ireland

This section must be completed by one of the following:

- Civil Servant/Police Officer/Doctor/Solicitor/Magistrate/Minister of Religion,
- Post Office Official/Health Service Official/Bank Official,
- Notary/Peace Commissioner/Irish Diplomatic or Consular Officer.

I certify that the person named overleaf is living alone. The applicant signed the form in my presence and I am not a relative of the applicant.

Signature of witness (**not** block letters)

D D M M 2 0 Y Y

Official stamp

Send the completed application form to:

If you are getting:

- State Pension (Contributory)
- State Pension (Non-Contributory)
- Blind Pension
- Widow's, Widower's or Surviving Civil Partner's Contributory Pension
- Deserted Wife's Benefit

Send your application to:

Social Welfare Services
College Road
Sligo

LoCall: 1890 500 000

If you are getting:

- Invalidity Pension
- Disability Allowance
- Incapacity Supplement
- Widow's, Widower's or Surviving Civil Partner's Pension under the Occupational Injuries Benefit Scheme

Send your application to:

Social Welfare Services
Government Buildings
Ballinalee Road
Longford

LoCall: 1890 92 77 70

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.