



Fuel Allowance under the National Fuel Scheme

How to complete application form for Fuel Allowance under the National Fuel Scheme.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

Applicant:

Please fill in all parts as they apply to you. When form is completed, sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

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

How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8	0	2	1	9	7	0											
	D	D	M	M	Y	Y	Y	Y											

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D			T	O	W	N											
	C	O		D	O	N	E	G	A	L										
10. Your telephone number:	0	1	7	0	4	3	0	0	0											
	LANDLINE																			
	0	8	6	1	2	3	4	5	6	7										
	MOBILE																			
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE

34. List all people living with you and give the following information for each.

Person 1

Name: PPS No.: Gross weekly income: € , .

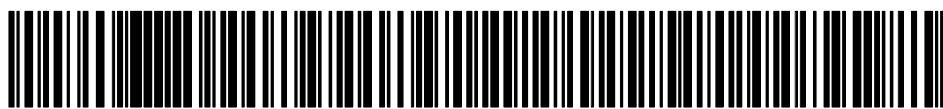
This includes all earnings and pensions, if any.

Total savings/
investments: € , , . Value of property:
(other than family
home) € , , . Rent from this
property: (other than
family home) € , . a weekProfit from business: € , . a year

Person 2

Name: PPS No.: Gross weekly income: € , .

This includes all earnings and pensions, if any.

Total savings/
investments: € , , . Value of property:
(other than family
home) € , , . Rent from this
property: (other than
family home) € , . a weekProfit from business: € , . a year

Person 3

Name:

PPS No.:

Gross weekly income:

€ , .

This includes all earnings and pensions, if any.

Total savings/
investments:€ , , . Value of property:
(other than family
home)€ , , . Rent from this
property: (other than
family home)€ , . a week

Profit from business:

€ , . a year

35. If you need constant care and attention please state name of person providing this:

Surname:

First name(s):

Their PPS No.:

A Social Welfare Inspector may call on you to examine your application and may ask to see documents about your household means.

Send this completed application form to:

Send this completed application form to the section of the Department of Social Protection that pay you.

If you are receiving a **payment from another country**, you should send your application form to:

NFS Section
Social Welfare Services
College Road
Sligo

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.

