



Application form for One-Parent Family Payment

Remember, you must have at least one dependent child living with you to qualify for One-Parent Family Payment.

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

How to complete this application form.

- Please tear off this page and use as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.

You should complete **Parts 1 to 6** and **Part 8 A** as they apply to you.

Your employer (if any) should fill in **Part 8 B**.

When the form is completed, read **Part 7** and sign declaration in **Part 1**.

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

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

Important:

You should apply as soon as you become eligible. If you fail to apply within 3 months of becoming eligible, you may lose some payment.

How to fill 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(s) as appear(s) on your birth certificate:	M	A	R	Y																
6. Birth surname:	M	C	D	E	R	M	O	T	T											
7. Your date of birth:	2	8		0	2		1	9	7	0										
	D	D		M	M		Y	Y	Y	Y										
8. Your mother's birth surname:	K	E	L	L	Y															

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D		T	O	W	N												
	D	O	N	E	G	A	L		T	O	W	N								
County	D	O	N	E	G	A	L		Postcode											
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
	MOBILE																			
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
	LANDLINE																			
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R			
	B	O	X																	

SAMPLE

Application form for One-Parent Family Payment



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 first name as it appears on your birth certificate:

6. Birth surname:

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

8. Your mother's birth surname:

Contact Details

9. Your address:

County Postcode

10. Your telephone number: MOBILE

LANDLINE

11. Your email address:

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:
D D M M Y Y 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.

12. What country were you born in?

Grid for country name

13. Are you?

Single, Married, Separated, Divorced, Widowed, Cohabiting, In a Civil Partnership, A surviving Civil Partner, A former Civil Partner

14. If you are married, in a civil partnership or a civil union or cohabiting, from what date?

DD MM YYYY grid

Please attach your marriage certificate or civil partnership or civil union registration certificate if you married or entered into a civil partnership or civil union outside the Republic of Ireland (we do not accept photocopies).

15. If you are divorced, your civil partnership or civil union has dissolved or you are no longer cohabiting, when did this happen?

DD MM YYYY grid

Please attach your Decree Absolute Certificate or Decree of Dissolution (we do not accept photocopies).

16. How long have you lived at the address filled in at question 9?

YY years YY months

17. What address did you live at before the one given in question 9?

Grid for address

18. Did you apply for One-Parent Family Payment in the past?

Yes No

If 'Yes', please state:

Date you applied:

DD MM YYYY grid

19. Are you employed at present (including part-time or temporary work)?

Yes No

You are employed when you work for another person or company and you get paid for the work.

If 'Yes', please state:

Your occupation:

Employers name:

Employers address:

Your gross weekly pay: € , . a week

Please attach three recent payslips or latest P60.

20. If you are self-employed, please state:

Your occupation:

Your gross weekly pay: € , . a week

Please attach your most recent set of certified accounts.

21. Before applying for One-Parent Family Payment, were you?

Working: Yes No

At school: Yes No

Getting a social welfare payment: Yes No

22. If you are getting any payment from this Department, please state:

Name of payment:

Name of payment:

Name of payment:

23. Is anyone claiming an increase for you as a dependant on their social welfare payment?

Yes No

If 'Yes' please give their details here:

Name:

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Address:

Name of payment they get:

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

24. Are you getting maintenance?

Yes No

'Maintenance' is money from your spouse, civil partner or other parent of your child(ren).

If 'Yes', please state:

How much you get: € , . a week

Please attach a copy of a Maintenance Order or Separation Agreement if you have one.

25. If you are not getting maintenance, what efforts are you taking to get maintenance?

Please attach a copy of Maintenance Summons if you have one.

26. Do you own the property that you currently live in?

Yes No

If 'Yes' please submit proof of your mortgage payments for the current year.

27. Do you rent the property you currently live in?

Yes No

If 'Yes' please submit a recent receipt from your landlord or a statement from your letting agency, and a copy of your lease or tenancy agreement.

28. Does the other parent of your child(ren) pay towards the rent or mortgage costs of your current accommodation?

Yes No

If 'Yes', please state:

How much do you get: € , . a week

29. Are you taking or have you taken part in any of the following courses or schemes?

Type of course or scheme	If 'Yes' insert (X)	Date you started course or scheme				Amount you get paid for scheme or course
Community Employment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/></input>	a week
Rural Social Scheme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/></input>	a week
Back to Work Enterprise Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/></input>	a week
Back to Work Allowance (Employees)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/></input>	a week
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/></input>	a week
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/></input>	a week
Community Services Programme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/></input>	a week
Job Initiative	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/></input>	a week

30. Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

Yes No

If 'Yes', please state:

Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Please attach an original statement for each account, showing transactions for the last 3 months.

If you have any other accounts you must give details of them to this Department on a separate sheet of paper.

31. Do you have other account(s) with Financial Institutions other than those account(s) listed above?

Yes No

If 'Yes', a separate sheet of paper can be used to provide details.

32. Do you own stocks, shares (including shares in a creamery or Co-op), annuities, bonds, funds, insurance policies or investments?

Yes No

If 'Yes', please state:

Their value: € , .

Please attach a statement to show details and current market value.

33. Do you own, share in the ownership, work or rent a farm or land?

Yes No

If 'Yes', please state:

Size of farm or land: acres

Net yearly income or rent from farm or land: € , .

'Net yearly income' is money you have made from the farm after deducting operating expenses.

Please return most recent farm accounts and rent/lease agreement where applicable.

Complete if you are widowed, are a surviving civil partner or if your cohabitant died.

38. When did your spouse, civil partner or cohabitant die?

D	D	M	M	Y	Y	Y	Y

Please attach their death certificate if they died outside the Republic of Ireland (we do not accept photocopies).

If you do not have a death certificate, please attach a memorial card or press cutting showing the date of death.

39. Did your spouse, civil partner or cohabitant die because of a work-related accident or disease?

Yes No

Please give details about your late spouse, civil partner or cohabitant in Part 2.

Complete if you no longer live with your civil partner or if your civil partnership or civil union has been dissolved.

40. When did you and your civil partner start living apart?

D	D	M	M	Y	Y	Y	Y

If you cannot remember the exact date, tell us roughly when you separated.

41. Was your civil partnership or civil union dissolved?

Yes No

If 'Yes', please attach a copy of the Decree of Dissolution. Please give details about your civil partner in Part 2.

Complete if you are separated from your spouse.

42. When did you and your spouse separate?

D	D	M	M	Y	Y	Y	Y

43. Did you get a legal separation?

Yes No

If 'Yes', please attach a copy of the Separation Agreement. Please give details of your spouse in Part 2.

Complete if your spouse, civil partner or cohabitant is in prison.

44. When was your spouse, civil partner or cohabitant sentenced to prison?

D	D	M	M	Y	Y	Y	Y

45. What prison are they in?

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46. How long is their sentence?

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47. What is their prison number?

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

Please give details about your spouse, civil partner or cohabitant in Part 2.

Part 2 continued

Details of your spouse, civil partner, former cohabitant, or other parent of your child

60. If they are getting any payment from this Department, please state:

Name of payment:

Their claim or reference number:

Amount:

€ , . a week

Part 3

Details of your qualified child(ren)

61. Do you wish to apply for qualified child(ren)?

Yes No

If 'Yes', how many children do you wish to claim for?

under age 18

age 18 - 22 in fulltime education

Please state child's:

Child 1

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Child 2

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Child 3

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

You must attach written confirmation from the school or college for the children aged 18 - 22.

Note: A separate sheet of paper can be used for details of other children you have.

Country 1

Country:

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From:

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

To:

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D D M M Y Y Y Y

Why you lived there:

Country 2

Country:

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

From:

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

To:

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

D D M M Y Y Y Y

Why you lived there:

Country 3

Country:

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From:

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To:

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D D M M Y Y Y Y

Why you lived there:

Note

*The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

If you lived in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands, please provide proof of residence. Residency may be verified by producing a passport or identity card and one or more of the following: employment records such as P45 or P60; bank statements; details of benefit payments; utility bills; rent or mortgage agreements or receipts for local authority charges.

67. Have you lived at the same address for the last 2 years?

Yes No

If 'No', please give details of where you lived:

Last address:

[Grid for last address: 4 rows of 20 boxes each]

From: [DD] [MM] [YYYY]

To: [DD] [MM] [YYYY]

D D M M Y Y Y Y

Previous address:

[Grid for previous address: 4 rows of 20 boxes each]

From: [DD] [MM] [YYYY]

To: [DD] [MM] [YYYY]

D D M M Y Y Y Y

68. Have you lived continuously in Ireland since the day you arrived?

Yes No

69. Does any of your close family, for example, parent, brother, sister or child, live in Ireland?

Yes No

If 'Yes', please give their details:

Person 1

Their surname:

[Grid for surname: 1 row of 20 boxes]

Their first name(s):

[Grid for first name: 1 row of 20 boxes]

Their address:

[Grid for address: 4 rows of 20 boxes each]

Their date of birth:

[DD] [MM] [YYYY]

D D M M Y Y Y Y

Their relationship to you:

[Grid for relationship: 1 row of 20 boxes]

When they came to Ireland:

[DD] [MM] [YYYY]

D D M M Y Y Y Y

Person 2

Their surname:

Their first name(s):

Their address:

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

Their relationship to you:

When they came to Ireland:
 D D M M Y Y Y Y

Person 3

Their surname:

Their first name(s):

Their address:

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

Their relationship to you:

When they came to Ireland:
 D D M M Y Y Y Y

Note: A separate sheet of paper can be used for more details if needed.

70. Have you ever made an application for refugee status?

Yes No

If 'Yes', please answer both questions (a) and (b) and provide copies of all relevant documentation from the Department of Justice and Equality.

(a) Are you awaiting a decision on an application for refugee status?

Yes No

Have you enclosed the following?

- Bank statements, P60 or statement from accountant if self-employed
- Tax deduction card or three recent payslips
- Proof of mortgage payments or rent receipts
- Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education)
- Maintenance summons/order
- Separation Agreement
- Decree absolute certificate
- Decree of dissolution of civil partnership or civil union certificate

If you were born, married or entered into a civil partnership or a civil union outside the Republic of Ireland:

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Divorce decree (decree absolute)
- Your late spouse's, civil partner's or cohabitant's death certificate. If you do not yet have a death certificate for them, attach a press cutting showing their date of death, a Coroner's report is also acceptable.
- Your child(ren)'s birth certificate(s) (if applying for an increase for them)
Note: No birth certificate is needed if you are already getting Child Benefit.

Original certificates only.

Please remember to sign the Declaration in Part 1.

Also have Part 8 completed by you and/or your employer.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:

Your local Intreo Centre or Social Welfare Office.

Contact details are available in the phone book or on www.welfare.ie.

Important: If you do not apply within 3 months of becoming eligible you may lose some payment.

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

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

Part 8

Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Give this to your employer so that they can complete Part B. You may first detach it if you do not wish them to see your details.

1. What is your Personal Public Service Number (PPS No.)?

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2. Are you getting any of the following social welfare payments?

Please insert an 'X' in the relevant box.

- Maternity Benefit
- Illness Benefit
- Adoptive Benefit
- Health and Safety Benefit
- Occupational Injury Benefit

- You complete Part A.
- Your employer completes Part B.

Part A - To be completed by you (applicant)

Please insert an 'X' in the relevant box.

I do not intend to return to work.
Please give your P45 or a statement from your employer that your employment has ended and have your employer complete Part B over the page.

I do not yet know if I will return to work and I will inform you as quickly as possible.
We cannot process your application until you confirm whether or not you are returning to work.

I intend to return to work on

D	D

M	M

2	0		
Y	Y	Y	Y

If you intend to resume work, have your employer complete **Part B**.

A Social Welfare Inspector may interview you about your application. You must give them any details or documents (for example, bank statements or wage slips) that they may need.

--

Date:

D	D

M	M

2	0		
Y	Y	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 B - Employer declaration

1. I confirm that is/was* receiving
Employee's name
 gross earnings € . a week while receiving *Maternity Benefit, Adoptive Benefit, Illness Benefit, Occupational Injury Benefit or Health and Safety Benefit (*delete as appropriate)

OR

I confirm that was not paid/will not be
Employee's name
 paid* earnings by this company while they are receiving *Maternity Benefit, Illness Benefit or Health and Safety Benefit (*delete as appropriate)

2. They stopped working with this company on:
D D M M Y Y Y Y

AND

They have returned/will return to work* with this company on:
D D M M Y Y Y Y

Their gross earnings are/will be: € . a week

Employer's name:

Employer's address:

Employer's telephone number: MOBILE
 LANDLINE

Employer's registered number:

Signature (not block letters)

Official stamp

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

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy. Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.