

CLAIM FORM FOR SUPPLEMENTARY WELFARE ALLOWANCE (S.W.A. 1 - May 2018)

Office Use
Date Received

By Whom

PLEASE

- Use **BLOCK LETTERS**. Answer all questions fully, as incomplete information may delay processing your claim.
- Read and sign the Declaration.
- Supply a full length Birth Certificate for each person who does not already have a P.P.S. No.
- **NOTE:** You may be asked questions other than those on this form and may be requested to provide a range of documentary evidence to support your claim.

PART 1 APPLICANT'S DETAILS

SURNAME _____ P.P.S. NO.

FIRST NAME _____ DATE OF BIRTH _____

ADDRESS _____ NATIONALITY _____

TELEPHONE NO. _____

Do you have a Social Security Number from another country? YES NO

If "YES" PLEASE STATE: NUMBER _____ COUNTRY _____

State your Birth Surname: _____ Country of Birth: _____

Are you (PLEASE TICK (✓) as appropriate): Male Female

Single Married In a Civil Partnership Cohabiting Separated

Divorced A former Civil Partner Widowed A surviving Civil Partner
(you were in a Civil Partnership that has since been dissolved)

In Full-time Education In Full-time Work Involved in an Industrial Dispute

YES NO YES NO YES NO

PART 2 YOUR SPOUSE, CIVIL PARTNER OR COHABITANT'S DETAILS

FULL NAME _____ P.P.S. NO.

ADDRESS _____ DATE OF BIRTH _____

NATIONALITY _____

Does he/she have a Social Security Number from another country? YES NO

If "YES" PLEASE STATE: NUMBER _____ COUNTRY _____

State his/her Birth Surname: _____

Country of Birth: _____

Is he/she (PLEASE TICK (✓) as appropriate): Male Female

In Full-time Education In Full-time Work Involved in an Industrial Dispute

YES NO YES NO YES NO

PART 3 CHILD DEPENDANT DETAILS

Please give details of children under 18 years of age who are dependent on you.

Child's Name		Date of Birth	P.P.S. No.	Relationship to you	Does the child live with you YES/NO
First Name	Surname				

PART 4 OTHER RESIDENTS

Apart from yourself, your spouse/civil partner or cohabitant and child dependants listed in Part 3, state who else lives with you?

First Name	Surname	Date of Birth	Relationship to you	Gross Income per week €

PART 5 OCCUPATION, EMPLOYMENT AND GENERAL INFORMATION

PLEASE INDICATE:

YOURSELF

SPOUSE/CIVIL PARTNER/
COHABITANT

- (a) All addresses resided at during the last 2 years.
(If more than 1 previous address please provide other address(es) on a separate piece of paper)
- (b) Usual occupation.
When last employed.
- (c) Name & address of most recent employer.

PART 6 INCOMES AWAITED

Are you or your spouse/civil partner or cohabitant awaiting income from:

Source	Yourself		Spouse, Civil Partner or Cohabitant		Details
	YES	NO	YES	NO	
A Social Welfare Claim					
Employment/Redundancy Payments					
A Social Security Claim to another State					
A Maintenance Order/Application					
A Pension Application					
A Compensation Claim					
Any Other Source					

PART 7 DETAILS OF MEANS

A. How much income weekly do you and your spouse/civil partner or cohabitant have from the following sources?

Source	Yourself €	Spouse, Civil Partner or Cohabitant €	Details
Social Welfare Payments			
Health Service Executive Payments			
Social Security Payments from another State			
Wages/Salary			
Self Employment (including farming)			
Sick Pay/Income Protection Schemes			
Occupational Pension(s)			
Maintenance Payments			
FAS Training Allowance			
Strike Pay			
Any other source(s) - PLEASE SPECIFY			

B. Have you or your spouse/civil partner or cohabitant, savings, investments in stocks, shares, or deposits with Banks/Building Societies or other Financial Institutions? YES NO

If "yes" please provide details of:

Amount(s) invested € _____ Where invested _____

C. Do you or your spouse/civil partner or cohabitant own any property (including land) other than the house you occupy? YES NO

If yes, please give the location and use of the property _____

PART 8 EMPLOYMENT/EDUCATIONAL SCHEMES

How much are you or your spouse, civil partner or cohabitant in receipt of <u>weekly</u> from the following Schemes?	Yourselves €	Spouse, Civil Partner or cohabitant €
Area Based Initiative / Back to Work Allowance	_____	_____
Revenue Job Assist / Back to Education Allowance	_____	_____
Community Employment Scheme / Other Scheme	_____	_____
When did the payment(s) commence? (Date)	_____	_____

PART 9 WEEKLY OUTGOINGS

How much are you/spouse, civil partner or cohabitant paying <u>weekly</u> on:	Yourselves €	Spouse, Civil Partner or cohabitant €
House Rent / Mortgage	_____	_____
Maintenance Payments to another person	_____	_____
Loans (Banks, Credit Union etc.)	_____	_____
Travel Costs to Work	_____	_____

PART 10 OTHER INFORMATION

Please indicate why you are applying for a Supplementary Welfare Allowance and give any additional information which you feel may be important in support of this application: -

PART 11 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.

I AM AWARE OF THE CONTENT OF THIS APPLICATION AND KNOWINGLY MAKE THIS DECLARATION

SIGNATURE OF APPLICANT _____ DATE _____

If the applicant is unable to sign, his/her mark should be made and witnessed. The Witness should sign below.

SIGNATURE OF WITNESS _____ DATE _____

IF YOU MAKE A FALSE STATEMENT OR WITHHOLD INFORMATION, YOU MAY BE PROSECUTED LEADING TO A FINE, A PRISON TERM OR BOTH.

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.