

RECLAIM FOR SUPPLEMENTARY WELFARE ALLOWANCE (S.W.A. 2 - October 2011)

Date Received

By Whom

Please: Use BLOCK LETTERS and answer all questions fully.

Incomplete information may delay processing your claim.

Don't forget, you **must** read, sign and date the Declaration.

Family Composition

PART I APPLICANT'S DETAILS

SURNAME _____ P.P.S. NO.

FIRST NAME _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE NO. _____

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 _____

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 DEPENDANTS

Has the number of child dependants residing with you changed since your last claim? YES NO

If 'yes' give details of additional child/children (Long Birth Certificates must be provided)

| Name | Surname | D.O.B. | P.P.S. No. | Relationship |
|------|---------|--------|------------|--------------|
| | | | | |
| | | | | |

Total Number of Child Dependants residing with you

| PART 4 Name of non-Dependants Residing with you | | | | |
|--|---------|--------|------------|--------------|
| Name | Surname | D.O.B. | P.P.S. No. | Relationship |
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| PART 5 INCOME Give details of all payments you and your spouse, civil partner or cohabitant receive (Evidence of all income is required) | | | | Total Income € |
|---|---------------|------|----------------|--------------------------|
| YOUR INCOME: | Weekly Amount | Type | Date last paid | |
| | € | | | |
| (Any additional income) | € | | | |
| | | | | |
| YOUR SPOUSE, CIVIL PARTNER OR COHABITANT'S INCOME: | Weekly Amount | Type | Date last paid | |
| | € | | | |
| (Any additional income) | € | | | |

| PART 6 WEEKLY OUTGOINGS (Evidence of outgoings is required) | Yourself | Your Spouse, Civil Partner or Cohabitant |
|--|-----------------|---|
| Rent / Mortgage (per week) | € _____ | € _____ |
| Loans (Bank, Credit Union etc.) (per week) | € _____ | € _____ |
| Other Outgoings (per week) Specify: _____ | € _____ | € _____ |

Please indicate why you are applying for assistance and state any change in circumstances since last claim.

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DECLARATION

I declare, that the information given by me in this application is correct and complete. I am aware that the making of any false or misleading statement or the concealment of any relevant information, or failure to disclose relevant information, are offences punishable by law.

I undertake to advise the Department of Social Protection immediately of any changes in circumstances including changes in income(s), dependency, address and/or any such changes relating to my spouse, civil partner or cohabitant which may occur affecting my eligibility for Supplementary Welfare Allowance. I understand and I am aware that I have a legal obligation to inform the Department of Social Protection, immediately, of any changes in my circumstances affecting my right to Supplementary Welfare Allowance.

I authorise the Department of Social Protection to make all enquiries necessary to establish my current eligibility status and/or that of my spouse, civil partner or cohabitant and to make such enquiries as may be necessary on an on-going basis for review purposes. I also authorise that the requested information be provided to the Department of Social Protection.

I understand that if I am dissatisfied with a decision on my claim, I have a RIGHT OF APPEAL.

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 _____

**IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION.
INFORMATION MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.**