Application form for

Social Welfare Services SWA RS 1

Data Classification R



Supplementary Welfare Allowance Rent Supplement

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 use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions**. We will return any form that is incomplete. This will delay your application for Supplementary Welfare Allowance.

If you do not have a spouse, civil partner or cohabitant:

Fill in Parts 1, 3, 4, 7, 8 and 9 as they apply to you. When form is completed, read Part 10 and sign declaration in Part 1.

If you have a spouse, civil partner or cohabitant:

Fill in Parts 1, 3, 4, 5, 7, 8, and 9 as they apply to you and your spouse, civil partner or cohabitant. When form is completed, read **Part 10** and sign declaration in Part 1.

Employer:

If you are an **employer** for the applicant fill in **Part 2**. If you are an **employer** for the spouse, civil partner or cohabitant fill in Part 6. Please make sure you sign and stamp these parts of the form.

Landlord or landlord's agent:

Please fill in **Part 11.** Please make sure you sign and stamp this part of the form.

Please note:

To process your Rent Supplement, we need to establish ownership of the property by the landlord. One of the following documents are acceptable in photocopy form.

- 1. Evidence of registration with Private Residential Tenancies Board (PRTB).
- 2. Receipt from Non Principal Private Residence (NPPR).
- 3. Evidence of buildings insurance policy held by landlord.

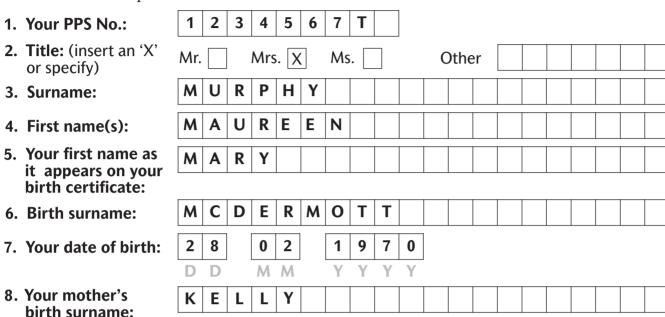
If you need any help to complete this form, please contact your local Intreo Centre, Social Welfare Office or Citizens Information Centre. For more information, log on to www.welfare.ie.

How to fill this form

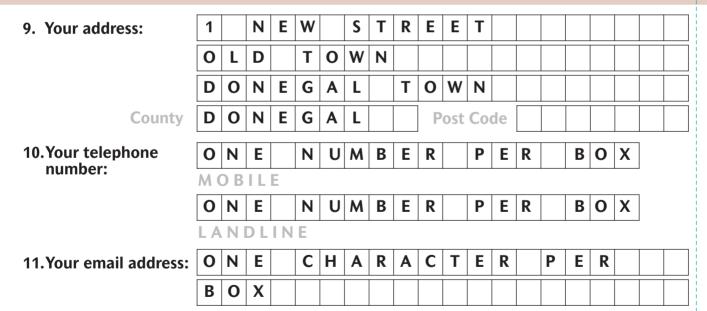
To help us in processing your application:

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

Please see example below.



Contact Details





Application form for

For Official Use Only
Date received
By whom



Supplementary Welfare Allowance Rent Supplement

Part 1	Y	Όι	1 r (ow	'n	de	tai	ls												
1. Your PPS No.:																				
2. Title: (insert an 'X' or specify)	Mr.			Mrs	S. [Ms	· [(Othe	r					L		
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		М	М		Υ	Υ	Y	Y										
8. Your mother's birth surname:									-											
				Cor	nta	ct]	Def	tail	ls											
9. Your address:																				
County										P	ost	Cod	de							
10. Your telephone number:															M	0	BI	LΕ		
															L	ΑN	l D	LII	N E	
11. Your email address:																				
				D	ecl	ara	atio	on												
I declare that the information g any of the information I provide that I will be required to repay a prosecuted. I undertake to imm which may affect my continued	e is u any p redia	ntr oay itel	ue (mei y ac	or n nt l dvis	nisle rece	eadi eive	ing o	or if m tl rtm	l fa he [ent	il to Dep of a	dis artr	sclos nen	se a t ar	ny r ıd tl	ele nat	van [.] I ma	t inf ay b	form e stan	natio	on,
								Di	ate:	L	D	D		M	M	L	Z Y	Y	Y	<u> </u>
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 1 continued	You	r ow	n d	etai	ls												
12.Are you?	Divo	ried rated							In a A s A fo u w	nabir Civurvivorme ere i	ril P ving er C in a	artı g Ci Civil ı Ci	vil F Pai vil P	Part rtne Part	ner er ners		
If you are married, in a civil partnership or cohabiting, from what date?	D D	M	M	Y	Υ	Y		liia	l IIa	i3 311	ice	Dec	en 0	11550	ЛУС	u)	
13. Your current income from employment: €					a v	wee	k										
Are you employed?	Yes			No													
You are 'employed' when yo Please attach copies of your					n o	r co	mpa	any	and	yοι	ı ge	t pa	aid 1	for t	this	wo	rk.
If 'Yes', please state: Number of days worked a week:		⁄eek	. ,	•													
Total number of hours worked per week:		a we	ek														
Your usual occupation:																	
Your current employer's name:																	
Your current employer's address:																	
County								ost		L							
If (Nia) whose states	Your cu	rrent	empl	oyer	mu	st a	ISO	com	iple	ete F	art	2.					
If 'No', please state: Your previous income: €					a v	wee	k										
Your last occupation:																	
Your last employer's name:																	
Your last employer's address:																	
County							P	ost	Cod	de							
Date you were last employed:																	
ciripioyeu.	D D	M	M	Y	Y	Y	Y										

Part 1 continued	Your own details
14. Amount of redundancy € payment made and date paid?	DD MM YYYY
15.Amount and date of redundancy payment due? €	Please attach original written confirmation of redundancy. D D M M Y Y Y Y
16.If you are self-employed (in	ncluding farming) at present, please state:
Type of business or trade:	
Your profit over the last year: €	
	profit and loss account for the last 12 months, together with most essment from Revenue Commissioners.
17.Are you?	In full-time education
	Involved in an industrial dispute
18.If you are getting or have a Health Service Executive, p	applied for any payment(s) from this Department or from the please state:
Name of payment:	
Amount: €	a week
19. If you are getting or have a please state:	applied for any other pension or allowance from another country,
Name of country:	
Your claim or reference number:	
Amount: €	a week
20. Have you applied for any o	other source(s) of income such as an occupational pension?
16/24	Yes No
If 'Yes', please state:	
Type of payment:	
Amount: €	a week
	f paper can be used for more details if needed.
seasonal employment?	ome including but not limited to income from casual, occasional or Yes No
If 'Yes', please give details	in the space provided:

Part 1 continued	Your own details
22.If you are getting or have a Amount: €	applied for maintenance, please state: a week
	counts in a bank, post office, building society, credit union or any 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):	

No

Current balance:

Name 2 (if any):

account?

Name 1:

Is this account a joint

Name(s) of account holder(s):

€

Yes

Part 1 continued)	ίοι	ır	OW	/n	de	tai	ls												
	Fin	anc	ial	Inct	itut	ion	3													
Name of financial institution:		anc	lai	11130	litui															
Pank Identifier Code (PIC)													1							
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):															<u></u>					
Current balance: €],																
Is this account a joint account?		Yes	S				No													
Name(s) of account holder(s):																			
Name 1:																				
Name 2 (if any):																				
Please attach an original sta	aten	nen	t fo	r ea	ich a	acco	oun	t, sh	ow	ing	trar	ısac	tio	ns fo	or tl	he la	ast (6 m	ontl	ıs.
If you have any other acco separate sheet of paper.	unt	s yo	u n	nus	t giv	ve d	leta	ils (of t	hen	n to	thi	s D	ера	rtn	nen	t on	a		
Note: A separate sheet of	pap	er o	can	be	use	d fo	or n	ore	de	tail	ls if	ne	ede	d.						
24.Do you own stocks, shares insurance policies) or inve				g sh	are	s in	a c	rea	mei	ry o	r C	0-0	p, a	nnu	iitie	es, k	one	ds,		
16 (W. 1 . 1		Yes	S				No													
If 'Yes', please state: Their value: €				1							ease			_		-			-	
Their value.							•			ae	talis	s ar	ia c	urre	2nt	ma		· va		
25 Do you own or share in the ov	vnoi	chir	s of	201/	nro	nor	h, (i	nelu	din	d la	ad) (ath.	v th	on f			rket			
25. Do you own or share in the ov	vnei	_		any	pro	_	•	nclu	din	g laı	nd) (othe	er th	an t						
•	vnei	r shi p Ye:		any	pro	_	ty (i No	nclu	din	g laı	nd) (othe	er th	an t						
25. Do you own or share in the own If 'Yes', please state: Property/land address:	vnei	_		any	pro	_	•	nclu	din	g laı	nd) (othe	er th	an t						
If 'Yes', please state:	vnei	_		any	pro	_	•	nclu	din	g laı	nd) (othe	er th	an t						
If 'Yes', please state:		_		any	pro	_	•	nclu	din	g lar	nd) (othe	er th	an t						
If 'Yes', please state: Property/land address:		_		any	pro	_	•	nclu	din					an t						
If 'Yes', please state: Property/land address: County	vnei	_		any	pro	_	•	nclu	din		ost			ant						
If 'Yes', please state: Property/land address: County Use of property/land:		Yes	S				No			P	Post	Со	de							
If 'Yes', please state: Property/land address: County Use of property/land: Note: A separate sheet of	pap	Yes	can	be	use	d fo	No Dr n	nore		P	Post	Со	de							
If 'Yes', please state: Property/land address: County Use of property/land: Note: A separate sheet of 26. How much are you paying	pap	Yes	can	be	use	d fo	No Dr n	nore	e de	Petail	Post	Со	de							
If 'Yes', please state: Property/land address: County Use of property/land: Note: A separate sheet of	pap	Yes	can	be	use	d fo	No Dr n	nore		Petail	Post	Со	de							
If 'Yes', please state: Property/land address: County Use of property/land: Note: A separate sheet of 26. How much are you paying	pap	Yes	can	be	use	d fo	No Dr n	nore	e de	etail	Post	Со	de							
If 'Yes', please state: Property/land address: County Use of property/land: Note: A separate sheet of 26.How much are you paying House rent: €	pap	Yes	can	be	use	d fo	No Dr n	a 'a	e de	ek ek	Post	Со	de							

Details from your current employer

This part must **ONLY** be completed by your employer

27. What is your employee's full name?															
28. Please confirm their PPS No.:								·							
29. Their address:															
									<u> </u>						
County					Pos	t Co	de						_		
County	C	urrent	empl	OVEE											
30.Please confirm the date employee first started working for you:	proper first started DDD MM YYYYY the above employee participating in a Department of Social Protection Employment centive Scheme?														
	ticipating Yes	in a Dep	artmei No	nt of S	ocial	Prot	ectio	on En	plo	yme	ent				
32. Numbers of hours normally worked per week?	Yes No														
33. Gross basic wage per hour: €				per ho	our										
34. Gross income since January 1st last: €															
35. Number of weeks of insurable employment since January 1st last:															
36.PRSI contributions deducted since		•													
37. Total Tax (PAYE) paid since January 1st last: €	,	•													
	Emp	oloyee	on sic	k lea	ive										
38.Is the employee on sick leave from your firm?	Yes		No												
39. What date did sick leave commence?	D D	M M	Υ	YY	Y										
40. Gross weekly amount of sick pay less PRSI: €		•		a wee	k										
41.Date of last payment made:	D D	M M	Υ	YY	Y										
42.Amount of last payment made: €															

Part 2 continued

Details from your current employer

Signed by or for employer	
	Employer's official stamp
Signature (not block letters)	
Position in company or organisation	
Date: 20 YYYY	
Employer's registered number:	
Employer's telephone number:	
	MOBILE
	LANDLINE

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Habitual Residence Condition

This section must be omust satisfy to qualify	-		-															-		
43. What country were born in?	you																			
44. What is your nation	nality?																			
45.Do you have a soci	al secui	ity ı	numb	er fr	om	and	the	r co	oun	try	?									
			Yes]	No													
If 'Yes', please state Social security number																				
Country:																				
46. Do you have a GNII	B (Gard	a Na	ationa	l lm	mig	rati	on	Bur	eau	ı) ca	ard?	•								
•			Yes			_ ı	No													
If 'Yes', please atta it for you and verif	ch a vei y that t	rifie hey	d copy saw tl	of s	sam rigii	e (y nal)	oui	r lo	cal	Soc	ial \	We	lfar	e O 1	ffice	e ca	n p	ho	toco	ру
47. Have you resided c	ontinuo	ously	/ in Ire	eland	d sir	nce	birt	th?												
			Yes]	No													
If 'No', please give	details	of w	here y	ou l	live	d in	the	sp	ace	pro	ovid	led	•							
		Cou	ıntry	1																
Country:																				
	From:																			
	To:																			
Why you lived there:		D	D	M	M		Y	Y	Y	Y										
		Cou	ıntry :	2																
Country:																				
	From:																			
	To:							V	V	V										
Why you lived there:		D	D	M	M		Y	Y	Y	Y										
			Fo	or c	ffi	cia	l us	se	on	ly										
HRC satisf	fied										HR	C1	issu	ıed		Γ				

Part 4	D	eta	ils	of	yo	ur	de	рe	ene	de	nt	ch	ild	l(re	en)			
8.How many children do you have?			unde age 1 time	8 - 2	22 ir	n ful	I-	,	co	nfir	ma		n fro	m t	the	sch	ool 18 -	
Please state child's:	Child	11							I	Ι			1	1				
Surname:																		
First name(s):																		
PPS No.:																		
Date of birth:	D I	D	M	M		Y	Y	Υ	Υ									
Does this child live with you?		es				No												
Surname:	Child	1 2																
First name(s):																		
PPS No.:]									
Date of birth:				M		V	Υ	V										
Does this child live with you?		o ⁄es	IVI			No	ĭ	ĭ	ĭ									
	Child	13																
Surname:																		
First name(s):																		
PPS No.:																		
Date of birth:	D I	D	M	M		Y	Y	Y	Y									
Does this child live with you?		es/	2 4 1			٧o												
	Child	14																
Surname:																		
First name(s):																		
PPS No.:																		
Date of birth:																		
Describe 1910 19 19) /	M	M	┐.	-	Y	Y	Y									
Does this child live with you?		es/				No												
Note: A separate sheet of	pape	r car	1 be	use	d fo	r m	ore	de	tail	s if	nee	ede	d.					

Part 4

Part 5)	ίοι	ır s	spo	us	e's	, ci	vil	pa	rtr	ıer	's c	or c	coh	ıab	ita	nť	s d	leta	ils
49. Their PPS No.:																				
50.Title: (insert an 'X' or specify)	Mr.]	Mrs	s. [Ms	. [C	the	er							
51. Their surname:																				
52. Their first name(s):																				
53. Their birth surname:																				
54. Their date of birth:	D	D		M	М		Υ	Υ	Υ	Υ								1 '	(Y/N) Verifi	
55.Their mother's birth surname:																				
56.Please give their address if different to yours: (Only answer this question if you are married or in a civil partnership and you do not live together).										P	ost	Cod	de							
57. Country they were born in:																				
58. Their nationality:																				
59.Do they have a social secu	rity	nu Ye		er fr	rom	_	oth No	er c	our	itry	?									
If 'Yes', please state: Social security number:																				
Country:																				

Part 5 continued	Yo	our s	spo	us	e's,	civ	il p	artı	ner	's c	or (coh	ıab	ita	nť	s do	eta	ils
60.Their current income from employment: €				[a we	ek										
Are they employed?	Y	⁄es				lo												
They are 'employed' when the Please attach copies of their							on or	con	npai	ny a	nd t	they	/ ge	t pa	id fo	or th	is v	vork
If 'Yes', please state: Number of days worked a week:		a wee	ek															
Total number of hours worked per week:		а	we	ek														
Their usual occupation:																		
Their current employer's name:																		
Their current employer's address:																		
							<u> </u>	<u> </u>								<u>_</u>		
County								P	ost	Co	de							
If 'No', please state:	Thei	r cur	rent	em	ıploy	yer ı	nust	also	CO	mpl	lete	Pa	rt 6	•				
Their previous income: €							a we	ek										
Their last occupation:																		
Their last employer's name:																		
Their last employer's address:																		
							+									\dashv		
County							<u> </u>		Post	Со	do					$\frac{1}{1}$		
Date they were last					<u> </u>		<u> </u>	']		uc							
employed:	D I	D	M	M		Υ	YY	′ Y										
61.If they are self-employed (i	nclu	ding	farn	ning	g) at	pre	sent	, ple	ase	sta	te:							
Type of business or trade:																		
Their profit over the last year: €																		
Note: Please attach their recent notice of asso											ontl	1 s, 1	oge	ethe	er w	ith r	nos	st
62.Amount of redundancy pay	men	t ma	de a	nd	date	pai	d?	_										
€			,															
												A.A	NA.		V	V	V	V

Please attach original written confirmation of redundancy.

Part 5 continued	Your spouse's, c	ivil partn	ner's or c	ohabita	nt's details
63.Amount and date of redund	dancy payment due?				
€					
			D D	M M	YYYY
64.If they are getting or have a Health Service Executive, p		it(s) from t	his Depart	ment or f	rom the
Name of payment:					
Amount: €	,	a week			
65. If they are getting or have a please state:	applied for any other p	ension or a	illowance 1	from anot	her country,
Name of country:					
Their claim or reference number:					
Amount: €	,	a week			
66. Have they applied for any o	other source(s) of incom	me such as	an occupa	itional per	nsion?
If 'Yes', please state:					
Type of payment:					
Amount: €		a week			
Note: A separate sheet of	paper can be used for	more detai	ils if neede	ed.	
67.Do they have any other incorr seasonal employment?	ome including but not	limited to	income fro	om casual,	occasional
[Yes No				
If 'Yes', please give details i	n the space provided:				
Note: A separate sheet of				ed.	
68.If they are getting or have a Amount: €		a week	iale.		

Part 5 continued

Your spouse's, civil partner's or cohabitant's details

other financial institution								red	lit u	ınıo	n o	r ar	ıy
	Yes			No									
If 'Yes', please state:													
	Financia	I Inst	itut	ion 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):													
	Financia	ıl Inst	itut	ion 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):													

Part 5 continued

Your spouse's, civil partner's or cohabitant's details

	Fina	anc	ial	Inst	itut	ion	3													
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Current balance: €													ļ		I					
Is this account a joint account?		Ye	S			I	No	'												
Name(s) of account holder((s):																		$\overline{}$	
Name 2 (if any):																				
Please attach an original st If you have any other acco separate sheet of paper. Note: A separate sheet of	ounts	s yo	u n	nust	t giv	ve d	leta	ils	of t	hen	ı to	thi	s D	ера					ontl	hs.
70.Do they own stocks, share insurance policies) or investigation		ent	s?	g sł	nare	_		crea	ame	ery (or C	Co-c	p, a	ann	uiti	es,	bor	ds,		
If 'Yes', please state: Their value: €		Ye	s],			No			_				_		_			sho lue.	
71. Do they own or share in the o	wne	rshi Ye:		fany	pro	_	r ty (No	incl	udin	ıg la	nd)	oth	er tl	nan	the	hou	ıse t	hey	occ	cupy?
If 'Yes', please state:																				
Property/land address:																			<u> </u>	
																			<u></u>	
County										P	ost	Co	de							
Use of property/land:																				
Note: A separate sheet of	pap	er d	can	be	use	d fo	or m	ore	e de	tail	s if	nee	ede	d.						
72. How much are they paying	g we	ekl	y oı	n th	e fo	ollo	win	g?												
House rent: €		,			[a	wee	ek										
Cost of travel to work: €		,			[a	wee	ek										
Mortgage: €		,			[a	wee	ek										
Maintenance they are €					-			a	wee	ek										

Part 6	Details from your spouse's, civil partner's or cohabitant's employer													
	oleted <u>ONLY</u> by your spouse's, civil partner's nt's employer													
73. What is your employee's full name?														
74. Please confirm their PPS No.:														
75. Their address:														
County	Post Code													
76. Please confirm the date employee first started working for you: 77. Is the above employee participating in a Department of Social Protection Employment														
	ticipating in a Department of Social Protection Employment Yes No													
78. Numbers of hours normally worked per week?	a week													
79. Gross basic wage per hour: €	per hour													
80. Gross income since January 1st last: € 81. Number of weeks of														
insurable employment since January 1st last:														
82.PRSI contributions deducted since														
83. Total Tax (PAYE) paid since January 1st last: €														
	Employee on sick leave													
84.Is the employee on sick leave from your firm?	Yes No													
85. What date did sick leave commence?	D D M M Y Y Y Y													
86.Gross weekly amount of sick pay less PRSI: €	a week													
87.Date of last payment made:	D D M M Y Y Y Y													
88. Amount of last payment made: €														

Part 6 continued

Details from your spouse's, civil partner's or cohabitant's employer

igned by or for employer	
	Employer's official stamp
Signature (not block letters)	
Position in company or organisation	
Date: 20 YYYY	
Employer's registered number:	
Employer's telephone number:	
	MOBILE
	LANDLINE

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 7

Details of other people sharing the accommodation

	-				0		-0-	-												
89. Apart from yourself, your please state who else lives				il pa	artr	ner	or c	oha	abit	ant	an	d cł	nild	(rer	ı) li	ste	d in	Pa	r t 5 ,	,
	Pers	son	1 I	ivin	g w	ith	yoı	ı		1		1	1	1				1		
Surname:																				
First name(s):																				
Their relationship to you:																				
Amount of rent they pay per week €].[a v	wee	ek										
	Pers	son	2 I	ivin	g w	ith	you	ı												
Surname:																				
First name(s):																				
Their relationship to you:																				
Amount of rent they pay per week €		,						a v	wee	k					•	•				
	Pers	son	3 I	ivin	g w	ith	you	I												
Surname:																				
First name(s):																				
Their relationship to you:																				
Amount of rent they pay per week €] . [a v	wee	ek										
	Pers	son	4 I	ivin	g w	ith	you	ı												
Surname:																				
First name(s):																				
Their relationship to you:																				
Amount of rent they pay per week €		,].[a v	wee	ek										
	Pers	son	5 I	ivin	g w	ith	you	<u> </u>												
Surname:																				
First name(s):																				
Their relationship to you:																				

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

a week

Amount of rent they

pay per week

Your accommodation details

					dat			mo		J.											
Address:																					
	County										P	ost	Co	de							
*Accommodation ty	pe:																				
Period of residency:	From:																				
	To:																				
		D Acc	D com	mo	M dat	M ion	2	Y	Y	Y	Y										
Address:																					
	County										P	ost	Co	de							
* Accommodation ty	pe:																				
Period of	From:																				
residency:	To:]]														
		D	D	1		М	1	Υ	Y	Υ	Υ										
A .d.d		Acc	om	mo	dat	ion	3														
Address:							<u> </u>														
	County										D	oct	Cal	do							
	County										P	ost	Co	de							
* Accommodation ty											P	ost	Co	de							
											P	ost	Cod	de							
* Accommodation ty Period of	pe:										P	ost	Cod	de							
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* Accommodation ty Period of residency: Note: A separate	rpe: From: To: sheet of				be	use	d fo	or m	ore	de	Y	s if	nee	ede						_	
* Accommodation ty Period of residency: Note: A separate * Accommodation to social housing, ho	rpe: From: To: sheet of type mea	ins:	fan mn	nily noda	be hor atio	use ne, on o	d fo	or m	ore e re	de nte	Y etailed ac	s if	nee	ede (tio						rity
* Accommodation ty Period of residency: Note: A separate * Accommodation to	rpe: From: To: sheet of type meaningless and the content of type meaningless and the content of type meaningless and type meaningless a	ns: icco (R.A	fam mm .S.)	nily noda or	be hor atio oth	use ne, on o er.	d fo pri r ac	or m	nore re nm	de nte	Y etail d ac	s if	nee nm ovid	edeo oda ded	itioi un	der	the	Re	nta		rity
* Accommodation ty Period of residency: Note: A separate * Accommodation to social housing, ho Accommodation S	rpe: From: To: sheet of type meaningless and the content of type meaningless and the content of type meaningless and type meaningless a	ns: icco (R.A	fam mm .S.)	nily noda or atio	be hor atio oth	use ne, on o er.	d for pri r ac	or m	nore re nm	de nte	Y etail d ac	s if	nee nm ovid	edeo oda ded	itioi un	der	the	Re	nta		rity
* Accommodation ty Period of residency: Note: A separate * Accommodation to social housing, ho Accommodation S	rpe: From: To: sheet of sype mean and secheme (for according)	ins: icco (R.A mm	fam mm .S.) oda Ye	nily noda or ation	be hor atio oth n to	use me, on o er. an	d for pring a contract principle pri	or m vate ccor	nore re nm	de nte	Y etail d ac	s if	nee nm ovid	edeo oda ded	itioi un	der	the	Re	nta		rity
* Accommodation ty Period of residency: Note: A separate * Accommodation t social housing, ho Accommodation S	rpe: From: To: sheet of sype mean and secheme (for according the	ins: icco (R.A mm	fam mm .S.) oda Ye	nily noda or ation	be hor atio oth n to	use me, on o er. an	d for pring a contract principle pri	or m vate ccor	nore re nm	de nte	Y etail d ac	s if	nee nm ovid	edeo oda ded	itioi un	der	the	Re	nta		rity

Part 8 continued

Your accommodation details

92. Has your housing need be intend to reside, in the las			e housii	ng aut	horit	y, in	the	area	in w	vhich	ı yo	u	
	Yes		No										
If 'Yes', please provide a lette	er from th	e housing	; author	ity cor	ıfirmi	ng yo	ur h	ousi	ng ne	eed a	ısses	sme	ent.
93. Have you been offered acc	commoda	tion by a	ny hou	sing a	uthor	ity i	n th	e las	t 12	mon	ths?	?	
	Yes		No										
If 'Yes', please provide the	following	g details:											
	Accomm	nodation	1										·
Housing Authority:													
Date of offer:													
	D D	M M	Y	YY	Y								
	Accomm	nodation	2										
Housing Authority:													
Date of offer:													
	D D	M M	Y	YY	Y								
Note: A separate sheet of	paper ca	n be used	d for m	ore de	tails	if ne	ede	d.					
94. Have you vacated any acco	ommodat Yes	ion provi	ided by	any h	ousir	ig au	itho	rity?					
If 'Yes', please provide the	following	g details:											
Housing authority:													
Address of													
accommodation vacated:						$\overline{\dagger}$				\dagger			
						+				+			
County					Pos	st Co	de		$\overline{}$	\dagger			
Date vacated:													
2000 1000000000000000000000000000000000	D D	M M	Y	YY	Y								
Note: A separate sheet of	paper ca	n be used	d for m	ore de	tails	if ne	ede	d.					
95. Have you vacated any prop	perty per	sonally o	wned b	y you	?								
	Yes		No										
If 'Yes', please provide det	ails:												
·													

1	D	a	1	4	-	9
		а				_,

Your preferred payment option Final decision on payment method is a matter for the Department. Please complete one option below. 96. Please indicate which method you would prefer by ticking the appropriate box. 1. Electronic Fund Transfer to a Bank Account 2. Payment at a Post Office 3. Cheque payment 4. Payment to a third party (if choosing this payment option, please sign declaration below) Declaration of payment to a third party wish to have Rent Supplement paid to a third party. You must sign this declaration to let us know that you want to have the Rent Supplement payment made to a third party. **Financial Institution** You will find the following details printed on statements from your financial institution. Name of financial institution: Address of financial institution: County **Post Code** Bank Identifier Code (BIC): International Bank Account Number (IBAN): Name(s) of account holder(s): Name 1: Name 2 (if anv): Please attach a bank statement Post Office Post Office address:

Post Code

County

Part 9 continued

Your preferred payment option

Cheque payment

if your preferred pay	ment opt	ion	IS a	i Cn	equ	ie b	ayn	nen	τpι	eas	e p	rovi	ae	tne	101	low	ing	•		
Surname:																				
First name:																				
Address:																				
	County										P	ost	Cod	de						

Part 10

Checklist

Have you answered all questions?

Have you enclosed the following?

— Letter from Housing Authority in the area in which you intend to reside stating that you have been assessed as having a housing need.

or

 Evidence of rent paid for six out of the previous twelve months. Provide two of the following: utility bills, rent paid by standing orders/direct debits, registration with PRTB, rent book or previous lease.

and

Proof of income

- If you or your spouse, civil partner or cohabitant are employed, please include both your and their 4 most recent payslips and or P60, if required.
- If you and or your spouse, civil partner or cohabitant are self-employed, please attach a copy of both your and their profit and loss account for the last 12 months, if required.

and

- Six months bank statements/proof of saving and investments.
- Copy of photographic ID.
- Proof of ownership from your landlord.
- Current lease/tenancy agreement.
- Proof of your redundancy.
- Proof of your spouse's, civil partner's or cohabitant's redundancy.

Please remember to sign the Declaration in Part 1.

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

Note for landlord

The tax reference number may be provided by completing Question 13 of this part of the form. Should you not wish to complete this part, a separate form (SWA 3C) is available online at www.welfare.ie. If you do not have a tax reference number, please state this in writing and provide a written explanation as to why it is the case.

Under Section 198 (4A) of the Social Welfare Consolidation Act 2005 (as amended), a rent supplement may not be paid if the landlord has not provided the Department of Social Protection with their tax reference number or has not advised the Department of Social Protection in writing that they do not have such number and of the reason(s) that they do not have one. A Tax Reference Number can be the landlord's Personal Social Services Number (PPSN) or the reference number stated on any return form of income or profits, or notice of assessment, issued to that person by the Revenue Commissioners.

The Department will periodically confirm in writing details of a tenancy with a landlord or letting agent where a Rent Supplement has been applied for or is payable.

To process Rent Supplement, we need to establish ownership of the property by the landlord. One of the following documents are acceptable in photocopy form.

- 1. Evidence of registration with Private Residential Tenancies Board (PRTB) landlord section.
- 2. Receipt of payment to Non Principal Private Residence (NPPR).
- 3. Evidence of buildings insurance policy held by landlord.

1.	In relation t	o the	accommodation	rented/	leased.	please state:
-----------	---------------	-------	---------------	---------	---------	---------------

Address of tenancy:																		
County									P	ost	Co	de						
Is the accommodation:	f	urnis	hed		0	r			ι	ınfı	ırni	she	d					
Description of rented		Beds	it				Flat] A	part	tme	nt	N	1ais	one	tte
dwelling:	Bedsit Flat Semi-detached house										l -	eta		d	┙.	erra ous	ced	l
Number of bedrooms in the property:												<i>,</i>				043	•	

Part 11 continued

For completion by the landlord or landlord's agent

2. Is the accommodation s	hared with any	other perso	on(s)?				
	Yes	No					
If 'Yes', please state:							
Name of person 1:							
Name of person 2:							
rame of person 2.							
Name of person 3:							
Note: A separate shee	t of paper can b	e used for	more deta	ils if need	ed.		
3. Date tenancy started:		2	0]			
or Date tenancy started.	D D N		YYY	_			
4. Is there a tenancy agree	ement or rent be	ook for this	accommo	dation?			
	Yes	No					
-() I							
5(a). Is the rent paid?	weekly	Toui	r weekly	caler	ndar mont	thly other	
5(b). If 'Other', please give	e details:						
6. How much is the rent (exclusive of hea	ting/lightin	g and oth	er service	costs)?		
Amount:	€ ,						
Note: The amount of rent stated above should reflect the amount recorded on the Tenancy Agreement or Rent Book.							
7. Is a deposit payable?	Yes	☐ No					
If 'Yes', please state:							
Amount:	€ ,	•					
8. Has the deposit been paid? If 'Yes', please state:	Yes	No					
Amount:	€ ,						
9. Up to what date has the rent been paid?	D D N	2 1 M Y	0 Y Y Y				

Part 11 continued	F	or	· cc	m	ple	etic	n l	by	the	e la	nc	llo	rd	or	laı	ndl	or	d's	ag	ent
10.Landlord's full name:																				
11.Landlord's home address:																				
																	<u></u>			
County										Р	ost	Co	de							
12.Landlord's telephone number:]		BII	LE LIN	N E	
13.Landlord's tax ref no. (normally PPS No.)]						Ar	עו	- 11	4 E	
14.Agent's full name:																				
15.Agent's address:																				
County Note: Please ensure that a	ınsv	ver	s to) qı	uest	ions	s 10	to	15 a	J		Co		l in	full					
						y la						-								
I confirm that the applicant is renting/leasing and occupying living accommodation from me and that the information supplied by me is correct and accurate. I undertake to inform the Department immediately of any subsequent changes to the information provided above.																				
								Da	ite:) [1 1	M	2	2 0) Y	Υ	
Landlord or landlord's agent's signa	iture	e (no	ot bl	ock	lette	rs)					La	ndl			land ial s			age	nt's	

	Data Protection Statement
confidential. However, it	otection will treat all information and personal data you give us as should be noted that information may be exchanged with other Departments / Agencies in accordance with the law.
	this form are intended as a guide only and are not a legal interpretation
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