



# Repeat Claim

Claim transfer from

Your Name: \_\_\_\_\_ PPS No: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Land Line \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail address \_\_\_\_\_ Occupation \_\_\_\_\_

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1. What were you doing since your last claim? \_\_\_\_\_

2. State name, address and phone no. of your most recent employer?

3. Dates of employment From \_\_\_\_\_ To \_\_\_\_\_

4. State number of days worked a week  Number of hours worked a day

5. Why did this job finish? \_\_\_\_\_  
*Attach P45 or letter from employer confirming that job has ended*

6. Are you free to take up full-time work? Yes  No

7. Are you looking for work? Yes  No

If you answered 'No' to questions 6 or 7, please give further details.

8. Are you working casually, part-time etc. Yes  No

Forms issued: UP 14a  UP 14b  UP 16

9. At what Post Office do you wish to be paid? \_\_\_\_\_

## Spouse /Partner's Details

10. Spouse/Partner's Name: \_\_\_\_\_ PPS No. \_\_\_\_\_

11. Spouse/Partner's average weekly earnings: € \_\_\_\_\_ (please attach payslips)

12. If Spouse/Partner is on a Social Welfare/Health Service/FAS payment, give details

Type: \_\_\_\_\_ Weekly Amount: € \_\_\_\_\_

## Children's Details

13. No. of children under age 18: \_\_\_\_\_ 13a. No. of children in full-time education: \_\_\_\_\_

14. Are all children living with you? Yes  No

If 'No', give details of children not living with you: \_\_\_\_\_

**If you are claiming Jobseeker's Benefit, please go to page 3 and sign the declaration.**

**If you are claiming Jobseeker's Allowance please go to page 2**

<b>Official Use</b>
<b>JA JB JBCO</b>
P45
P60
AD Code
Link Ind
Occ Code
Posn Prior
Date of claim
_____

## For Jobseeker's Allowance Only

### Household Profile

15. Do you live alone?      Yes                       No

If "No", give details of everyone who lives in your household

Name	Age	Relationship to you	Occupation	Weekly Earnings	Social Welfare or Health Service payment	Type of payment
				€	€	
				€	€	
				€	€	
				€	€	
				€	€	
				€	€	
				€	€	

16. Do you or your spouse/partner own the property in which you live?      Yes                       No

If "No" are you paying rent?    Yes                       No

17. Amount of rent € \_\_\_\_\_ weekly/fortnightly/monthly

18. Do you or your spouse/partner have:	You		Your Spouse/Partner	
	Yes	No	Yes	No
Money in a Bank, Building Society, Post Office, Credit Union or other financial institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earnings from full-time / part-time employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from self-employment including farming, in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments, including stocks, bonds, shares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in any house, property or land not personally occupied by you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Maintenance Grant or a Deed of Covenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from any pension(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money received from compensation, redundancy or lump sum in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from any other source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. <b><u>If you are under age 25</u></b> and living with your parents are they:	Parents	
	Yes	No
Getting a Social Welfare, Health Service Executive payment or similar payment?	<input type="checkbox"/>	<input type="checkbox"/>
Getting a private pension or a pension from their job?	<input type="checkbox"/>	<input type="checkbox"/>
Working or Self-employed?	<input type="checkbox"/>	<input type="checkbox"/>
Owners of land or property (apart from house they live in)?	<input type="checkbox"/>	<input type="checkbox"/>
Receiving income from any other source?	<input type="checkbox"/>	<input type="checkbox"/>

20. Parents' Rent or Mortgage € \_\_\_\_\_ a week/month (*attach rent/mortgage receipt*)  
**If you are claiming Jobseeker's Allowance, please go to page 3 and sign the declaration.**

## Declaration by Customer

I state that:

- There has been no change in my own or my spouse/partner's means or circumstances since I last claimed a jobseeker's payment apart from those detailed on this form.
- There is no change in my child dependant details since I last claimed apart from those detailed on this form
- I continue to be available for full time work. I am capable of work and I am genuinely looking for work.
- I will tell the Department if there is any change in my means or circumstances which may affect my entitlement to payment.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_  
**Customer's Signature**

### Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at [www.welfare.ie/dataprotection](http://www.welfare.ie/dataprotection) or in hard copy.

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Other relevant factors for the information of the Deciding Officer
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**Evidence of Identity**

- Personally Known
- Resembles photo ID on file
- Passport
- Driver's Licence
- Other Photo ID  Specify \_\_\_\_\_
- Bank/Credit Cards
- Other documents  Specify \_\_\_\_\_
- System Information
- Other  Specify \_\_\_\_\_

**Evidence of Address (Only where required)**

- Local Authority Rent Book
- Utility Bill  Specify \_\_\_\_\_
- Financial Statements  Specify \_\_\_\_\_
- Government / Local Authority Correspondence  Specify \_\_\_\_\_
- Other acceptable correspondence  Specify \_\_\_\_\_

Signature of Claim Acceptance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**To: Inspector:** \_\_\_\_\_

Please review customer's means at the request of **customer/deciding officer**. (delete as appropriate)

Reason: \_\_\_\_\_

Jobseeker's Allowance **is / is not** currently being paid. (delete as appropriate)

Signature of Local Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Local Office: \_\_\_\_\_