



Repeat Claim

Claim transfer from

Your Name: _____ PPS No: _____

Address: _____

Phone Numbers: Land Line _____ Mobile _____

E-mail address _____ Occupation _____

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

**Official
Use
JA JB JBCO**

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

1. 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"/>

2. If you are under age 25 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"/>

18. 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

For Official Use Only

Other relevant factors for the information of the Deciding Officer

Evidence of Identity

- | | |
|----------------------------|--|
| Personally Known | <input type="checkbox"/> |
| Resembles photo ID on file | <input type="checkbox"/> |
| Passport | <input type="checkbox"/> |
| Driver's Licence | <input type="checkbox"/> |
| Other Photo ID | <input type="checkbox"/> Specify _____ |
| Bank/Credit Cards | <input type="checkbox"/> |
| Other documents | <input type="checkbox"/> Specify _____ |
| System Information | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Specify _____ |

Evidence of Address (Only where required)

- | | |
|---|--|
| Local Authority Rent Book | <input type="checkbox"/> |
| Utility Bill | <input type="checkbox"/> Specify _____ |
| Financial Statements | <input type="checkbox"/> Specify _____ |
| Government / Local Authority Correspondence | <input type="checkbox"/> Specify _____ |
| Other acceptable correspondence | <input type="checkbox"/> 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: _____