



Jobseeker's Allowance (Jobseeker's Transitional Payment)

Remember, you must have at least one dependant child living with you to qualify for Jobseeker's Allowance Transitional Payment. Your youngest child must be between 7 and 13 years of age.

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

- Please use this page 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** that apply to you.
- Please leave boxes blank if they do not apply to you.

Fill in **Parts 1 to 6** as they apply to you. When the form is completed, read **Part 7** and sign the declaration in **Part 1**.

If you need any help to complete this form, please contact your local Citizen Information Centre, your local Intreo Centre or your local Social Welfare Branch Office.

For more information, visit www.welfare.ie.

Important:

You should apply as soon as you become eligible. If you fail to apply within **3 months** of becoming eligible, you may lose some payment.

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).
- Leave boxes blank if they do not apply to you.

Please see example below.

1. Your PPS No.:

1	2	3	4	5	6	7	T		
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2. Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

3. Surname:

M	U	R	P	H	Y														
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4. First name(s):

M	A	U	R	E	E	N													
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5. Your first name as it appears on your birth certificate:

M	A	R	Y																
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6. Birth surname:

M	C	D	E	R	M	O	T	T											
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7. Your mother's birth surname:

K	E	L	L	Y															
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8. Your date of birth:

2	8		0	2		1	9	7	0
D	D		M	M		Y	Y	Y	Y

Contact Details

9. Your address:

1		N	E	W		S	T	R	E	E	T								
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O	L	D		T	O	W	N												
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D	O	N	E	G	A	L		T	O	W	N								
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County

D	O	N	E	G	A	L													
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Postcode

A	6	5	F	4	E	2
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10. Your telephone number:

O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
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MOBILE

O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
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LANDLINE

11. Your email address:

O	N	E		C	H	A	R	A	C	T	E	R		P	E	R			
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B	O	X																	
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SAMPLE



Jobseeker's Allowance (Jobseeker's Transitional Payment)

Part 1

Your own details

1. Your PPS No.:

2. Title: (insert an 'X' or specify) Mr. Mrs. Ms. Other

3. Surname:

4. First name(s):

5. Your first name as it appears on your birth certificate:

6. Birth surname:

7. Your mother's birth surname:

8. Your date of birth:
D D M M Y Y Y Y

Contact Details

9. Your address:

 County
 Postcode

10. Your telephone number:
MOBILE
LANDLINE

11. Your email address:

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.

Date:
D D M M Y Y Y Y

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.

12. Are you?

- Single
- Married
- Separated
- Divorced
- Widowed

- Cohabiting
- In a Civil Partnership
- A surviving Civil Partner
- A former Civil Partner
(you were in a Civil Partnership that has since been dissolved)

13. If you are divorced, had a civil partnership dissolved or are no longer cohabiting, from what date?

D	D	M	M	Y	Y	Y	Y

Please attach your marriage certificate, civil partnership or civil union registration certificate if you married or entered into a civil partnership or civil union outside of the Republic of Ireland. (We do not accept photocopies).

14. Are you employed at present (including part-time or temporary work)?

Yes No

If **Yes**, please state:

Your occupation:

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Employer's name:

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Employer's address:

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County

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Postcode

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Your gross pay: €

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 a week

Please attach three recent payslips.

15. Are you self-employed at present?

Yes No

If **Yes**, please state:

Your occupation:

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Your gross pay: €

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 a week

Please attach your most recent set of accounts.

16. Are you getting any payment from this Department?

Yes No

If **Yes**, please state:

Name of payment:

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Amount: €

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 a week

23. Do you rent the property you currently live in?

Yes No

If **Yes**, please state:

Rent you pay: € , . a month

24. Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution 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):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Please attach an original statement for each account, showing transactions for the last 3 months.

If you have any other accounts you must give details of them to this Department on a separate sheet of paper.

25. Do you own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in the Republic of Ireland or another country?

Yes No

If Yes, please state:

Name of company:

Number of shares held: ,

Their value: € , .

Please attach a statement to show details and current market value.

26. Do you own, share in the ownership, work or rent a farm or land?

Yes No

If Yes, please state:

Size of farm or land: Hectares

Net yearly income: € , .

Net yearly income is money you have made from the farm after deducting operating expenses.

27. If you have any other income, please give details in the space provided:

28. If you have not applied within 3 months of becoming eligible, please give reason(s) why:

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and
address:

County																				

Postcode

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29. How many children do you wish to claim for?

Number of children

age 7-13 inclusive

age 18 - 22 in full-time education

Please state child's:

Child 1

Surname:

First name(s):

PPS No.:

Date of birth:
D D M M Y Y Y Y

Child 2

Surname:

First name(s):

PPS No.:

Date of birth:
D D M M Y Y Y Y

Child 3

Surname:

First name(s):

PPS No.:

Date of birth:
D D M M Y Y Y Y

Child 4

Surname:

First name(s):

PPS No.:

Date of birth:
D D M M Y Y Y Y

You must attach written confirmation from the school or college for the children aged 18 - 22.

Note: A separate sheet of paper can be used for other qualified children you wish to claim for.

Part 5

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

30. Their PPS No.:

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31. Their title: (insert an 'X' or specify)

Mr.

Mrs.

Ms.

Other

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32. Their surname:

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33. Their first name(s):

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34. Their birth surname:

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35. Their date of birth:

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D D

M M

Y Y Y Y

36. Their mother's birth surname:

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37. Their address:

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County

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Postcode

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38. Is your spouse, civil partner, former cohabitant or other parent of your child in employment, on a Community Employment Scheme/Employment Programme or on a Solas course?

If Yes, please state:

Yes

No

Their employers name:

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Their employers address:

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County

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Postcode

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Their gross weekly pay:

€

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a week

39. If your spouse, civil partner, former cohabitant or other parent of your child is self-employed, please state:

Their occupation:

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Their gross weekly pay:

€

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a week

Please attach their most recent set of certified accounts.

40. If they are getting any payment from this Department, please state:

Name of payment:

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Weekly amount:

€

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This section must be completed by all applicants.

Habitual residence is a condition that you must satisfy to qualify for Jobseeker’s Allowance (Jobseeker’s Transitional) Payment. For more information, visit www.welfare.ie

41. What country were you born in?

42. What is your nationality?

43. When did you come to live in the Republic of Ireland?

 D D M M Y Y Y Y

44. Have you lived in the *common travel area all of your life including the last 2 years?
 Yes No

If **No**, please complete questions 46 to 49.

If **Yes**, please give details of where you lived.

Country 1

Country:

From:

To:
 D D M M Y Y Y Y

Why you lived there:

Country 2

Country:

From:

To:
 D D M M Y Y Y Y

Why you lived there:

Country 3

Country:

[Grid for Country 3]

From:

[Grid for From]

To:

[Grid for To]

D D M M Y Y Y Y

Why you lived there:

[Large empty box for explanation]

Note

*The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

If you lived in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands, please provide proof of residence. Residency may be verified by producing a passport or identity card and one or more of the following: bank statements; details of benefit payments; utility bills; rent or mortgage agreements or receipts for local authority charges.

45. Have you lived at the same address for the last 2 years?

[] Yes [] No

If No, please give details of where you lived:

Last address:

[Grid for Last address]

County

[Grid for County]

Postcode

[Grid for Postcode]

From:

[Grid for From]

To:

[Grid for To]

D D M M Y Y Y Y

Previous address:

[Grid for Previous address]

County

[Grid for County]

Postcode

[Grid for Postcode]

From:

[Grid for From]

To:

[Grid for To]

D D M M Y Y Y Y

46. Have you lived continuously in Ireland since the day you arrived?

Yes No

47. Does any of your close family, for example, parent, brother, sister or child, live in Ireland?

Yes No

If **Yes**, please give their details:

Person 1

Their surname:

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Their first name(s):

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Their address:

County

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Postcode

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Their date of birth:

D	D	M	M	Y	Y	Y	Y					

Their relationship to you:

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When they came to Ireland:

D	D	M	M	Y	Y	Y	Y					

Person 2

Their surname:

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Their first name(s):

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Their address:

County

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Postcode

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Their date of birth:

D	D	M	M	Y	Y	Y	Y					

Their relationship to you:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

When they came to Ireland:

D	D	M	M	Y	Y	Y	Y					

Person 3

Their surname:

Their first name(s):

Their address:

County

Postcode

Their date of birth:
D D M M Y Y Y Y

Their relationship to you:

When they came to Ireland:
D D M M Y Y Y Y

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

48. Have you ever made an application for refugee status?

Yes No

If **Yes**, please answer both questions (a) and (b) and provide copies of all relevant documentation from the Department of Justice and Equality.

(a) Are you awaiting a decision on an application for refugee status?

Yes No

(b) Have you been granted refugee status or leave to remain in the State?

Yes No

(c) Do you have an Irish Residence Permit Card?

Yes No

If **Yes**, please attach a verified copy of same (your local Intreo Centre or your local Social Welfare Branch Office can photocopy it for you and verify that they saw the original).

For official use only

HRC satisfied HRC not satisfied HRC1 issued

Have you enclosed the following?

- **Letter from school or college** (if you have child(ren) aged between 18 and 22 who are in full-time education).
- **Your child(ren)'s birth certificate(s)** (if applying for an increase for them).
Note: No birth certificate is needed if you are already getting Child Benefit for the child.
- **Bank statement and statemen from accountant if self-employed.**
- **Tax deduction card or three recent payslips.**
- **Proof of mortgage payments or recent rent payslips.**
- **Maintenance summons/order.**
- **Separation agreement.**
- **Divorce decree (decree absolute).**
- **Decree of dissolution of civil partnership or civil union certificate.**

If you were born, married or entered into a civil partnership or civil union outside the Republic of Ireland

- **Your original birth certificate.**
- **Your original marriage certificate or a civil partnership or civil union certificate.**
- **Divorce decree (decree absolute).**
- **Your late spouse's spouses, civil partner's or co-habitant's original death certificate.**
If you don't have a death certificate from them, attach a press cutting showing their date of death. A Coroner's report is also acceptable.
- **Your children's birth certificates** (if applying for an increase for them).
Note: No birth certificate is needed if you are already getting Child Benefit for the child.

Original certificates only.**Please remember to sign the Declaration in Part 1.**

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

Send this completed application form to:

Your local Intreo Centre or your local Social Welfare Branch Office.
For contact details, visit www.welfare.ie.

Important: If you do not apply within 3 months of becoming eligible you may lose some payment.

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 or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.