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. Any of the following documents are acceptable. The documents provided can be a photocopy, must show the Landlord’s name and the rent supplement tenancy address and must be dated within the last 12 months.

1. Evidence of registration with Residential Tenancies Board (RTB).
2. Receipt of Local Property Tax (LPT) paid by landlord.
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](http://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.

1. Your PPS No.: 1 2 3 4 5 6 7 T

2. Title: (insert an ‘X’ or specify) Mr. ☐ Mrs. ✗ Ms. ☐ Other ☐

3. Surname: M U R P H Y

4. First name(s): M A U R E E N

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

6. Birth surname: M C D E R M O T T

7. Your date of birth: 2 8 0 2 1 9 7 0

8. Your mother’s birth surname: K E L L Y

Contact Details

9. Your address: 1 N E W S T R E E T

L O L D T O W N

D O N E G A L T O W N

D O N E G A L

County

Post Code


M O B I L E

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

L A N D L I N E

Application form for
Supplementary Welfare Allowance Rent Supplement

## 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 date of birth:  
   - D  D  M  M  Y  Y  Y  Y  
8. Your mother’s birth surname:  

### Contact Details

9. Your address:  
   - County  
   - Post Code  
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.

Signature (not block letters)

Date:  
   - D  D  M  M  Y  Y  Y  Y  

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)

If you are married, in a civil partnership or cohabiting, from what date?  
D D M M Y Y Y Y

13. Your current income from employment:  
€ ___,_____.____ a week

Are you employed?  
☐ Yes  
☐ No

You are ‘employed’ when you work for another person or company and you get paid for this work. Please attach copies of your 4 most recent payslips.

If ‘Yes’, please state:  
Number of days worked a week:  
☐ a week

Total number of hours worked per week:  
☐ a week

Your usual occupation:

Your current employer’s name:

Your current employer’s address:

County: __________________________ Post Code: __________________

Your current employer must also complete Part 2.

If ‘No’, please state:  
Your previous income:  
€ ___,_____.____ a week

Your last occupation:

Your last employer’s name:

Your last employer’s address:

County: __________________________ Post Code: __________________

Date you were last employed:  
D D M M Y Y Y Y
## Your own details

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Amount of redundancy payment made and date paid?</td>
<td>€ __________, __________. __________ DD MM YY YY YY</td>
</tr>
<tr>
<td>Please attach original written confirmation of redundancy.</td>
<td></td>
</tr>
<tr>
<td>15. Amount and date of redundancy payment due?</td>
<td>€ __________, __________. __________ DD MM YY YY YY</td>
</tr>
<tr>
<td>16. If you are self-employed (including farming) at present, please state:</td>
<td></td>
</tr>
<tr>
<td>Type of business or trade:</td>
<td></td>
</tr>
<tr>
<td>Your profit over the last year:</td>
<td>€ __________, __________. __________</td>
</tr>
<tr>
<td><strong>Note:</strong> Please attach your profit and loss account for the last 12 months, together with most recent notice of assessment from Revenue Commissioners.</td>
<td></td>
</tr>
<tr>
<td>17. Are you?</td>
<td></td>
</tr>
<tr>
<td>□ In full-time education</td>
<td></td>
</tr>
<tr>
<td>□ Involved in an industrial dispute</td>
<td></td>
</tr>
<tr>
<td>18. If you are getting or have applied for any payment(s) from this Department please state:</td>
<td></td>
</tr>
<tr>
<td>Name of payment:</td>
<td></td>
</tr>
<tr>
<td>Amount: € __________, __________. __________ a week</td>
<td></td>
</tr>
<tr>
<td>19. If you are getting or have applied for any other pension or allowance from another country, please state:</td>
<td></td>
</tr>
<tr>
<td>Name of country:</td>
<td></td>
</tr>
<tr>
<td>Your claim or reference number:</td>
<td></td>
</tr>
<tr>
<td>Amount: € __________, __________. __________ a week</td>
<td></td>
</tr>
<tr>
<td>20. Have you applied for any other source(s) of income such as an occupational pension?</td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>If ‘Yes’, please state:</td>
<td></td>
</tr>
<tr>
<td>Type of payment:</td>
<td></td>
</tr>
<tr>
<td>Amount: € __________, __________. __________ a week</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> A separate sheet of paper can be used for more details if needed.</td>
<td></td>
</tr>
<tr>
<td>21. Do you have any other income including but not limited to income from casual, occasional or seasonal employment?</td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>If ‘Yes’, please give details in the space provided:</td>
<td></td>
</tr>
</tbody>
</table>
### Part 1 continued

Your own details

22. If you are getting or have applied for maintenance, please state:

| Amount: | € | | | |

23. 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:

<table>
<thead>
<tr>
<th>Financial Institution 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of financial institution:</td>
</tr>
<tr>
<td>Bank Identifier Code (BIC):</td>
</tr>
<tr>
<td>International Bank Account Number (IBAN):</td>
</tr>
<tr>
<td>Current balance:</td>
</tr>
<tr>
<td>Is this account a joint account?</td>
</tr>
<tr>
<td>Name(s) of account holder(s):</td>
</tr>
<tr>
<td>Name 1:</td>
</tr>
<tr>
<td>Name 2 (if any):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Institution 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of financial institution:</td>
</tr>
<tr>
<td>Bank Identifier Code (BIC):</td>
</tr>
<tr>
<td>International Bank Account Number (IBAN):</td>
</tr>
<tr>
<td>Current balance:</td>
</tr>
<tr>
<td>Is this account a joint account?</td>
</tr>
<tr>
<td>Name(s) of account holder(s):</td>
</tr>
<tr>
<td>Name 1:</td>
</tr>
<tr>
<td>Name 2 (if any):</td>
</tr>
</tbody>
</table>
Your own details

24. Do you own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments?

Yes
No

If ‘Yes’, please state: €

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

25. Do you own or share in the ownership of any property (including land) other than the house you occupy, including any foreign properties owned?

Yes
No

If ‘Yes’, please state:

Property/land address:
County
Post Code
Use of property/land:

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

26. How much are you paying weekly on the following?

House rent: €

Cost of travel to work: €

Mortgage: €

Maintenance you pay: €

Note: A separate sheet of paper can be used for more details if needed.
### Part 2

**Details from your current employer**

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

27. What is your employee’s full name?

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

28. Please confirm their PPS No.:

<table>
<thead>
<tr>
<th>PPS No.</th>
</tr>
</thead>
</table>

29. Their address:

<table>
<thead>
<tr>
<th>Street</th>
<th>Town/City</th>
<th>County</th>
<th>Post Code</th>
</tr>
</thead>
</table>

30. Please confirm the date employee first started working for you:

| D | D | M | M | Y | Y | Y | Y |

31. Is the above employee participating in an Employment Incentive Scheme?

- [ ] Yes
- [ ] No

32. Numbers of hours normally worked per week?

| [ ] | a week |

33. Gross basic wage per hour:

| € | , | , | . | , |

34. Gross income since January 1st last:

| € | , | , | . | , |

35. Number of weeks of insurable employment since January 1st last:

| [ ] |

36. PRSI contributions deducted since January 1st last:

| € | , | , | . | , |

37. Total Tax (PAYE) paid since January 1st last:

| € | , | , | . | , |

### Employee on sick leave

38. Is the employee on sick leave from your firm?

- [ ] Yes
- [ ] No

39. What date did sick leave commence?

| D | D | M | M | Y | Y | Y | Y |

40. Gross weekly amount of sick pay less PRSI:

| € | , | , | . | , | a week |

41. Date of last payment made:

| D | D | M | M | Y | Y | Y | Y |

42. Amount of last payment made:

| € | , | , | . | , |
Details from your current employer

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Date: D D M M Y Y Y Y

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 3 Habitual Residence Condition

This section must be completed by all applicants. Habitual residence is a condition that you must satisfy to qualify for this payment. For more information, log on to www.welfare.ie.

**43. What country were you born in?**

**44. What is your nationality?**

**45. Do you have a social security number from another country?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If Yes, please state:**

- **Social security number:**
  - [ ]

- **Country:**
  - [ ]

**46. Do you have an Irish Residence Permit?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**47. Have you resided continuously in Ireland since birth?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If No, please give details of where you lived in the space provided.**

#### Country 1

- **Country:**
  - [ ]

- **From:**
  - [ ]

- **To:**
  - [ ]

**Why you lived there:**

#### Country 2

- **Country:**
  - [ ]

- **From:**
  - [ ]

- **To:**
  - [ ]

**Why you lived there:**

---

**For official use only**

- **HRC satisfied**
  - [ ]

- **HRC1 issued**
  - [ ]
### Part 4

#### Details of your dependent child(ren)

**48. How many children do you have?**

- [ ] under age 18
- [ ] age 18 - 22 in full-time education*

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

#### Please state child’s:

<table>
<thead>
<tr>
<th>Child</th>
<th>Surname:</th>
<th>First name(s):</th>
<th>PPS No.:</th>
<th>Date of birth:</th>
<th>Does this child live with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>

**Note:** A separate sheet of paper can be used for more details if needed.
### Part 5  Your spouse’s, civil partner’s or cohabitant’s details

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>49. Their PPS No.</td>
<td></td>
</tr>
<tr>
<td>50. Title: (insert an ‘X’ or specify)</td>
<td></td>
</tr>
<tr>
<td>Mr. ☐ Mrs. ☐ Ms. ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td>51. Their surname</td>
<td></td>
</tr>
<tr>
<td>52. Their first name(s)</td>
<td></td>
</tr>
<tr>
<td>53. Their birth surname</td>
<td></td>
</tr>
<tr>
<td>54. Their date of birth:</td>
<td></td>
</tr>
<tr>
<td>D D M M Y Y Y Y</td>
<td></td>
</tr>
<tr>
<td>55. Their mother’s birth surname</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td></td>
</tr>
<tr>
<td>57. Country they were born in</td>
<td></td>
</tr>
<tr>
<td>58. Their nationality</td>
<td></td>
</tr>
<tr>
<td>59. Do they have a social security number from another country?</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>If ‘Yes’, please state:</td>
<td></td>
</tr>
<tr>
<td>Social security number</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>
Part 5 continued

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

60. Their current income from employment: \( \text{€ } \underline{\underline{\underline{}}} \) a week

Are they employed?  
\[ \square \text{ Yes} \quad \square \text{ No} \]

They are ‘employed’ when they work for another person or company and they get paid for this work. Please attach copies of their 4 most recent payslips.

**If ‘Yes’, please state:**

- Number of days worked a week:
- Total number of hours worked per week:
- Their usual occupation:
- Their current employer’s name:
- Their current employer’s address:
- Their current employer must also complete Part 6.

**If ‘No’, please state:**

- Their previous income: \( \text{€ } \underline{\underline{\underline{}}} \) a week
- Their last occupation:
- Their last employer’s name:
- Their last employer’s address:
- Date they were last employed:

61. If they are self-employed (including farming) at present, please state:

- Type of business or trade:
- Their profit over the last year: \( \text{€ } \underline{\underline{\underline{}}} \)

**Note:** Please attach their profit and loss account for the last 12 months, together with most recent notice of assessment from Revenue Commissioners.

62. Amount of redundancy payment made and date paid?

\( \text{€ } \underline{\underline{\underline{}}} \)  

Please attach original written confirmation of redundancy.
63. Amount and date of redundancy payment due?

€, .   D D M M Y Y Y Y

64. If they are getting or have applied for any payment(s) from this Department please state:

Name of payment: 

Amount: €, a week

65. If they are getting or have applied for any other pension or allowance from another country, please state:

Name of country: 

Their claim or reference number: 

Amount: €, a week

66. Have they applied for any other source(s) of income such as an occupational pension?

☐ Yes ☐ No

If ‘Yes’, please state:

Type of payment: 

Amount: €, a week

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

67. Do they have any other income including but not limited to income from casual, occasional or seasonal employment?

☐ Yes ☐ No

If ‘Yes’, please give details in the space provided:

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

68. If they are getting or have applied for maintenance, please state:

Amount: €, a week
69. Do they 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): ________________________________
Your spouse’s, civil partner’s or cohabitant’s details

Part 5 continued

Financial Institution 3

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 6 months.

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

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

70. Do they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments?

If ‘Yes’, please state:  
☐ Yes  ☐ No

Their value: € ________________

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

71. Do they own or share in the ownership of any property (including land) other than the house they occupy?

If ‘Yes’, please state:
Property/land address: ____________________________

County: ____________________________ Post Code: ____________________________

Use of property/land: ____________________________

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

72. How much are they paying weekly on the following?

House rent: € ___________ a week

Cost of travel to work: € ___________ a week

Mortgage: € ___________ a week

Maintenance they are paying: € ___________ a week
### Part 6

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

**Note:** To be completed ONLY by your spouse’s, civil partner’s or cohabitant’s employer

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>73. What is your employee’s full name?</td>
<td></td>
</tr>
<tr>
<td>74. Please confirm their PPS No.:</td>
<td></td>
</tr>
<tr>
<td>75. Their address:</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td></td>
</tr>
</tbody>
</table>

#### Current employee

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>76. Please confirm the date employee first started working for you:</td>
<td></td>
</tr>
<tr>
<td>77. Is the above employee participating in an Employment Incentive Scheme?</td>
<td></td>
</tr>
<tr>
<td>78. Numbers of hours normally worked per week?</td>
<td></td>
</tr>
<tr>
<td>79. Gross basic wage per hour:</td>
<td></td>
</tr>
<tr>
<td>80. Gross income since January 1st last:</td>
<td></td>
</tr>
<tr>
<td>81. Number of weeks of insurable employment since January 1st last:</td>
<td></td>
</tr>
<tr>
<td>82. PRSI contributions deducted since January 1st last:</td>
<td></td>
</tr>
<tr>
<td>83. Total Tax (PAYE) paid since January 1st last:</td>
<td></td>
</tr>
</tbody>
</table>

#### Employee on sick leave

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>84. Is the employee on sick leave from your firm?</td>
<td></td>
</tr>
<tr>
<td>85. What date did sick leave commence?</td>
<td></td>
</tr>
<tr>
<td>86. Gross weekly amount of sick pay less PRSI:</td>
<td></td>
</tr>
<tr>
<td>87. Date of last payment made:</td>
<td></td>
</tr>
<tr>
<td>88. Amount of last payment made:</td>
<td></td>
</tr>
</tbody>
</table>
Part 6 continued

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

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Date:   D    D    M    M        Y    Y    Y    Y

Employer’s official stamp

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.
89. Apart from yourself, your spouse, civil partner or cohabitant and child(ren) listed in Part 5, please state who else lives with you:

<table>
<thead>
<tr>
<th>Person 1 living with you</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>First name(s):</td>
<td></td>
</tr>
<tr>
<td>Their relationship to you:</td>
<td></td>
</tr>
<tr>
<td>Amount of rent they pay per week €</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 2 living with you</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>First name(s):</td>
<td></td>
</tr>
<tr>
<td>Their relationship to you:</td>
<td></td>
</tr>
<tr>
<td>Amount of rent they pay per week €</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 3 living with you</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>First name(s):</td>
<td></td>
</tr>
<tr>
<td>Their relationship to you:</td>
<td></td>
</tr>
<tr>
<td>Amount of rent they pay per week €</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 4 living with you</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>First name(s):</td>
<td></td>
</tr>
<tr>
<td>Their relationship to you:</td>
<td></td>
</tr>
<tr>
<td>Amount of rent they pay per week €</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person 5 living with you</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>First name(s):</td>
<td></td>
</tr>
<tr>
<td>Their relationship to you:</td>
<td></td>
</tr>
<tr>
<td>Amount of rent they pay per week €</td>
<td></td>
</tr>
</tbody>
</table>

Note: A separate sheet of paper can be used for more details if needed.
Part 8 Your accommodation details

90. Please state addresses resided at in the last 12 months:

<table>
<thead>
<tr>
<th>Accommodation 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>County:</strong></td>
</tr>
<tr>
<td><strong>Post Code:</strong></td>
</tr>
<tr>
<td><strong>Accommodation type:</strong></td>
</tr>
<tr>
<td><strong>Period of residency:</strong> From:</td>
</tr>
<tr>
<td>To:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accommodation 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>County:</strong></td>
</tr>
<tr>
<td><strong>Post Code:</strong></td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Period of residency:</strong> From:</td>
</tr>
<tr>
<td>To:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accommodation 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>County:</strong></td>
</tr>
<tr>
<td><strong>Post Code:</strong></td>
</tr>
<tr>
<td><strong>Accommodation type:</strong></td>
</tr>
<tr>
<td><strong>Period of residency:</strong> From:</td>
</tr>
<tr>
<td>To:</td>
</tr>
</tbody>
</table>

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

* Accommodation type means: family home, private rented accommodation, housing authority social housing, homeless accommodation or accommodation provided under the Housing Assistance Payment Scheme (HAP), Rental Accommodation Scheme (RAS) or any other social housing solution.

91. Have you been in receipt of Rent Supplement within the last 12 months?  
☐ Yes  ☐ No

92. Have you applied for accommodation to any housing authority?  
☐ Yes  ☐ No

If ‘Yes’, please provide the following details:

<table>
<thead>
<tr>
<th>Housing authority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of application:</td>
</tr>
</tbody>
</table>

Note: A separate sheet of paper can be used for more details if needed.
93. Has your housing need been assessed by the housing authority in the area in which you intend to reside?

☐ Yes ☐ No

If ‘Yes’, please provide a letter from the housing authority confirming your housing need assessment.

94. Have you been offered accommodation (including HAP or RAS) by a housing authority?

☐ Yes ☐ No

If ‘Yes’, please provide the following details:

**Accommodation 1**
- Housing Authority:
- Date of offer: D D M M Y Y Y Y

**Accommodation 2**
- Housing Authority:
- Date of offer: D D M M Y Y Y Y

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

95. Have you vacated any accommodation provided by a housing authority (including HAP, RAS or equivalent schemes), either in this State or abroad?

☐ Yes ☐ No

If ‘Yes’, please provide the following details:

- Housing authority:
- Address of accommodation vacated:
- County Post Code
- Date vacated: D D M M Y Y Y Y

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

96. Have you vacated any property personally owned by you, either in this State or abroad?

☐ Yes ☐ No

If ‘Yes’, please provide details:
Your preferred payment option

Note: Final decision on payment method is a matter for the Department, please complete one option below.

97. 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. Payment to a third party (if choosing this payment option, please sign declaration below)

Declaration of payment to a third party

I, __________________________, 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 any): __________________________

Please attach a bank statement

Post Office

Post Office address: __________________________

County: __________________________ Post Code: __________________________
Part 10

Checklist

Have you answered all questions?

Have you enclosed the following?
— 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 RTB, 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.

You must notify the Department if you intend or take up employment (including self-employment), full-time education or if there is a change in your income or household income, as this may affect your continued entitlement.

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.

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.
20K 07-19
Edition: June 2019
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 Employment Affairs and Social Protection with their tax reference number or has not advised the Department 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 Public 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. Any of the following documents are acceptable. The documents provided can be a photocopy, must show the Landlord’s name and rent supplement tenancy address and must be dated within the last 12 months.

1. Evidence of registration with Residential Tenancies Board (RTB).
2. Receipt of Local Property Tax (LPT) paid by landlord.
3. Evidence of buildings insurance policy held by landlord.

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Part 11 continued

For completion by the landlord or landlord’s agent

1. In relation to the accommodation rented/leased, please state:

   Address of tenancy: 
   
   County: 
   
   Post Code: 

   Is the accommodation:  
   ☐ furnished or ☐ unfurnished 

   Description of rented dwelling:  
   ☐ Flat ☐ Apartment ☐ Maisonette 
   ☐ Semi-detached house ☐ Detached house ☐ Terraced house 

   Number of bedrooms in the property: 

2. Is the accommodation shared with any other person(s)?

   ☐ Yes ☐ No

   If ‘Yes’, please state:

   Name of person 1: 
   
   Name of person 2: 
   
   Name of person 3: 

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

3. Date tenancy started: 

   D D M M Y Y Y Y 

4. Is there a tenancy agreement or rent book for this accommodation?

   ☐ Yes ☐ No

5(a). Is the rent paid?

   ☐ weekly ☐ four weekly ☐ calendar monthly ☐ other

5(b). If ‘Other’, please give details:

   

Part 11 continued

For completion by the landlord or landlord’s agent

6. How much is the rent (exclusive of heating/lighting and other 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?  
   □ Yes  □ No
   If ‘Yes’, please state:
   Amount: € ,

9. Up to what date has the rent been paid?
   D  D  M  M  Y  Y  Y  Y

10. Landlord’s full name:

11. Landlord’s home address:
   County  Post Code

12. Landlord’s telephone number:
   □ LANDLINE
   □ MOBILE

13. Landlord’s tax ref no. (normally PPS No.)

14. Agent’s full name:

15. Agent’s address:
   County  Post Code

Note: Please ensure that answers to questions 10 to 15 are completed in full.
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.

[Signature]

Date: [DD/MM/YYYY]

Landlord or landlord’s agent’s signature (not block letters)

[Official stamp]

Landlord or landlord’s agent’s official stamp

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