### Application form for

# **Invalidity Pension**



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 answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.

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

Please fill in **Parts 1 to 4** and **Part 7** as they apply to you. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant:

Please fill in **Parts 1 to 7** as they apply to you. You must complete **Part 6** fully if you wish to claim an increase for your spouse, civil partner or cohabitant or if you wish to claim an increase for a qualified child. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

Your spouse, civil partner or cohabitant must also sign the declaration in **Part 1** if you are claiming an increase for them and/or your child(ren).

If you need any help to complete this form, please contact your local Intreo Centre, Social Welfare Office, Citizens Information Centre or Invalidity Pension Section.

Telephone: (043) 334 0000

LoCall: 1890 92 77 70

If you are calling from outside the Republic of Ireland please call + 353 43 3340000

For more information, log on to www.welfare.ie.

#### Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

### 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	Т											
2. Title: (insert an 'X' or specify)	Mr.			Mrs	5. X	(	Ms			-	C	)the	er						
3. Surname:	M	U	R	P	Н	Y													
4. First name(s):	M	Α	U	R	Е	Е	N												
5. Your first name(s) as appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	С	D	Ε	R	М	0	Т	Т										
7. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D	ı	M	M	J	Y	Υ	Y	Y	ı								
8. Your mother's birth surname:	K	Ε	L	L	Y														
				_			_		. =										
				Co	nt	act	D	eta	ils										
9. Your address:	1		N	Ε	W		S	Т	R	Е	Ε	Т							
	0	L	D		Т	0	W	N											
	D	0	N	Е	G	Α	L		Т	0	W	N							
County	D	0	N	Е	G	Α	L			P	ost	Co	de						
10.Your telephone number:	0	N	Е		N	U	М	В	Ε	R		Р	Е	R		В	0	X	
	M	ОВ	ΙL	E								•							
	0	N	Ε		N	U	M	В	Ε	R		P	Ε	R		В	0	X	
	LA	N	DL	IN	E														
11 Your amail address:	0	N	F		(	н	Δ	R	Δ		Т	F	R		Р	F	R		

# SAMPLE

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### Application form for

# **Invalidity Pension**





Part 1	}	ot	1 <b>r</b> (	ow	7 <b>n</b>	de	tai	ls												
1. Your PPS No.:																				
2. Title: (insert an 'X' or specify)	Mr.			Mrs	S. [		Ms	. [			C	Othe	er							
3. Surname:																				
4. First name(s):																				
5. Your first name(s) as appears on your birth certificate:																				
6. Birth surname:																				
7. Your date of birth:				A A	A A		V	V	V	V										
8. Your mother's birth	U	U		IVI	IM		ı	T	ľ	ľ										
surname:					_	. 1		. •1	1											
surname:  Contact Details																				
9. Your address:	Contact Details																			
County										P	ost	Со	de							
10.Your telephone number:															M	0	BII	LE		
															L	A N	D	LII	N E	
11.Your email address:																				
				D	ecl	lara	atio	on												
I/We declare that the information understand that if any of the indisclose any relevant information the Department and that I/We Department of any change in many change in	form on, t may	nation hat / be	on l I/V pro	l/W Ve v	e pr vill l cute	ovio be r ed. I	de is equ /We whi	un irec un	trud to der may	e or rep tak	mis ay a e to	slea any im	ding payi med oui	g or mer liate	if I, nt I, ely a	/We We advi	fai rec se t	l to eive he		
Cignotium (authorities)										D	D		M	M		Y	Y	Y	Y	
Signature (not block letters)								<b>)</b> -+-	٠.			1			]	2	^			
							'	Date	₽.		D		M	M		<b>_</b>	V	V	V	
Signature from your shouse or civil	naré		0 K 0	ahak	.i+~.n	+ (		بايام	ottor	~)			141	141				1	1	

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	)	oι	ır (	ow	'n	de	tai	ls												
12.Are you?		Sing Mai Sep Div	rrie ara orce	ted ed							- 3	In a A s A fo	orm ⁄ere	vil F iving er ( in a	Parti g Ci Civil a Ci	vil     Pa vil F	Part rtne Part	tner	ship	1
13. If you are married, in a civil partnership or cohabiting, from what date?	D	D		M	M		Y	Y	Y	Y										
14. What country were you born in?																				
15.Do you live on an island off the coast of Ireland? If 'Yes', please state:		Ye	S				No													
Name of this island:																				
Date you started living on the island:	D For	D	ore	M		atio	_	-	Y a lis	-	f isl	and	s. lo	og 0	on to	o w	ww	/.W€	elfa	re.ie
16.What is your illness or incapacity?																				
17. What date did this illness or incapacity start?	D	D		M	M		Υ	Υ	Υ	Υ										
Part 2	)	(01	1r	wc	rk	aı	nd	cla	ain	n c	let	ail	s							
18.Are you employed at prese	nt?	Ye	S				No													
<b>If 'Yes', please state:</b> Employer's name:																				
Employer's address:																				
County										P	ost	Co	de							
Type of work:																				

### Your work and claim details

19. Are you or have yo	u been	self-	-em	plo	yed	l?															
			Ye	S				No													
If 'Yes', please state	e:																				
Type of work you do	o/did:																				
Registered number obusiness:	of																				
Dates of self- employment:	From:																				
	To:																				
		D	D		M	M		Y 	Y	Y	Y										
Net yearly earnings:	€				,						а	ı ye	ar								
This is the money y	ou have	ma	ade	fro	m s	elf-	em	ploy	me	nt	afte	r d	edu	ctii	ng c	per	atiı	ng e	exp	ens	es.
This is the money you have made from self-employment after deducting operating expenses.  O.Where did you last work?  Employer's name:  Employer's address:																					
Employer's name:																					
Employer's address:																					
C	County										P	ost	Co	de							
Job title:																					
Dates you	_			l l			<u>                                       </u>														
worked there:	From:			]			]					l									
	To:																				
If you left employm confirming the last  Are you related to the employer?  If 'Yes', please state	<b>date yo</b> his	hin	the	las ced	-	ear	you 945		ıst s	sen	d in					-		ast ·	emį	oloy	er,
How are you related	l:																				
21.Are you getting an (including Supplem	nentary			e A			ce)?		it o	r th	e H	eal	th S	Serv	vice	Exe	ecut	tive			
If 'Yes', please state  Name of payment:	e:																				
Amount:	€		,						a	ı we	eek					I.	<u> </u>	<u> </u>	<u> </u>		



## Your work and claim details

22.If you are not getting a certificates for 'credits'		are you	u signi	ng to	or 'cre	dits	, or	are	you	ı se	ndı	ng	ın n	ned	ical	
	Ye	S		No												
'Credits' are special cont people claiming certain s benefits and pensions in	social welfa	are pay				-				•						0
If 'Yes', please continue	to do so i	until yo	ou rece	eive 1	furthe	r no	tice	<del>.</del>								
23. Are you getting a social	security	payme	nt fror	n and	other	coui	ntry	?								
	Ye	S		No												
<b>If 'Yes', please state:</b> Name of country:																
Your claim or reference number:																
Amount:	€,_				a w	eek										
Please attach the most the above amount.	recent pa	yslip o	r lette	r fro	m the	Soc	ial S	Secu	ırity	<b>A</b> g	ene	су с	onf	irm	ing	
24.Are you getting any oth from another country?	ner pensio	n (priv	ate or	occı	ıpatio	nal)	fro	m th	ne R	ері	ıbli	c o	f Ire	lan	d o	r
	Ye	S		No												
<b>If 'Yes', please state:</b> Who pays this pension:																
Your claim or reference number:																
Amount:	€				a w	eek										
Please attach the most above amount.	recent pa	yslip o	r lette	r fro	m the	peo	ple	wh	o pa	ıy y	ou	con	ıfirn	nin	g th	е

### Your work and claim details

25. Are you taking part in any of the following courses or schemes, insert an X in the box

as it applies to you and g	(ive the dat	te you started	-	rt an 2 ite you				X.		
Community employment:	Yes	No			Jasta		,			
			D	D	M	M	Y	Υ	Y	Υ
Rural Social Scheme:	Yes	No								
			D	D	M	M	Y	Υ	Y	Υ
Area-Based Initiative:	Yes	☐ No								
			D	D	M	M	Y	Y	Y	Υ
Back to Work Scheme:	Yes	No								
			D	D	M	M	Y	Y	Y	Y
Vocational Training	Yes	No								
Opportunities Scheme:			D	D	M	M	Y	Y	Y	Y
Back to Education Allowance:	Yes	No								
			D	D	M	M	Y	Y	Y	Y
Community Services Programme:	Yes	No	L							7.6
			D	D	M	M	Y	Y	Y	Y
FÁS course or schemes:	Yes	No			A A					V
			D	D	M	M	Y	Y	Y	Y
School or college:	Yes	No			A A					V
			D	D	M	M	Y	Y	Y	Y
Other course or scheme:	Yes	No								
If 'Yes', please state:										
Name of course or scheme:										
Date you started: From:										
To:										
	D D	M M Y	YYY							
How much you get paid for do	oing this scl	neme or course	e:							
€			a week							



# Your work and claim details

26. Have you ever lived or wor	ked	out	side	the	Rep	ubl	ic o	f Ire	elan	ıd?									
		Yes				No													
If 'Yes', please give details Bilateral Agreements that	you	may	/ be											у Е	U R	egu	ılati	ons	or
	Cou	ntry	<u>/ 1</u>																
Country:																			
Employer's name:																			
Your address while living/working there:																			
		Ì																	
County									P	ost	Co	de							
Your social insurance number while there:																		'	
Dates you From: worked there:																			
To:																			
	D	D	١	M N		Y	Y	Y	Y										
Type of work:																			
Note: A separate sheet of	раре	er ca	n b	e use	ed fo	or m	ore	de	tail	s if	nee	ede	d.						
27.Do you own, share in the o	wne	ersh	ip o	f a fa	rm	or la	and	?											
		Yes				No													
If 'Yes', please state: Size of farm or land:				acr	es														
Do you work the farm or land?		Yes				No													
28.If you own or share in the owners the farm or land:	owne	ersh	ip o	f a fa	arm	or I	and	bu	t do	o no	ot w	ork/	it,	ple	ase	sta	te v	vho	
Their surname:																			
Their first name(s):																			
Their address:																			
County		Ī		4: - 10					l	ost	Co								

Note: Please provide a written declaration from the above named confirming they are working the land.

### Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

		F	in	ano	cia	l Ir	nsti	tu	tio	n										
You will find t	he fo	ollo	win	g de	etail	s pr	inte	d or	า sta	aten	nen	ts fr	om	you	r fir	anc	ial	insti	tuti	on.
Name of financial institution:																				
Address of financial																				
institution:																				
County										P	ost	Со	de							
Bank Identifier Code (BIC):													]							
International Bank Account																				
County Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):  Name(s) of account holder(s):  Name 1:  Name 2 (if any):  Post Office																				
County  Bank Identifier Code (BIC): International Bank Account Number (IBAN): Name(s) of account holder(s): Name 1: Name 2 (if any):  Post Office  Post office name and address: County Post Code  If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you, please complete the following:																				
Name 1:																				
Name 2 (if any):  Post Office																				
Number (IBAN):  Name(s) of account holder(s):  Name 1:  Name 2 (if any):  Post Office  Post office name and address:  County  Post Code  If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you, please complete the following:																				
County										P	ost	Со	de							
If you are unable to collect or (known as an agent) to do so	cas for y	h yo you	our , pl	pay eas	yme e co	nt a	at ti olet	he p e th	ost e fo	off ollo	fice win	an g:	d yo	ou w	van	t so	me	one	els	se
Your agent's name:																				
Your agent's address:																				
County										P	ost	Со	de							
								Da	ate:								2	0		
											D	D		M	M		Y	Y	Y	Y
Your Signature (not block letters)  I agree to act as agent for the							rt 1	an	d I	am	aw	are	of r	ny (	obli	gati	ion	s.		
For more information, log on	TO M	v W V	W . W	CIT	are.	ie.		Da	ate:	Γ			Γ				2	0		
										L	D	D		M	M	Ľ	Y	Y	Υ	Y
Signature of agent (not block letters	5)																		,	<i>7</i>

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# Details of your qualified child(ren)

Note - You must complete Part	6 ful	lly if y	ou ai	re cl	aim	ing	an i	ncr	ease	e fo	r yo	ur c	qual	lifie	d ch	ild(	ren)	).	
29.Do you wish to apply for qualified child(ren)?		Yes				No													
If 'Yes', how many children	ı do	you v	vish	to c	clair	n fo	r?												
		u	ndei	age	e 18														
		a	ige 1	8 - 2	22 ir	ı ful	l-tin	ne e	edu	cati	on								
Please state child's:	Chi	ld 1											_						
Surname:																			
First name(s):																			
PPS No.:																			
Date of birth:																			
	D Chil	D ld 2	M	M		Y	Y	Y	Y										
Surname:		-0																	
First name(s):																			
PPS No.:																			
Date of birth:																			
	D Chil	D ld 3	M	M		Y	Y	Y	Y										
Surname:																			
First name(s):																			
PPS No.:																			
Date of birth:							3.7												
	D Chil	D ld 4	M	M		Y	Y	Y	Y										
Surname:																	Π		
First nama(s)					<u> </u>				<u> </u>	I			<u> </u>		<u> </u>			 T	
First name(s):									1										
PPS No.:																			
Date of birth:	D	D	M	M			Υ	V	V										
You must attach written c					the	_	-	_	_	lee	e fr	r tl	he 4	chila	drer	า ลด	ed	18 .	22
Note: A separate sheet of																	,		
30.Are all of these children living with you?		Yes			_	Vo													
If 'No', you can use a separ	rate	sheet	of r	ane	er fo	or th	ne d	leta	ails.										

Part 5	)	(οι	ır s	spo	us	e's	, ci	vil	pa	rtr	<b>1e</b> r	's c	or c	coł	ıab	ita	nt	s c	leta	ails
31.Their PPS No.:										]										
<b>32.Title:</b> (insert an 'X' or specify)	Mr.		]	Mrs	S. [		Ms	s. [		1	C	Othe	er							
33. Their surname:																				
34. Their first name(s):																				
35. Their birth surname:																				
36. Their date of birth:																				
	D	D		M	M		Y	Y	Y	Y										
37. Their mother's birth surname:																				
38. Their address:																				
Only answer this question if you are married or in a																				
civil partnership and do																				
County										P	ost	Co	de							
Part 6	Their date of birth:  Their date of birth:  Their mother's birth surname:  Their address: Only answer this question if you are married or in a civil partnership and do not live together.  Their address: Only answer this question if you are married or in a civil partnership and do not live together.  Their address: Only answer this question if you are married or in a civil partnership and do not live together.  Their address: Only answer this question if you are claim if you are claim details  Post Code  Your spouse's, civil partner's or cohabitant's work and claim details  Part 6 MUST be completed in full if you are claiming an increase for your spouse, civil partner, cohabitant and/or child(ren). This information is required to decide if you have an entitlement and if so, the rate payable. If you are not claiming any increase, proceed to Part 8.  Do you wish to claim an increase for your, spouse, civil partner or cohabitant?  Yes No  Are they employed at Yes No														3					
cohabitant and/or child(re and if so, the rate payable.	neir birth surname:  neir date of birth:  D D M M Y Y Y Y  neir mother's birth Irname:  neir address:  Inly answer this question you are married or in a //il partnership and do it live together.  County  Your spouse's, civil partner's or cohabitant's work and claim details  Art 6 MUST be completed in full if you are claiming an increase for your spouse, civil partner, whabitant and/or child(ren). This information is required to decide if you have an entitlement and if so, the rate payable. If you are not claiming any increase, proceed to Part 8.  To you wish to claim an increase for your, spouse, civil partner or cohabitant?  Yes No  Yes', please state:  No  Yes', please state:  Neir employer's name:																			
Only answer this question if you are married or in a civil partnership and do not live together.  Your spouse's, civil partner's or cohabitant's work and claim details  Part 6 MUST be completed in full if you are claiming an increase for your spouse, civil partner, cohabitant and/or child(ren). This information is required to decide if you have an entitlement and if so, the rate payable. If you are not claiming any increase, proceed to Part 8.																				
•		Ye	S				No													
Their employer's name:																				
Their employer's address:																				
County										Р	ost	Co	de							
Type of work:																				
Gross income: €									yea	ar to	da	ite								
_	Ple	ase	att	tach	4 (	of t	heir	mo	ost i	rece	ent	pay	slip	s.						
Number of weeks worked:			ye	ar t	o da	ate														



### Your spouse's, civil partner's or cohabitant's Part 6 continued work and claim details 41. Are they currently No Yes self-employed? If 'Yes', please state: Type of work they do/did: Date self-employment started: YYY D D M M Υ Net weekly earnings: a week This is the money they have made from self-employment after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts. 42. Are they getting or have they applied for any payment(s) from this Department or the **Health Service Executive?** No Yes If 'Yes', please state: Who pays this pension: Name of payment: Amount: € a week 43. Are they getting a social security payment from another country? Yes No If 'Yes', please state: Type of pension: Name of country: Their claim or reference number: Amount: a week Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount. 44(a). Are they getting any other pension (private or occupational) from the Republic of Ireland? Yes No If 'Yes', please state: Type of pension: Who pays this pension: Their claim or reference number:

Please attach the most recent payslip or letter from the people who pay them confirming the above amount.

a week

Amount:

# Your spouse's, civil partner's or cohabitant's work and claim details

44(b). Are they getting any	other pen	ision (privat	te or o	ccupation	nal) fror	n anoth	er coun	try?	
If (Vas) allows state.	Yes		No						
If 'Yes', please state:									
Type of pension:									
Who pays this pension:									
Their claim or reference number:									
Amount:	€	-		a week					
Please attach the most reabove amount.	ecent pay	slip or lette	er from	the peop	ole who	pay the	em confi	irmin	g the
45. Are they taking part in a as it applies to them and									
				Da	te they	started	:		
Community employment:	Yes		No						
				D	D	M M	YY	Y	Y
Rural Social Scheme:	Yes		No			A A A			
Anna Danad Initiation			NI-	D	D	MM	YY		<u> </u>
Area-Based Initiative:	Yes		No	D	D [	MM			V
Back to Work Scheme:	Yes		No			141 141		$\top$	<u> </u>
back to Work Scheme.	163		INU	D	D	MM	YY	' Y	Y
Vocational Training	Yes		No					$\overline{1}$	
Opportunities Scheme:				D	D	MM	YY	Y	Υ
Back to Education	Yes		No						
Allowance:				D	D	ММ	YY	′ Y	Υ
Community Services	Yes		No						
Programme:				D	D	MM	YY	Y	Y
FÁS course or schemes:	Yes		No						
				D	D	M M	YY	′ Y	Y
School or college:	Yes		No			MM	VV		V
Other course or scheme:  If 'Yes', please state:	Yes		No	D	D	701 101	1 1		1
Name of course or scheme:									
Date they started: From	:								
To:									
10.		M M	YY	/ Y Y					
How much they get paid for o	doing this								
4				a week					

# Your spouse's, civil partner's or cohabitant's work and claim details

46.Do they own, rent or share	in the ow	nership (	of a fai	rm or la	nd?								
	Yes		No										
If 'Yes', please state: Is this farm or land jointly owned	Yes		No										
Size of farm or land:		acres											
Net yearly income from farm or land: €  'Net yearly income' is money! Please provide documenta											expe	enses.	
47.Do they own stocks, share insurance policies) or inve											ds,		
	Yes		No										
If 'Yes', please state:								_					_
Name of company:													
Number of shares held:		,											
Total value per share: €		,											
Are the stocks/shares jointly owned?	Yes		No				ach a I curr		_	-		-	
Do they own any other shares?	Yes		No										
If 'Yes', please give details	on a separa	ate shee	t of pa	per.									
48.If their farm or land is let,	please stat	e net ye	arly in	come fi	om l	ettin	ıg:						
Net yearly income: €													
Note: Please provide a wri	tten declar	ation co	nfirmi	ng amo	unt	of ye	arly ı	enta	al in	con	ne.		
49.Do they have savings or ac other financial institution								cred	lit u	nio	n or	any	
	Yes		No	or arro		coun	. c. y .						
If 'Yes', please state:	Financial I	 nstitutio											
Name of financial institution:		Istitutio	 										
					+								
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)	<u></u>												
Name(s) of account holder(s) Name 1:	s):												
	s):												

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# Your spouse's, civil partner's or cohabitant's work and claim details

Financial Institution 2																				
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Current balance: €				],[			[													
Is this account a joint account?		Ye	S				No													
Name(s) of account holder(	s):																			
Name 1:																				
Name 2 (if any):																				
Please attach an original state	emer	nt fo	r ea	ach a	acco	unt	, sho	owi	ng tı	rans	acti	ons	for	the	last	6 m	ont	hs.		
Do you have any other accounts?		Ye	S				No													
If 'Yes', please give details	on a	a se	pa	rate	she	eet	of p	ар	er.											
50.Do they own or share in the ownership of property apart from their home?																				
		Yes	S				No													
If 'Yes', please state:																				
Type of property:																				
Is this property jointly owned?		Ye	S				No													
Name(s) of property owner	(5).			Τ												Π			$\overline{}$	
Name 1:																			<u></u>	
Name 2 (if any):																				
Address of property:																				
'Property' would be an apartment, business																				
property, another house or																			Т	
land other than that mentioned at County question 46.										P	ost	Со	de							
Is this property rented out?		Yes	S			٦,	No													
If 'Yes', please state:					L															
Rent from this property: €		,						â	a we	eek										
Current market value: €		,																		
Outstanding mortgage € on property:		,							•											

If mortgaged please attach a recent statement from lending institution.

# Your spouse's, civil partner's or cohabitant's work and claim details

51.Do they own or share in the ownership of any other properties?											
	Yes	No									
Note: A separate sheet of paper	er can be use	d for details	of any	additi	iona	ıl pro	pert	ies t	hat t	hey h	nave.
52.Do they have a room let in	the property	y they are cu	ırrentl	y resid	ding	in?					
	Yes	No									
If 'Yes', please state:											
Rental income: €		-	a we	ek							
	Please provid	de documen	tary e	vidend	ce.						
Is this property jointly owned?	Yes	No									
53. Are they paying maintenance?	Yes	No									
If 'Yes', please state the na	me of the pe	rson that th	еу рау	the n	nain	tena	ance	to:			
Surname:											
First name(s):											
Amount: €			a we	ek							
	Please provi	de a copy of	the m	naintei	nand	ce a	greer	nent			
54. Are they receiving maintenance?	Yes	No									
If 'Yes', please state the na	me of the pe	rson that pa	ys the	main	tena	ance	:				
Surname:											
First name(s):											
Amount: €	,	•	a we	ek							
	Please provi	de a copy of	the m	naintei	nand	ce a	greer	nent			
55.Do they have any other income?	Yes	☐ No									
If 'Yes', please give details in	ncluding sourc	e of income	and w	eekly	earn	ings	in th	e sp	ace p	rovid	led:

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

### Other payments

### Living Alone Increase

You may get a Living Alone Increase if you are getting an **Invalidity Pension** and live alone or mainly alone. For more information, log on to www.welfare.ie.

56. Do you wish to claim a Living Alone Increase?

Yes No

If 'Yes', please state date you started living alone or mainly alone:



### Household Benefits Package

You may qualify for the Household Benefits Package, which is made up of 2 allowances:

- **Electricity or Gas Allowance**
- **Free Television Licence**

For more information on extra benefits available to pensioners, log on to www.welfare.ie.

#### Fuel Allowance

This allowance is means tested and is subject to your household composition.

57. Do you wish to apply for a Fuel Allowance?

Ye	S	No
8.		

If 'No', please go to Part 8.

If 'Yes', please complete fully the remainder of this section. Do not leave any question blank. If no income, please enter 0 in each box.

58 Your details:

. Ioui uctaiis.		
Gross weekly income:	€	a week
		Please provide documentary evidence from all sources of income.
Total savings/investments:	€	
		Please provide documentary evidence of all of these savings and investment
Value of property: (other than family home)	€	
		Please provide documentary evidence of all other properties you have including address and valuation.
Rent from all property: (other than family home)	€	a week
		Please provide documentary evidence of all rents from other property

€

Farm Income (net yearly income from farm/land)

such as maintenance:

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

Please provide documentary evidence such as the last available copy of accounts.

Have you any other income

Yes

No

If 'Yes', please provide documentary evidence.



### Other payments

You must also complete Q 59 about ALL the people living with you including your spouse, civil partner or cohabitant if you haven't completed Part 6 fully. If they have no income please put a 0 in the amount boxes.

### 59. The following people live with me:

		Persor	า 1 liv	ing v	with	me									
Name:															
PPS No.:															
Gross weekly income:	€						a	wee	k						
Total savings/ investments/property value: (not family home)	€					•									
Profit from business:	€								a	yea	r				
		Persor	ı 2 liv	ing v	with	me									
Name:															
PPS No.:															
Gross weekly income:	€						a	wee	k						
Total savings/ investments/property value: (not family home)	€					•									
Profit from business:	€								a	yea	r				
		Persor	n 3 liv	ing v	with	me									
Name:															
PPS No.:										•					
Gross weekly income:	€						a	wee	k						
Total savings/ investments/property value: (not family home)	€		<u></u>			•									
Profit from business:	€		<u> </u>			[			a	yea	r				

Note: You may be asked to supply documentary evidence of all income.

Have you enclosed the following?

- Your P60.
   (if you worked in the last full tax year).
- A letter from your last employer confirming your last date of employment **OR** a P45 if you have ceased employment.
- If you have been in self employment, a letter from Revenue confirming the date that self-employment ceased.
- Statements from all financial institutions showing the last 6 months transactions and the name and address of the account holder(s).
   (if you or your spouse, civil partner or cohabitant have money or investments in a financial institution).
- Advice slips from any pensions you or your spouse, civil partner or cohabitant are receiving.
- Letter from school or college.
   (if you are claiming for child(ren) aged between 18 and 22 who are in full-time education).

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

- Your birth certificate.
- Your marriage certificate or civil partnership or civil union registration certificate.
- Your spouse's, civil partner's or cohabitant's birth certificate. (if applying for an increase for them).
- 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.

Original certificates only.

Remember to send in all the certificates and documents with this application, or say that you will send them later.

Make sure that you supply all information required in this form.

### Please remember to sign the Declaration in Part 1.

Your spouse, civil partner or cohabitant must also sign the declaration in **Part 1** if you are claiming an increase for them and/or your child(ren).

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



### Send this completed application form to:

Department of Social Protection Invalidity Pension Claims Section Social Welfare Services Government Buildings Ballinalee Road Longford

Telephone: (043) 334 0000 LoCall: 1890 92 77 70

If you are calling from outside the Republic of Ireland please call + 353 43 3340000

#### Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

#### **Data Protection Statement**

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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

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