Application form for

State Pension Non-Contributory





What is State Pension Non-Contributory?

State Pension Non-Contributory is a means tested payment for people who do not qualify for a State Pension Contributory or who only qualify for a reduced rate contributory pension based on their social insurance record

How do I qualify for State Pension Non-Contributory?

To get State Pension Non-Contributory you must:

- be 66 years of age or over;
- satisfy a means test; and
- be legally and habitually resident in the State.

How to complete this application form?

- tear off this page, it has examples on the back that can be used as a guide to fill in this form; and
- write with a black ballpoint pen, use capital letters and place an X in the relevant boxes.

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

- fill in Parts 1 to 6;
- read Part 10 and sign the declaration in Part 1.

If you have a spouse, civil partner or cohabitant:

- fill in Parts 1 to 8;
- ask your spouse, civil partner or cohabitant to fill in Part 9; and
- read Part 10 and sign the declaration in Part 1.

Note: You should apply **three months** before reaching pension age. Incomplete forms will be returned, and this may delay your application.

How do I apply?

Send this completed form to:

State Pension Non-Contributory Section

Department of Social Protection College Road Sligo Co. Sligo F91 T384

How can I get help and further information?

If you need any help to complete this form, please contact the State Pension Non-Contributory section on **0818 200 400** or **071 915 7100**. Your local Intreo Centre, Social Welfare Office or any Citizens Information Centre can also help. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting **www.gov.ie/intreocentres**

For more information, visit www.gov.ie/spnc

How to fill this form

To help us in processing your application, print letters and numbers clearly and use one box for each letter or number. Please see example below.

ı	Part 1		Y	DUI	O	Wľ	1 a	et	all	S											
1.	Your PPS Number:	1	2	3	4	5	6	7	Т												
2.	Title, insert an X or specify:	Mr.		1	Mrs	. X		Ms	5. <u> </u>			C	Othe	er							
3.	Surname:	М	U	R	Р	Н	Υ														
4.	First names:	М	Α	U	R	Е	Ε	N													
5.	Your first name as it appears on your birth certificate:	М	Α	R	Υ																
6.	Birth surname:	М	С	D	Ε	R	М	0	Т	Т											
7.	Your date of birth:	2	8 D		0 M	2 M		1 Y	9 Y	7 Y	0 Y										
8.	Your mother's birth surname:	G	Α	L	L	Α	G	Н	Ε	R											
					_																
					Cc	nta	act	D	eta	ils											
9.	Your address:	1		N	Cc E	nta W	act	D ₀	eta T	ils R	E	Е	Т								
9.	Your address:	1	L				o O		Т		E	E	Т								
9.	Your address:		L	N		W		S	Т		E 0	E	T								
9.	Your address:	0	L 0	N D	Е	W T	0	S	Т	R	0	W		9	F	9	2	P	С	0	3
		O		N D N	E E	W T G	O A	S W L	Т	R	0	W	N	9	F	9 M		P		0	3
	County	O D	0	N D N	E E	W T G	O A A	S W L	T N	R	0	W	N	9	F			ВП			3
10	County	O D D O	O 8	N D N N 8	E E E	W T G G	O A A	S W L L	T N 5	R T	7	W	N	A	F			ВП	LΕ		3

SAMPLE

Application form for **State Pension Non-Contributory**

5D00BD68

Social Welfare Services
SPNC 1

Data Classification R



Part 1	Y	ou	r	OW	/n	de	eta	ils												
1. Your PPS Number:																				
2. Title, insert an X or specify:	Mr.			Mrs	. [Ms	s. [C)the	er							
3. Surname:																				
4. First names:																				
5. Your first name as it appears on your birth certificate:																				
6. Birth surname:																				
7. Your date of birth:																				
8. Your mother's birth surname:	D	D		M	M		Y	Y	Y	Y										
			C	or	nta	ct	De	tail	S											
9. Your address:																				
County											Eiro	ode	е							
10. Your telephone number:															M	OE	ВП	LE		
															L	ΑN	I D	LH	NE	
11. Your email address:																				
				D	ec	lar	atio	on												
I declare that the information giver information I provide is untrue or not repay any payment I receive from advise the department of any characteristic formation cannot sign your name, resignature (not capital letters)	nislea om th nge i	adino e de in my	g o pa y ci	r if I rtme ircur	fail ent nsta	to c and anc	lisclo that es w	ose a I m hich X a	any ay k n ma and te:	rele be p ay a	van rose ffect	t infecut my t wit	orm ed. I	ation und ntinu	n, th derta led a d.	at I hake entit	will to ir lem	be rome	equi	ired
								Da	te:				IV	 N	/	<u>2</u>	<u> </u>) / Y		
Signature of witness (not capital let	ters)														-					

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount and also provide a **3 month** bank statement for the account to which this payment is made.

a week

Page 2

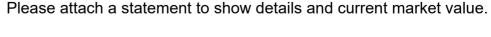


Amount:

Part 2 continued

Your work and claim details

16. Are you getting any other	pension or allowance?
	Yes No
If Yes , please state: Who pays this pension:	
Your claim or reference number:	
Amount:	a week
	Please attach the most recent payslip or letter from the people who pay you confirming the above amount and also provide a 3 month bank statement for the account to which this payment is made.
17. Are you self-employed at	present?
	Yes No
If Yes , please state: Type of work you do:	
Date you started self-employment:	D D M M Y Y Y Y
Net yearly earnings:	a year
	This is the money you have made from self-employment after deducting operating expenses.
18. 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:	acres
Net yearly income or rent from farm or land:	Ē,
	Net yearly income is money you have made from the farm after deducting operating expenses.
Do you own stocks, share insurance policies or inve	es (including shares in a creamery or Co-op), annuities, bonds, funds, stments?
	Yes No
If Yes , please state: Their value: €	<u> </u>





Part 2 continued

Your work and claim details

other financial institution in						Dun	ianig	0001	ory,	010	, GIL	ar iic) i i	ı an	у	
	Ye	es		No												
If Yes , please state:																
	Finan	cial In	stituti	on 1					ſ	ı	ı	ı	1 1			
Name of financial institution:																
Bank Identifier Code (BIC):																
International Bank Account Number (IBAN):																
Current balance: €		,[•												
Is this account a joint account?	Ye	es		No												
Name(s) of account holder((s):															
Name 1:																
Name 2 (if any):																
	Finan	cial In	stituti	ion 2												
Name of financial institution:																
Bank Identifier Code (BIC):																
International Bank																
Account Number (IBAN):																
Current balance: €		<u> </u>														
Is this account a joint account?	Ye	es		No												
Name(s) of account holder(s):															
					1 = T							I	ı T			
Name 1:																

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.



Part 2 continued

Your work and claim details

21.	Do you have property a	par	t from	you	r hc	me'	?														
			Ye	es				No													
	If Yes , please state:							,			1						,				
	Type of property:																				
	Address of property:																				
	Property would be an apartment, business proper another house or land other than that mentioned at	erty, er																			
	question 18.																				
	Current market value:	€				,[•											
	Rent from this property:	€	,_						a	a we	eek										
			Please	e pr	ovi	de a	va	ılua	tion	fro	om	a re	gis	tere	ed a	uct	ion	eer	or '	valu	ıer.
22.	Are you paying a mortg	age	or a h	ous	sing	loai	n fo	r thi	is p	rop	erty	?									
			Ye	es				No													
	If Yes , please state: Amount of mortgage or loan outstanding:	€				,[•											
	or loan outstanding.		Pleas	e at	tac	h do	ocu	me	nta	ry e	vid	len	ce.								
23.	Are you paying maintenance?		Ye	es				No													
	If Yes , please state:																				
	Amount:	€	,						8	a we	eek										
			Pleas	e pr	rovi	ide a	a co	ору	of '	the	ma	int	ena	nce	ag	ree	me	nt.			
24.	Are you receiving maintenance?		Ye	es				No													
	If Yes , please state:	_					1														
	Amount:	€	,						8	a We	eek										
			Pleas	e pr	rovi	ide a	а с	ору	of	the	ma	int	ena	nce	ag	ree	me	nt.			
25.	Do you have any other income?		Ye	es				No													
	If Yes , please give deta	ils i	n the s	pac	е р	rovi	dec	d:													



Part 2 continued	Your	wo	rk a	nd	clai	m (de	tai	Is							
26. Did you ever sell or transfer any property or business?	Yes			No												
If Yes , please give details in	n the spac	ce pr	ovided	d and	d attacl	ha	cop	y of	f the	de	ed	of tr	ans	sfer:		_
27. Have you moved from your home?If Yes, please outline the ci by other people or otherwis			n the s				l. If	you	ır ho	ome	e is	rent	ed,	occ	cupied	
28. Did you recently sell your home to buy another?	Yes			No												
If Yes , please outline the circ regarding the financial trans														ume	ents	
Part 3	Habit	tual	l Re	sid	ence	C C	on	ıdi	tio	n						
All	questi	ons	s mu	st l	be ar	ısv	ver	ec	t							
29. Are you legally entitled to re	•								_							
	Yes			No												
If you are a holder of a IRP (your letter from the Departm	 Irish Resi	denc tice a	e Perr	nit) c	ard, ple ty.	ease	e pr	ovic	de a	col	ру с	f thi	S Ca	ard a	and	
30. Were you born outside of Ireland? If Yes , please state:	Yes			No												
Country you were born in:																
Your nationality:																
You must provide your origina	l Birth Cer	tificat	e with	your	applica	tion	. Ph	oto	сор	ies	are	not	ac	cept	able.	
31. Have you lived outside of Ir years?	eland for a	any p		long No	ger than	n th	ree	mo	onth	is v	vithi	n th	e la	ast f	ive	
If Yes , when did you come to live in Ireland?																
	D D	M	M	Y	YY	Y										

E78DDED0



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.

Einanaial Institution

			1111	ıaıı	CIC	(1 11	ıσι	itu		I										
You will find the following details printed on statements from your financial institution.																				
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Name(s) of account holder(s):															<u> </u>					
Name 1:																				
Name 2 (if any):																				
				Р	'OS	t C	ffic	се												
Please enter below the name a payment.	and	ado	dres	s o	f the	e po	st c	offic	e w	here	e yo	ou w	vish	to o	colle	ect ;	you	r		
Post office name and address:																				
																		Ī	Ī	$\overline{\Box}$

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 form **AGENT** authority to appoint an agent available on **www.gov.ie**.



Pa	rt	5
·		•

Details of your children

32.	Do you wish to apply for qualified children?		Ye	S] [No										
	If Yes , how many children	do y	ou/	wis	h to	cla	im	for?										
				un	der	age	e 18	3										
				aç	je 1	8 -	22 i	n fu	II-tii	me	edu	ıcat	ion					
	Please state child's:	Chi	ld 1				ı	1					ı	ı		 	 	
	Surname:																	
	First name(s):																	
	PPS Number:																	
	Date of birth:																	
		D	D		M	M		Υ	Y	Y	Y							
		Chi	ld 2	2											<u> </u>			
	Surname:																	
	First name(s):																	
	PPS Number:																	
	Date of birth:																	
		D	D		M	M		Υ	Y	Y	Y							
		Chi	ld 3	3			ı						<u> </u>			 	 	
	Surname:																	
	First name(s):																	
	PPS Number:																	
	Date of birth:																	
		D	D		M	M		Y	Y	Y	Y							
		Chi	ld 4	1												 	 	
	Surname:																	
	First name(s):																	
	PPS Number:																	
	Date of birth:																	
		D	D		M	M	•	Υ	Υ	Υ	Υ	1						

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 details of other children you have.

Other payments

Living	Alone	Increase
Living	Alone	IIICICasc

You may get a Living Alone Increase if you are getting a **State Pension Non-Contributory** and live alone or mainly alone. For more information, please visit **www.gov.ie**.

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

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

	Ye	S			1	Vo			
D	D		M	M	•	Υ	Υ	Υ	Y

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, visit www.gov.ie.

Fuel Allowance

This allowance is subject to your household composition. Only one person in a household can get this allowance.

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

Yes		No
-----	--	----

Person 1

If No, please go to Part 7.

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.

35. The following people live with me:

Surname:	
First name(s):	
PPS Number:	
Relationship to you:	
Are they:	Employed Self-employed
If so, state weekly amount:	€, a week
Are they:	☐ In receipt of a social welfare payment ☐ Other
If in receipt of a social	welfare payment or other, please give details in the space provided:



a week

Weekly amount:

Part 6 continued	Other payments
	Person 2
Surname:	
First name(s):	
PPS Number:	
Relationship to you:	
Are they:	Employed Self-employed
If an otata wookly	€, a week
Are they:	☐ In receipt of a social welfare payment ☐ Other
If in receipt of a social w	velfare payment or other, please give details in the space provided:
Weekly amount:	€ . a week
•	
Surname:	Person 3
First name(s):	
PPS Number:	
Relationship to you:	
Are they:	Employed Self-employed
If an otata wooldy	€a week
Are they:	In receipt of a social welfare payment Other
If in receipt of a social w	velfare payment or other, please give details in the space provided:
Weekly amount:	€ . a week

Part 6 continued	Other payments														
	Person 4														
Surname:															
First name(s):															
PPS Number:															
Relationship to you:															
Are they:	Employed Self-employed														
If so, state weekly amount: €	a week														
Are they:	☐ In receipt of a social welfare payment ☐ Other														
If in receipt of a social wel	fare payment or other, please give details in the space provided:														
Weekly amount: € Note: A separate sheet of	a week paper can be used for details of other persons living with you.														
	Extra benefits														
_	n extra benefits available to pensioners, please visit www.gov.ie.														
Part 7	Your spouse's, civil partner's or cohabitant's details														
36. Their PPS Number:															
37. Title: (insert an X or specify)	Mr. Mrs. Other														
38. Their surname:															
39. Their first name(s) as appears on their birth certificate:															
40. Their birth surname:															
41. Their date of birth:															
	D D M M Y Y Y Y														
42. Their mother's birth surname:															
43. Their address:															
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

If your spouse, civil partner or cohabitant is aged 66 or over they also should apply for State Pension Non-Contributory in their own right.

	Please complete this secti aged 66 or over.	on for your spouse, civil partner or cohabitant, even if they are												
4.	Are they employed at present?	Yes No												
	If Yes , please state:													
	Their employer's name:													
	The six areas level who and discount													
	Their employer's address:													
	Their gross weekly earnings: €	a week												
		Please attach 3 of their most recent payslips.												
·5.	Are they getting a social se	ecurity payment from another country?												
	7 3 3	Yes No												
	If Yes , please state:													
	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 and also provide a												
		3 month bank statement for the account to which this payment is made												
6.	Are they getting any other	pension or allowance?												
		Yes No												
	If Yes , please state:													
	Who pays this pension:													
	Their claim or reference number:													
	Amount: €	a week												
		Please attach the most recent payslip or letter from the people who												
		pay them confirming the above amount and also provide a 3 month												

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bank statement for the account to which this payment is made.

Part 8 continued

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

47.	Are they self-employed at	present?)														
		Yes	S		No												
	If Yes , please state:																
	Type of work they do:																
	Date they started self- employment:	D D	M	M	Υ	YY	′ Y										
	Their net yearly earnings: This is the money they har	ve made	from	self-e	- emplo	oymen	ı	a ye :er c		uctii	ng d	ope	rati	ng (exp(ens	es.
48.	Do they own, share in the	ownersh	ip, wo	rk or	rent a	farm	or la	and?	?								
	,	Yes	•		No												
	If Yes, please state: Size of farm or land:			acres													
	Net yearly income or rent from farm or land: Net yearly income is mone	y they h	ave m	ado f	rom t	ho fari	m af	tor (dod	ucti	na i	nna	rati	na i	ovn.	one	.05
											_	•		•	-	7113	C 3.
49.	Do they own stocks, share insurance policies or inves		ing sh	ares	in a c	reame	ery o	r Co	o-op	o), a	nnı	ıitie	s, b	ono	ls,		
		Yes	;		No												
	If Yes , please state:						_										
	Their value: €		,														
		Please	attach	a sta	teme	nt to s	show	v de	tail	s an	d c	urre	ent	ma	rket	val	lue.
50.	Do they have savings or acother financial institution in						ouild	ing	soc	iety	cre	edit	uni	on (or a	ny	
		Yes	;		No												
	If Yes , please state:																
		Financi	al ins	titutio	on 1		1										
	Name of financial institution:																
	Bank Identifier Code (BIC):																
	International Bank Account Number (IBAN):																
]			ļ							
	Current balance: €		,														
	Is this account a joint account?	Yes	3		No												
	Names of account holders:					, ,		,		<u> </u>							,
	Name 1:																
	Name 2 (if any):																



Part 8 continued

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

		Fina	ncial	Ins	titu	tior	1 2													
	Name of financial institution:																			
	Bank Identifier Code (BIC):																			
	International Bank Account Number (IBAN):																			
	Current balance: €],[[
	Is this account a joint account?	· .	Yes]	Vo													
	Names of account holders:	<u>.</u>																		
	Name 1:																			
	Name 2 (if any):																			
	Please attach an original stall from the paper.	ounts y	you n	nust	give	e de				•										
51.	Do they have property apa			ir ho	ome	_														
		□ `	Yes				Vo													
	If Yes , please state:			_			1												1	
	Type of property:																			
	Address of property:																			
	Property would be an apartment, business																			
	property, another house or land other than that																			
	mentioned at question 48 .																			
	Current market value: €				_,[•											
	Rent from this property: €	<u></u> ,						a	a we	eek										
		Plea	se pı	rovi	de a	va	lua	tior	n fre	om	a re	gis	ter	ed a	auci	tion	ieei	or	val	uer.
52 .	Are they paying a mortgag	e or a	a hou	sing	loa	n fo	or th	is p	rop	erty	/?									
			Yes				Vo													
	If Yes , please state: Amount of mortgage ∉									Т	7									
	Amount of mortgage or loan outstanding: €				,				•	<u> </u>										
		Plea	se at	tacı	n ac	ocu	me	nta	ry e	VIC	end	e.								
	Are they paying maintenance? If Yes , please state:		Yes] [Vo													
	Amount: €							a	a we	eek										
		Ploa	SE N	rovi	_ a ah		nnv	of t	tha	ma	inte	na	nce	ลต	roo	me	nt			



Part 8 continued	Your spouse's, civil partner's or cohabitant's work and claim details
54 . Are they receiving maintenance? If Yes , please state: Amount: €	Yes No a week Please provide a copy of the maintenance agreement.
55. Do they have any other income?If Yes, please give details in	Yes No n the space provided:
56. Did they ever sell or transfer any property or business? If Yes , please give details in	Yes No n the space provided and attach a copy of the deed of transfer:
57. Have they moved from their home? If Yes, please outline the ci	Yes No rcumstances in the space provided. If their home is rented, occupied be being used, please give details:
	Yes No cumstances in the space provided and attach supporting documents action from their solicitor and a copy of the Deed of Transfer:



Spouse's, civil partner's or cohabitant's payment details

Any qualified adult increase which you (the pensioner) qualify for will be paid direct to your spouse, civil partner or cohabitant unless they state otherwise. You should show them this page to let them decide if they want to receive this increase for themselves or if they want you to get paid this increase with your pension.

Declaration of Qualified Adult

Notice to Pensioner: The Remainder of this page should be filled out by the person named in Part 7.																			
(a) I,				wis	h to	ha	ve a	any	Inc	rea	se f	or a	a Qu	ualif	ied	Adı	ult t	o be	9
paid directly to me.																			
OR																			
my spouse, civil partner or o	cohabit	ant						-	Inc	rea	se f	or a	Qu	ıalif	ied .	Adι	ılt p	aid	to
If part (a) above has been signed you should let us know whether you wish to receive payment into the post office or into your account in a financial institution. Fill in one of the payment options below.																			
Payment details																			
You can get your payment at a account in a financial institutior complete one option below.	•			•											•				ngs
	F	-in	an	cia	ıl Ir	nst	itut	ior	1										
You will find t	he follo	wing	g de	etail	s pr	inte	d o	n st	ater	ner	its f	rom	you	ur fii	nan	cial	inst	tituti	on.
Name of financial institution:																			
Bank Identifier Code (BIC):																			
International Bank Account Number (IBAN):																			
Name(s) of account holder(s): Name 1:																			
Name 2 (if any):																			
			Р	osi	t O	ffic	се												
Please enter below the name a payment.	ınd add	res	s of	f the	e po	st c	offic	e w	here	e yc	ou w	/ish	to o	colle	ect y	/ou	r		
Post office name and address:																			
Page 16																			

Checklist

Please ensure that you enclose all documents requested as failure to do so may lead to your application form being returned and this may delay your application.

Have you enclosed the following?

- You and your spouse's, civil partner's or cohabitant's most recent payslips
 (if you or your spouse, civil partner or cohabitant were employed during the last 12 months)
- Statements from all financial institutions showing the last 3 months transactions (internet printouts are not accepted) 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 children aged between 18 and 22 who are in full-time education)
- If you are the holder of a Irish Residence Permit card (**IRP**), have you attached a copy of this card and your letter from the Department of Justice and Equality?

If you are claiming for Fuel Allowance, please make sure that you have you fully completed **Question 34 and 35.**

If you were born, married or entered into a civil partnership or a civil union outside 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 children'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.

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 Office.



Send this completed application form to:

State Pension Non-Contributory Section

Social Welfare Services
Department of Social Protection
College Road
Sligo
F91 T384

Telephone: (071) 915 7100 or 0818 200 400

If you are calling from outside of Ireland please call + 353 71 915 7100

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

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

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