

# Application form for State Pension (Non-Contributory)



**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 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 6**. When form is completed, read **Part 10** and sign declaration in **Part 1**.

**If you have a spouse, civil partner or cohabitant:**

Please fill in **Parts 1 to 8**. **Part 9** must be filled in and signed by your spouse, civil partner or cohabitant. When form is completed, read **Part 10** and sign declaration in **Part 1**.

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

For more information, log on to **[www.welfare.ie](http://www.welfare.ie)**.

You should apply **3 months** before reaching pension age.

## **Important**

**If you fail to provide relevant information or if you provide information which is untrue or misleading you will be required to repay any payment you received from the Department and you may be prosecuted. You must notify the Department of any change in your circumstances.**

## 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.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name(s) as appear(s) 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									
	D	D		M	M		Y	Y	Y	Y									
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							
	O	L	D		T	O	W	N											
	D	O	N	E	G	A	L		T	O	W	N							
County	D	O	N	E	G	A	L		Postcode										
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	MOBILE																		
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	LANDLINE																		
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																

# SAMPLE



## Part 1 Your own details

<b>1. Your PPS No.:</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			
<b>2. Title:</b> (insert an 'X' or specify)	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>3. Surname:</b>	<input style="width: 100%; height: 20px;" type="text"/>			
<b>4. First name(s):</b>	<input style="width: 100%; height: 20px;" type="text"/>			
<b>5. Your first name(s) as appear(s) on your birth certificate:</b>	<input style="width: 100%; height: 20px;" type="text"/>			
<b>6. Birth surname:</b>	<input style="width: 100%; height: 20px;" type="text"/>			
<b>7. Your date of birth:</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
	D D	M M	Y Y Y Y	
<b>8. Your mother's birth surname:</b>	<input style="width: 100%; height: 20px;" type="text"/>			

## Contact Details

<b>9. Your address:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		
<b>County</b>	<input style="width: 200px; height: 20px;" type="text"/>	<b>Postcode</b>	<input style="width: 100px; height: 20px;" type="text"/>
<b>10. Your telephone number:</b>	<input style="width: 100%; height: 20px;" type="text"/>	<b>MOBILE</b>	
	<input style="width: 100%; height: 20px;" type="text"/>	<b>LANDLINE</b>	
<b>11. Your email address:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		

## 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. If you cannot sign your name, make a mark, such as an X and have it witnessed.

	<b>Date:</b>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
		D D	M M	2 0	Y Y Y Y
<b>Signature (not block letters)</b>					
	<b>Date:</b>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
		D D	M M	2 0	Y Y Y Y
<b>Signature of witness (not block letters)</b>					

**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

## Your own details

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 married, in a civil partnership or cohabiting, from what date?

D D

M M

Y Y Y Y

## Part 2

## Your work and claim details

**State Pension (Non-Contributory) is a means tested payment. You are legally obliged to declare all your means which include money in cash or in a financial institution, savings, shares, bonds, funds, property (other than your own home), foreign pensions etc. Please include written evidence such as statements and payslips with your application.**

**You must also declare the means of your spouse, civil partner or cohabitant even if you are not claiming an increase for a qualified adult.**

14. Are you employed at present?

 Yes No

If 'Yes', please state:

Employer's name:

Employer's address:

Gross weekly earnings: € ,  .  a week

Please attach 3 of your most recent payslips.

15. Are you getting a social security payment from another country?

 Yes No

If 'Yes', please state:

Name of country:

Your 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.**





20. 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.**



**21. Do you have property apart from your home?**

Yes  No

**If 'Yes', please state:**

Type of property:

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Address of property:

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**'Property' would be an apartment, business property, another house or land other than that mentioned at question 18.**

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Current market value: €  ,    ,     .

Rent from this property: €  ,    .   a week

**Please provide a valuation from a registered auctioneer or valuer.**

**22. Are you paying a mortgage or a housing loan for this property?**

Yes  No

**If 'Yes', please state:**

Amount of mortgage or loan outstanding:

€  ,    ,     .

**Please attach documentary evidence.**

**23. Are you paying maintenance?**

Yes  No

**If 'Yes', please state:**

Amount:

€  ,    .   a week

**Please provide a copy of the maintenance agreement.**

**24. Are you receiving maintenance?**

Yes  No

**If 'Yes', please state:**

Amount:

€  ,    .   a week

**Please provide a copy of the maintenance agreement.**

**25. Do you have any other income?**

Yes  No

**If 'Yes', please give details in the space provided:**

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**Part 2 continued**

**Your work and claim details**

**26. Did you ever sell or transfer any property or business?**  Yes  No

**If 'Yes', please give details in the space provided and attach a copy of the deed of transfer:**

**27. Have you moved from your home?**  Yes  No

**If 'Yes', please outline the circumstances in the space provided. If your home is rented, occupied by other people or otherwise being used, please give details:**

**28. Did you recently sell your home to buy another?**  Yes  No

**If 'Yes', please outline the circumstances in the space provided and attach supporting documents regarding the financial transaction from your solicitor and a copy of the Deed of Transfer:**

**Part 3**

**Habitual Residence Condition**

**ALL QUESTIONS MUST BE ANSWERED**

**29. Are you legally entitled to reside in the Republic of Ireland?**

Yes  No

**If you are a holder of a GNIB (Garda National Immigration Bureau) card, please provide a copy of this card and your letter from the Department of Justice and Equality.**

**30. Were you born outside the Republic of Ireland?**  Yes  No

**If 'Yes', please state:**

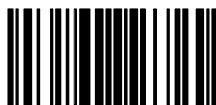
Country you were born in:

Your nationality:

**You must provide your original Birth Certificate with your application. Photocopies are not acceptable.**

**31. Have you lived outside the Republic of Ireland for any period longer than three months within the last five years?**  Yes  No

**If 'Yes', when did you come to live in the Republic of Ireland?**     
D D M M Y Y Y Y





## Part 4

## 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.

## Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:	<input type="text"/>
Bank Identifier Code (BIC):	<input type="text"/>
International Bank Account Number (IBAN):	<input type="text"/>
Name(s) of account holder(s):	<input type="text"/>
Name 1:	<input type="text"/>
Name 2 (if any):	<input type="text"/>

## 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:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

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.welfare.ie](http://www.welfare.ie).



32. Do you wish to apply for qualified child(ren)?  Yes  No

If 'Yes', how many children do you wish to claim for?

under age 18

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 details of other children you have.**



## Living Alone Increase

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, log on to **www.welfare.ie**.

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

Yes  No

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	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, log on to **www.welfare.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

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:

## Person 1

Surname:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First name(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PPS No.:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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:

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Weekly amount:

€ , .  a week



## Person 2

Surname:

First name(s):

PPS No.:

Relationship to you:

Are they:

 Employed  Self-employed

If so, state weekly amount:

€ , .  a week

Are they:

 In receipt of a social welfare payment  OtherIf in receipt of a **social welfare payment** or **other**, please give details in the space provided:

Weekly amount:

€ , .  a week

## Person 3

Surname:

First name(s):

PPS No.:

Relationship to you:

Are they:

 Employed  Self-employed

If so, state weekly amount:

€ , .  a week

Are they:

 In receipt of a social welfare payment  OtherIf in receipt of a **social welfare 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 No.: Relationship to you: Are they:  Employed  Self-employedIf so, state weekly amount: € , .  a weekAre they:  In receipt of a social welfare payment  OtherIf in receipt of a **social welfare payment** or **other**, please give details in the space provided:

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Weekly amount: € , .  a week**Note: A separate sheet of paper can be used for details of other persons living with you.**

## Extra benefits

For more information on extra benefits available to pensioners, log on to [www.welfare.ie](http://www.welfare.ie).

## Part 7

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

36. Their PPS No.: 37. Title: (insert an 'X' or specify) Mr.  Mrs.  Ms.  Other 38. Their surname: 39. Their first name(s) as appear(s) on their birth certificate: 40. Their birth surname: 41. Their date of birth:     
D D M M Y Y Y Y42. 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.






47. Are they self-employed at present?

Yes  No

If 'Yes', please state:

Type of work they do: 

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Date they started self-employment: 

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D D M M Y Y Y Y

Their net yearly earnings: € 

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 a year

This is the money they have made from self-employment after deducting operating expenses.

48. Do they own, share in the ownership, work or rent a farm or land?

Yes  No

If 'Yes', please state:

Size of farm or land: 

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 acres

Net yearly income or rent from farm or land: € 

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

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

Yes  No

If 'Yes', please state:

Their value: € 

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

50. 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: 

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Bank Identifier Code (BIC): 

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International Bank Account Number (IBAN): 

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Current balance: € 

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Is this account a joint account?  Yes  No

Name(s) of account holder(s):

Name 1: 

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Name 2 (if any): 

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## Part 8 continued

## 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?  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.****51. Do they have property apart from their home?** Yes  No**If 'Yes', please state:**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: € , .  a week**Please provide a valuation from a registered auctioneer or valuer.****52. Are they paying a mortgage or a housing loan for this property?** Yes  No**If 'Yes', please state:**Amount of mortgage or loan outstanding: € , , . **Please attach documentary evidence.****53. Are they paying maintenance?** Yes  No**If 'Yes', please state:**Amount: € , .  a week**Please provide a copy of the maintenance agreement.**



## Part 8 continued

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

54. Are they receiving maintenance?  Yes  No

If 'Yes', please state:

Amount: € , .  a week

Please provide a copy of the maintenance agreement.

55. Do they have any other income?  Yes  No

If 'Yes', please give details in the space provided:

56. Did they ever sell or transfer any property or business?  Yes  No

If 'Yes', please give details in the space provided and attach a copy of the deed of transfer:

57. Have they moved from their home?  Yes  No

If 'Yes', please outline the circumstances in the space provided. If their home is rented, occupied by other people or otherwise being used, please give details:

58. Did they recently sell their home to buy another?  Yes  No

If 'Yes', please outline the circumstances in the space provided and attach supporting documents regarding the financial transaction from their solicitor and a copy of the Deed of Transfer:



## Part 9

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, , wish to have any Increase for a Qualified Adult to be paid directly to me.

OR

(b) I, , wish to have any Increase for a Qualified Adult paid to my spouse, civil partner or cohabitant with their pension.

If part (b) 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 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.

## Financial Institution

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):

Name 1:

Name 2 (if any):

## 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:



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 child(ren) aged between 18 and 22 who are in full-time education)
- **If you are the holder of a Garda National Immigration Bureau card (GNIB), 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 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.**

**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 Employment Affairs and Social Protection

College Road

Sligo

Telephone: (071) 915 7100

LoCall: 1890 500 000

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

**Note**

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

**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](http://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.

