

Application form for State Pension Non-Contributory

Social Welfare Services

SPNC 1

Data Classification R



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.

Part 1

Your own details

1. Your PPS Number:

1	2	3	4	5	6	7	T	
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2. Title, insert an **X** or specify: Mr. ☐ Mrs. ☒ Ms. ☐ Other

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3. Surname:

M	U	R	P	H	Y											
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4. First names:

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

M	A	R	Y													
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6. Birth surname:

M	C	D	E	R	M	O	T	T								
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7. Your 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:

G	A	L	L	A	G	H	E	R								
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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			Eircode		F	9	2	P	C	O	3
10. Your telephone number:

0	8	8	1	2	3	4	5	6	7								
																MOBILE	
0	5	3	9	3	1	2	3	4	5								
																LANDLINE	
11. Your email address:

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE



Part 1

Your own details

- [illegible]

Contact Details

- [illegible]

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.

--

Signature (not capital letters)

Category	Sub-category	Value
A	1	10
	2	20
B	3	30
	4	40
C	5	50
	6	60
D	7	70
	8	80
E	9	90
	10	100

Signature of witness (**not** capital letters)

Date:

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D D

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M M

2	0		
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Y Y Y Y

Date:

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D D

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M M

2	0		
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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.



16. Are you getting any other pension or allowance?

☐ Yes ☐ No

If **Yes**, please state:

Who pays this pension:

[illegible]

Your claim or reference number:

[illegible]

Amount:

€

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 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:

[illegible]

Date you started self-employment:

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D D M M Y Y Y Y

Net yearly earnings:

€

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 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:

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acres

Net yearly income or
rent from farm or land:

€

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

19. Do you own stocks, shares (including shares in a creamery or Co-op), annuities, bonds, funds, 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.



20. Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in Ireland or another country?

☐ Yes ☐ No

If **Yes**, please state:

Financial Institution 1

[illegible][illegible]

International Bank
Account Number (IBAN):

Current balance: €

				,				.		
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Is this account a joint account? ☐ Yes ☐ No

Name(s) of account holder(s):

[illegible][illegible]

Financial Institution 2

[illegible][illegible]

International Bank
Account Number (IBAN):

Current balance: €

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Is this account a joint account? ☐ Yes ☐ No

Name(s) of account holder(s):

[illegible][illegible]

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:

[illegible]

Address of property:

[illegible]

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

[illegible][illegible][illegible]

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:

€

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Please attach documentary evidence.

23. Are you paying maintenance?

☐ Yes ☐ No

If **Yes**, please state:

Amount:

€

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 a week

Please provide a copy of the maintenance agreement.

24. Are you receiving maintenance?

☐ Yes ☐ No

If **Yes**, please state:

Amount:

€

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 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:



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 Ireland?

☐ Yes ☐ No

If you are a holder of a **IRP** (Irish Residence Permit) card, please provide a copy of this card and your letter from the Department of Justice and Equality.

30. Were you born outside of Ireland? ☐ Yes ☐ No

If **Yes**, please state:

Country you were born in:

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Your nationality:

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

31. Have you lived outside 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 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:

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Bank Identifier Code (BIC):

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

International Bank Account Number (IBAN):

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Name(s) of account holder(s):

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Name 1:

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Name 2 (if any):

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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:

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**.



Part 6**Other payments****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, please visit **www.gov.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:

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, 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

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:

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:

Weekly amount:

€

a week





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

Please complete this section for your spouse, civil partner or cohabitant, even if they are aged 66 or over.

If **Yes**, please state:

Their employer's name:

[illegible]

Their employer's address:

[illegible]

Their gross weekly earnings:

€ , . a week

Please **attach 3** of their most recent payslips.

45. Are they getting a social security payment from another country?

☐ Yes ☐ No

If **Yes**, please state:

Name of country:

[illegible]

Their claim or reference
 number:

[illegible]

Amount:

€

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 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.

46. Are they getting any other pension or allowance?

☐ Yes ☐ No

If **Yes**, please state:

Who pays this pension:

[illegible]

Their claim or reference number:

[illegible]

Amount:

€

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 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 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**

- 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 (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 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:



Part 10

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.

