

# CLAIM FORM FOR SUPPLEMENTARY WELFARE ALLOWANCE (S.W.A. 1 - May 2018)

Office Use  
Date Received

By Whom

## PLEASE

- Use **BLOCK LETTERS**. Answer all questions fully, as incomplete information may delay processing your claim.
- Read and sign the Declaration.
- Supply a full length Birth Certificate for each person who does not already have a P.P.S. No.
- **NOTE:** You may be asked questions other than those on this form and may be requested to provide a range of documentary evidence to support your claim.

## PART 1 APPLICANT'S DETAILS

SURNAME \_\_\_\_\_ P.P.S. NO.

FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ NATIONALITY \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

Do you have a Social Security Number from another country? YES  NO

If "YES" PLEASE STATE: NUMBER \_\_\_\_\_ COUNTRY \_\_\_\_\_

State your Birth Surname: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Are you (PLEASE TICK (✓) as appropriate): Male  Female

Single  Married  In a Civil Partnership  Cohabiting  Separated

Divorced  A former Civil Partner  Widowed  A surviving Civil Partner   
(you were in a Civil Partnership that has since been dissolved)

In Full-time Education In Full-time Work Involved in an Industrial Dispute

YES  NO  YES  NO  YES  NO

## PART 2 YOUR SPOUSE, CIVIL PARTNER OR COHABITANT'S DETAILS

FULL NAME \_\_\_\_\_ P.P.S. NO.

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_

Does he/she have a Social Security Number from another country? YES  NO

If "YES" PLEASE STATE: NUMBER \_\_\_\_\_ COUNTRY \_\_\_\_\_

State his/her Birth Surname: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Is he/she (PLEASE TICK (✓) as appropriate): Male  Female

In Full-time Education In Full-time Work Involved in an Industrial Dispute

YES  NO  YES  NO  YES  NO



**PART 6 INCOMES AWAITED**

Are you or your spouse/civil partner or cohabitant awaiting income from:

Source	Yourself		Spouse, Civil Partner or Cohabitant		Details
	YES	NO	YES	NO	
A Social Welfare Claim					
Employment/Redundancy Payments					
A Social Security Claim to another State					
A Maintenance Order/Application					
A Pension Application					
A Compensation Claim					
Any Other Source					

**PART 7 DETAILS OF MEANS**

A. How much income weekly do you and your spouse/civil partner or cohabitant have from the following sources?

Source	Yourself €	Spouse, Civil Partner or Cohabitant €	Details
Social Welfare Payments			
Health Service Executive Payments			
Social Security Payments from another State			
Wages/Salary			
Self Employment (including farming)			
Sick Pay/Income Protection Schemes			
Occupational Pension(s)			
Maintenance Payments			
FAS Training Allowance			
Strike Pay			
Any other source(s) - PLEASE SPECIFY			

B. Have you or your spouse/civil partner or cohabitant, savings, investments in stocks, shares, or deposits with Banks/Building Societies or other Financial Institutions? YES  NO

If "yes" please provide details of:

Amount(s) invested € \_\_\_\_\_ Where invested \_\_\_\_\_

C. Do you or your spouse/civil partner or cohabitant own any property (including land) other than the house you occupy? YES  NO

If yes, please give the location and use of the property \_\_\_\_\_

**PART 8 EMPLOYMENT/EDUCATIONAL SCHEMES**

<b>How much are you or your spouse, civil partner or cohabitant in receipt of <u>weekly</u> from the following Schemes?</b>	<b>Yourself</b>	<b>Spouse, Civil Partner or cohabitant</b>
	€	€
Area Based Initiative / Back to Work Allowance	_____	_____
Revenue Job Assist / Back to Education Allowance	_____	_____
Community Employment Scheme / Other Scheme	_____	_____
When did the payment(s) commence? (Date)	_____	_____

**PART 9 WEEKLY OUTGOINGS**

<b>How much are you/spouse, civil partner or cohabitant paying <u>weekly</u> on:</b>	<b>Yourself</b>	<b>Spouse, Civil Partner or cohabitant</b>
	€	€
House Rent / Mortgage	_____	_____
Maintenance Payments to another person	_____	_____
Loans (Banks, Credit Union etc.)	_____	_____
Travel Costs to Work	_____	_____

**PART 10 OTHER INFORMATION**

**Please indicate why you are applying for a Supplementary Welfare Allowance and give any additional information which you feel may be important in support of this application: -**

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**PART 11 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.

**I AM AWARE OF THE CONTENT OF THIS APPLICATION AND KNOWINGLY MAKE THIS DECLARATION**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**If the applicant is unable to sign, his/her mark should be made and witnessed. The Witness should sign below.**

SIGNATURE OF WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

**IF YOU MAKE A FALSE STATEMENT OR WITHHOLD INFORMATION, YOU MAY BE PROSECUTED LEADING TO A FINE, A PRISON TERM OR BOTH.**

**Data Protection Statement**

Personal data is required to determine eligibility for payments and services, administered for Ireland’s social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at [www.welfare.ie/dataprotection](http://www.welfare.ie/dataprotection) or hard copy.