Application form for Fuel Allowance under the National Fuel Scheme



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 use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- Please do not strikethrough any of the boxes. Leave boxes blank if they do not apply to you.

Applicant:

Please fill in all parts as they apply to you. When the form is completed, 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 Branch Office.

For more information, visit www.welfare.ie.

How to fill in first page of 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. Mrs. X Ms. Other |
| 3. Surname: | M U R P H Y |
| 4. First name(s): 5. Your first name as it | M A U R E E N |
| appears on your birth certificate: | M A R Y |
| 6. Birth surname: | M C D E R M O T T |
| 7. Your mother's birth surname: | K E L L Y |
| 8. Your date of birth: | 2 8 0 2 1 9 7 0 |

Contact Details

| | | | |)1 I C | acı | . ב | Ctt | 1110 | , | | | | | | | | | | |
|---------------------------|----|----|-----|--------|-----|-----|-----|------|---|---|---|---|---|---|---|---|---|---|---|
| 9. Your address: | 1 | | N | Ε | W | | S | Т | R | Ε | Ε | Т | | | | | | | |
| | 0 | L | D | | Т | 0 | W | N | | | | | | | | | | | |
| | D | 0 | N | Ε | G | Α | L | | Т | 0 | W | N | | | | | | | |
| County | D | 0 | N | Ε | G | Α | L | | | | | | | | | | | | |
| Postcode | Α | 6 | 5 | F | 4 | Ε | 2 | | | | | | | | | | | | |
| 10.Your telephone number: | 0 | N | Ε | | N | U | М | В | Ε | R | | Р | Е | R | | В | 0 | X | |
| | M | ОВ | IL | Е | | | | | | | | | | | | | | | |
| | 0 | N | Ε | | N | U | М | В | Ε | R | | Р | Е | R | | В | 0 | X | |
| | LA | N | D L | . 1 N | ΙE | | | | | | | | | | | | | | |
| 11.Your email address: | 0 | N | Ε | | С | Н | Α | R | Α | С | Т | Е | R | | Р | Ε | R | | |
| | R | 0 | Y | | | | | | | | | | | | | | | | Г |



Application form for

Social Welfare Services NFS 1 Data Classification R

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■ Fuel Allowance under the National Fuel Scheme

| Part 1 | You | 1 r | ow | 'n | de | tai | ls | | | | | | | | | | | | |
|---|-----|------------|--|-------|------|-----|---------------------------------------|------|------|---|-----|------|---|----|-----|---------|-----------------|----|---|
| 1. Your PPS No.: | | | | | | | | | | | | | | | | | | | |
| 2. Title: (insert an 'X' or specify) | Mr. | | Mı | rs. [| | М | s. [| | | (| Oth | er [| | | | | | | |
| 3. Surname: | | | | | | | | | | | | | | | | | | | |
| 4. First name(s): | | | | | | | | | | | | | | | | | | | |
| 5. Your first name as it appears on your birth certificate: | | | | | | | | | | | | | | | | | | | |
| 6. Birth surname: | | | | | | | | | | | | | | | | | | | |
| 7. Your mother's birth surname: | | | | | | | | | | | | | | | | | | | |
| 8. Your date of birth: | | | | A A | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 2/ | | | | | | | | | | |
| | D D | C_{i} | M ont | | רו + | | Y sile | | Y | | | | | | | | | | |
| | | | JIII | acı | עו | Cla | 1115 | , | | | | | | | | | | | |
| 9. Your address: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| County | | | | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | | | | | | | | |
| 10.Your telephone number: | | | | | | | | | | | | | | М | 0 | ВП | _ E | | |
| | | | | | | | | | | | | | | L/ | A N | DI | LIN | ١E | |
| 11.Your email address: | | | | | | | | | | | | | | | | | | | |
| | | <u> </u> | <u> </u> | | | | | | | | | | | | | | | | |
| | | | | _ | | | | | | | | | | | | | | | |
| | | | De | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | |
| | | | | | | | [| Date | e: [| D | D | L | M | M | | 2 Y | <u>0 </u> Y | Y | Y |
| Signature (not block letters) | | | | | | - | | | | | | | | | | | | | |

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

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| Part 1 continued | Yo | ur | ow | v n | de | tai | ils | | | | | | | | | | | | | |
|--|------------------------------------|---------------------------------------|-----------|------------|------|------|------|---------------------|--------|------|--------------------------|--------------------|------------------------|----------------------------|--------------|---------------------|--------------------|----|------|----|
| 12. Are you? | ☐ Ma ☐ Se _l ☐ Div | gle arried oara vorce dow | ted ed | | | | | | | - |] In a] A s] A f | a C surv orn | rivin ner (e in | Part g C Civi a C | l Pa ivil | Par Irtni Par | tner er tner | | o th | at |
| Part 2 | Yo | ur | w | ork | a | nd | cl | aiı | n | de | tai | ls | | | | | | | | |
| 13. Are you getting a payment from this Department? Yes No | | | | | | | | | | | | | | | | | | | | |
| 14. If 'Yes', please state name | of pa | yme | ent: | 1 | | | | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | | | | | | | | | |
| 15. If you are getting a pensio | n or a | llow | vano | ce f | rom | an | oth | er | cou | ntr | y, p | lea | se s | tat | e: | | | | | |
| Name of country: | | | | | | | | | | | | | | | | | | | | |
| Name of payment: | | | | | | | | | | | | | | | | | | | | |
| Claim or reference number: | | | | | | | | | | | | | | | | | | | | |
| How long have you been getting this payment? | | | m | ontl | าร | | | | | | | | | | | | | | | |
| 16. If you are employed or sel | f-emp | loye | ed, ¡ | plea | se | stat | e: | | | | | | | | | | | | | |
| Gross income: € | , | | | | | | a١ | wee | k | | | | | | | | | | | |
| 17. If you have income from a pension from another cou Gross income: € | - | | | | | n od | | pat i wee | | al p | ensi | ion | and | d in | clu | din | g ar | ny | | |
| 18. If you own stocks, shares | or inv | estn | nen | — ts, p | olea | se s | stat | e: | | | | | | | | | | | | |
| Their value: € | | | | | | | | .[| | | | | | | | | | | | |
| 19. If you have savings in a fin Amount of savings: € | ancia | l ins | titu | tioı | n, p | leas | se s | tate | e: | | | | | | | | | | | |
| 20. If you own property, other Market value of property: € | ,[| | | , | e, p | leas | se s | tate | e: | | | | | | | | | | | |
| 21. If this property is rented of Rental income: € | ut, pl | ease | sta | ate: | | | a v | wee | k | | | | | | | | | | | |
| 22. If you have a business, ple Yearly profit: € | ase st | ate: | | | | | |].[| | | | | | | | | | | | |

| Part 3 | Yo | u | r pa | yn | 1ei | nt | de | tai | IS | | | | | | | | | | |
|--|---------------------------|--------------------|-------------------|----------------|-------------------|------------------|--------------------|--------------------|--------------------|-------------------|------------------|------------------|--------------------|---------------------|--------------------|-------------------|------------------|--------------------|---------|
| If your claim is awarded, how below) | do yo | u ' | want | to į | get | yoι | ır p | ayn | nen | t? (| Inse | ert a | ın '〉 | K' in | on | e o | f the | e bo | oxes |
| Two payments for the Fue | l Seas | on | * | (| OR | | | | | We | ekl | y dı | urir | ıg tl | ne F | ue | l Se | aso | on |
| * If you opt to get your Fuel Allo Fuel Allowance season. If the Futhen you will receive weekly payment will changeover. The typuel Season. | el Allo ment | owa s u | ance s ntil th | seas ie ni | on ext | has pay | alre mei | ady nt p | sta eric | rteo | d wl | hen e ar | you nd t | ur cl hen | aim you | is a ır w | awa 'eek | rde dy | ed, |
| Note: The lump sum option is not available on all of the schemes that pay the fuel allowance. For up to date information, visit www.welfare.ie/fuel. | | | | | | | | | | | | | | | | | | | |
| If you are already getting a pawith your current payment. If you can get your payment at a savings account in a financial you. Please complete one opt Department. | you a a post instit | are : of uti | not affice on. A | alre of you | ady our cco | ge cho unt | ttin oice mu | g a or ist l | pay dir oe i | yme ect n y | ent to our | fro you na | m t ır cı me | his urre or j | Dep ent, oin | oart de tly | me pos hel | nt, it c d b | or |
| | | Fi | nano | cia | l Ir | sti | tu | tio | n | | | | | | | | | | |
| You will find the following detail | s prin | ted | on st | ate | mer | nts f | rom | yo! | ur fi | nar | ncial | lins | titu | tion | | | | | |
| Name of financial institution: | | | | | | | | | | | | | | | | | | | |
| Bank Identifier Code (BIC): | | Ť | | | | | | | | | | | | | | | | | |
| International Bank Account Number (IBAN): | | Ť Ť | | | | | | | | | | | | | | | | | |
| Name(s) of account holder(s): | | | | | | | | | | | | | | | | | | | |
| Name 1: | | | | | | | | | | | | | | | | | | | |
| Name 2 (if any): | | T | | | | | | | | | | | | | | | | | |
| | | | P | ost | : O | ffic | ce | | | | | | | | | | | | |
| Please enter below the name payment. | and a | dd | lress (| of t | he p | oost | of | fice | wł | nere | e yo | u w | /ish | to | col | lect | : yo | ur | |
| Post office name and address: | | T | | | | | | | | | | | | | | | | | |
| | | Ť | | | | | | | | | | | | | | | | | |
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| | | $\frac{+}{\top}$ | | | | | | | | | | | | | | | | | |

| Part 4 | Y | our | spc | ouse's | s, ci | vil | pa | artn | er's | or | co | ha | bit | ant | t's | de | tails |
|---|-----------|--------|----------|--------------|-------|-------|-----|-------|-------|----------|-----|----------|----------|-----|-----|----|-------|
| 23. Their PPS No.: | | | | | | | | | | | | | | | | | |
| 24. Title: (insert an 'X' or specify) | Mr. | | М | rs. | М | s. [| | | Oth | er | | | | | | | |
| 25. Their surname: | | | | | | | | | | | | | | | | | |
| 26. Their first name(s): | | | | | | | | | | | | | | | | | |
| 27. Their birth surname: | | | | | | | | | | | | | | | | | |
| 28. Their date of birth: | | | | | | Y | Y | Y | | | | | | | | | |
| | D | D | M | М | Υ | Y | Y | Y | | ı | 1 | 1 | | | | | |
| 29. Their mother's birth surname: | | | | | | | | | | | | | | | | | |
| 30. Their address: | | | | | | | | | | | | | | | | | |
| Only answer this question if you are married or in a civil partnership and do | | | | | | | | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | | | <u> </u> | | | | |
| not live together. | | | <u> </u> | | | | | | | <u> </u> | | <u> </u> | <u> </u> | | | | |
| | | | | | | | | | | | | | | | | | |
| 31. Their gross weekly income | e: | | | | | | | | | | | | | | | | |
| € | , This | inclu | ıdes | s all ea | rnin | ıgs : | and | pen | sions | if | anv | , | | | | | |
| 32. Their total savings / inves | | | | , u oo | | .65 | | po | | , | ٠, | • | | | | | |
| € | | | | | | | | | | | | | | | | | |
| 33. Value of their property: (o | | | fam | ily hom | ne) | | | | | | | | | | | | |
| € | | | | | | | • | | | | | | | | | | |
| 34. Rent from their property: € | (othe | er tha | n fai | mily ho | ome) | | vee | k | | | | | | | | | |
| 35. Profit from their business: € | | |],[| | | | | a yea | ar | | | | | | | | |

Part 5

Household details

36. List all people living with you and give the following information for each.

| | Person 1 |
|---|----------------------------|
| Name: | |
| PPS No.: | |
| Gross weekly income: | € |
| This includes all earning | s and pensions, if any. |
| Total savings/ investments: | € |
| Value of property: (other than family home) | € |
| Rent from this property: (other than family home) | € |
| Profit from business: | € |
| | Person 2 |
| | |
| Name: | |
| Name: PPS No.: | |
| | € , |
| PPS No.: | |
| PPS No.: Gross weekly income: | |
| PPS No.: Gross weekly income: This includes all earning Total savings/ | s and pensions, if any. |
| PPS No.: Gross weekly income: This includes all earning Total savings/ investments: Value of property: (other than family | s and pensions, if any. € |

| _ | |
|---|---|
| Part 5 continued | Household details |
| | Person 3 |
| Name: | |
| PPS No.: | |
| Gross weekly income: € | |
| This includes all earnings an | d pensions, if any. |
| Total savings/ € investments: | |
| Value of property: € (other than family home) | |
| Rent from this property: (other than family home) € | a week |
| Profit from business: € | a year |
| 37. If you need constant care | and attention please state name of person providing this: |
| Surname: | |
| First name(s): | |
| Their PPS No.: | |

A Social Welfare Inspector may call on you to examine your application and may ask to see documents about your household means.

Send this completed application form to:

Send this completed application form to the section of the Department of Employment Affairs and Social Protection that pay you.

If you are receiving a payment from another country, you should send your application form to:

NFS Section

Social Welfare Services

College Road

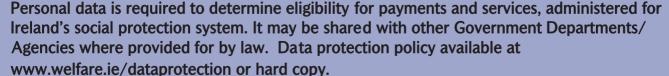
Sligo

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 Branch Office.

Data Protection Statement

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

800K 05-18

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