

# **State Pension (Contributory)**

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 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:

Fill in **Parts 1** to **6** as they apply to you. When form is completed, read **Part 10** and sign declaration in **Part 1**.

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

Fill in **Parts 1** to **7** as they apply to you. You must complete **Part 8** fully if you wish to claim an increase for your spouse, civil partner or cohabitant. Please note that this increase is based on a means assessment. If claiming this increase for your spouse, civil partner or cohabitant, you are legally obliged to declare all of their income (including foreign pensions), savings and property (other than your own home). **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 have lived or worked in another country:

We will apply for a pension on your behalf to those countries covered by EU Regulations or Bilateral Agreements.

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.gov.ie/dsp.

## Important:

You should apply **3 months** before reaching pension age. If you do not claim within **6 months** of becoming eligible, you could lose some payment.

#### How to fill this form

To help us in processing your application:

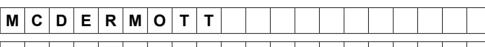
- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

I. Your PPS Number:	1	2	3	4	5	6	7	T	
---------------------	---	---	---	---	---	---	---	---	--

- 2. Title: (insert an **X** or specify)
- 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:

Mr.			Mrs	s. <b>X</b>		Ms	s. [		C	Othe	er				
M	U	R	Р	Н	Y										
M	Α	U	R	Е	Е	N									



- KELLY
- 2
   8

   0
   2

   1
   9

   7
   0

   Y
   Y

   Y
   Y

#### **Contact Details**

9. Your address: 1 NEWSTREET

M A R Y

Т 0 W Ν 0 L D OWN Ν Ε G Α L Т D 0 D Ν Ε G Α 0 L **Postcode** 

County

O N E N U M B E R P E R B O X

MOBILE

ONENUMBERPERBOX

LANDLINE

11. Your email address:

**10.**Your telephone number:

Ν Ε C Α R Α C T Ε R Ρ Ε 0 Н R 0 X В

# SAMPLE

# Application form for

# Social Welfare Services SPC 1 Data Classification R



# **State Pension (Contributory)**

Part 1	Yo	our	OW	/n	de	eta	ils												
1. Your PPS Number:																			
2. Title: (insert an <b>X</b> or specify)	Mr.		Mrs	5.		Ms	i. [			C	Othe	r							
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:																			
	D [		M	M		Y	Y	Y	Y										
		(	Cor	nta	ct	De	tai	ls											
9. Your address:																		$\perp$	
		<u> </u>																	
		<u> </u>															Ш	$\perp$	
County									ı	Pos	stco	de							
<b>10.</b> Your telephone number:														M	0	ВП	LE		
														L	ΑN	I D	LH	NE	
<b>11.</b> Your email address:																			
		<u> </u>	D	ecl	lar	atio	on	,	,										
I declare that the information g any of the information I provide that I will be required to repay prosecuted. I undertake to imm which may affect my continued	e is un any pa nediate	true ayme ely a	e on or m ent l dvis	this nisle rec	s for ead eive	rm is ing ( e fro	s tru or if om t artm	f I fa the nent	ail to Dep	dis artı	sclo: men	se a nt ar	any nd t	rele hat	evar I m	nt in ay k cum	oe nsta	natio	on,
							Da	te:				IV	   N	1	2	2   C ′ 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.

Part 1 continued	Yo	ur	OW	/n	de	ta	ils												
<b>12</b> .Are you?	Se <sub>l</sub>	gle rried oara orce dowe	ted ed								In a A s A fo	urvi orm ere	vil F iving er ( in a	Part g C Civil a Ci	ivil Pa vil l	ship Par Irtne Part diss	tner er ner	ship	
<b>13.</b> If you are married, in a civil	partner D D	ship		col	nab			eas Y		tate	fro	m w	/hat	dat	te:				
<b>14.</b> Your country of birth:																			
<b>15.</b> Are you?	Em	ploy	/ed						Ret	ired							Oth	er	
If <b>Other</b> , please specify:																			
Part 2	Yo	ur '	wc	ork	a	nd	cl	aiı	m (	de	tai	ls							
	You	r w	ork	de	tail	S													
<b>16.</b> Did you work in Ireland befo	ore 197				_ ] [	No													
If <b>Yes</b> , state your Social Ins	urance	nur	nbe	r or	ad	dres	sse	s yc	u li	ved	at (	duri	ng t	his	tim	e:			
Your Social Insurance number:																,			
Address:																			
Address:																			
Address.																			
Addiess.																			
Audiess.																			
Address.																			
Address:																			

# Your work and claim details

17.If you are or were a	teacher	, civ	/il s	erv	ant	or ir	า th	e Ar	my	, ple	eas	e st	ate:	:					
Name of departmer school:	nt/																		
Address of departn school:	nent/																		
School roll number applicable:	, if																		
Army number, if applicable:																			
Dates you worked there:	From:																		
	To:																		
		D	D		M	M		Y	Y	Y	Y	1							
Pension payroll nur	mber:																		
18.Please give details	of all yo	ur e	mpl	loyr	nen	ts ir	า Ire	elan	d:										
		Em	plo	yer	1						1	1	1	ı	1	1	1	1	
Employer's name:																			
Employer's address	<b>S</b> :																		
Job title:																			
Dates you worked there:	From:																		
WOINGU LIIGIG.	To:																		
								2.7	3.7	3.7	3.7								



# Part 2 continued Your work and claim details **Employer 2** Employer's name: Employer's address: Job title: Dates you From: worked there: To: D M Note: A separate sheet of paper can be used for details of any additional employments that you had. 19. If you are or have been self-employed in the Republic of Ireland, please state: Dates of self-From: employment: To: D 20. If you ever lived or worked outside the Republic of Ireland, please state: Country 1 Country: Employer's name:

Employer's name:

Your address while living/
working there:

Your social insurance
number while there:

Dates you
worked there:

To:

D D M M Y Y Y Y

Type of work:

Part 2 continued		Y	′οι	ır	w	ork	( a	nd	cl	ai	m	de	ta	ils				
		Cou	untr	y 2	2													
Country:																		
Employer's name:																		
Your address while	e living/																	
working there:																		
Your social insurar number while there																		
Dates you worked there:	From:																	
worked there.	To:																	
		D	D		M	M		Y	Y	Y	Y							
Type of work:																		
		Cou	untr	у 3	3													

Type of work:

Note: A separate sheet of paper can be used for more details if needed.

M M

D



Country:

Employer's name:

working there:

Dates you

worked there:

Your address while living/

Your social insurance number while there:

From:

To:

# Your work and claim details

	Y	our	cla	im c	leta	ils													
21.If you are getting a social se	ecuri	ty pa	aym	ent f	rom	and	othe	er co	ount	ry,	plea	ase	sta	te:					
Name of country:																			
Your claim or reference number:																			
Amount: €		, 🔝					á	a we	eek										
<b>22.</b> Is your spouse, civil partner allowance, from Ireland or a lf <b>Yes</b> , please state:	any c	ohal other Yes	oita coi	nt ge untry [	?	g pa No	id f	or y	ou (	on t	heir	ре	nsic	on, k	oen	efit	or		
Their claim or reference number:																			
Part 3	Y	ou	r p	ayı	me	nt	de	eta	ils										
You can get your payment at a account in a financial institution complete one option below.	•			_							,				•				ngs
		Fi	ina	nci	al lı	nst	itu	tior	า										
		will ncial				win	g d	etai	ls p	rinte	ed c	n s	tate	me	nts	froi	m y	our	
Name of financial institution:						win	g d	etai	ls p	rinte	ed c	n s	tate	me	nts	froi	m y	our	
Name of financial institution: Bank Identifier Code (BIC):						win	g d	etai	ls p	rinte	ed o	on s	tate	eme	nts	froi	m y	our	
Bank Identifier Code (BIC): International Bank Account						win	g d	etai	ls p	rinte	ed o	on s	tate	me	nts	froi	m y	our	
Bank Identifier Code (BIC):						win	g d	etai	ls p	rinte	ed o	on s	tate	me	nts	froi	m ye	our	
Bank Identifier Code (BIC): International Bank Account Number (IBAN): Name(s) of account holder(s):						win	g d	etai	ls p	rinte	ed o	on s	tate	me	nts	froi	m ye	our	
Bank Identifier Code (BIC): International Bank Account Number (IBAN): Name(s) of account holder(s): Name 1:						owin	g d	etai	ls p	rinte	ed c	on s	tate	eme	nts	froi	m ye	our	
Bank Identifier Code (BIC): International Bank Account Number (IBAN): Name(s) of account holder(s):						win	g d	etai	ls p	rinte	ed c	on s	tate	eme	nts	fron	m ye	our	
Bank Identifier Code (BIC): International Bank Account Number (IBAN): Name(s) of account holder(s): Name 1:			ins		on.			etai	ls p	rinte	ed c	on s	tate	eme	nts	fron	m ye	our	
Bank Identifier Code (BIC): International Bank Account Number (IBAN): Name(s) of account holder(s): Name 1:	final	ncial	ins	Pos	on.	Offic	ce											our	
Bank Identifier Code (BIC): International Bank Account Number (IBAN): Name(s) of account holder(s): Name 1: Name 2 (if any): Please enter below the name a	final	ncial	ins	Pos	on.	Offic	ce											our	
Bank Identifier Code (BIC): International Bank Account Number (IBAN):  Name(s) of account holder(s): Name 1: Name 2 (if any):  Please enter below the name a payment.	final	ncial	ins	Pos	on.	Offic	ce											our	
Bank Identifier Code (BIC): International Bank Account Number (IBAN):  Name(s) of account holder(s): Name 1: Name 2 (if any):  Please enter below the name a payment.	final	ncial	ins	Pos	on.	Offic	ce											our	

Page 6 67812345



Part 4	Details of your children	
23 How many children	who normally live with you do you wish to claim for:	
20.1 low many official of		
	under age 18	
	age 18 - 22 in full-time education	
24. Please state childre	ı's:	
PPS Number:		
PPS Number:		
PPS Number:		
Note: A separate s	neet of paper can be used for more details if needed.	
Part 5	Homemaker's details	
	f you spent time caring for dependent children under age 12 or for an ill or a full-time basis, please state the person's / child's:	
PPS Number:		
PPS Number: Surname:		
Surname:	From:	

M M



## Other payments

#### Living Alone Increase

You may get a Living Alone Increase if you are getting a **State Pension (Contributory)** and live alone or mainly alone. For more information, log on to <a href="https://www.gov.ie/dsp">www.gov.ie/dsp</a>.

26. 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 on extra benefits available to pensioners, log on to www.gov.ie/dsp.

#### **Fuel Allowance**

This allowance is subject to a means test of all the people living in your household (including yourself). Only one person in a household can get this allowance.

27. 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 of the amount boxes.

28. Your details:

Gross weekly income: € , a week

Please provide documentary evidence from all sources of income.

Total savings/investments:

Please provide documentary evidence of all of these savings and investments.

Value of property: (other than family home)

Please provide documentary evidence of all other properties you have including address and valuation.

a week

Rent from all property: (other than family home)

Please provide documentary evidence of all rents from other property.

a year

Profit from business:

Please provide documentary evidence such as the last available copy of accounts.



# Other payments

You must also complete **Q.29** in respect of ALL the people living with you. If they have no income please put a **0** in the amount boxes.

29. The following people live with me:

		Pers	on 1	l livi	ing v	with	me	9								
Name:																
PPS Number:																
Gross weekly income:	€	<u> </u>						а	wee	ek						
Total savings/ investments/property value: (not family home)	€			,[			] <b>.</b> [									
Profit from business:	€			_,_						а	yea	r				
		Pers	on 2	2 livi	ing v	with	ı me	Э								
Name:																
PPS Number:																
Gross weekly income:	€	<u> </u>						а	wee	ek						
Total savings/ investments/property value: (not family home)	€						] <b>.</b> [									
Profit from business:	€			,_			[			а	yea	r				
		Pers	on 3	3 livi	ing v	with	ı me	9								
Name:																
PPS Number:																
Gross weekly income:	€							а	wee	ek						
Total savings/ investments/property value: (not family home)	€			],[			]•[									
Profit from business:	€			,_						а	yea	r				

**Note**: If more than three people live with you, a separate sheet of paper can be used.

You may be asked to supply documentary evidence of all income.



Part 7	Your spouse's, civil pardetails	rtner's or cohabitant's	
<b>30.</b> Their PPS Number:			
<b>31.Title:</b> (insert an <b>X</b> or specify)	r. Mrs. Ms.	Other	
<b>32.</b> Their surname:			
<b>33.</b> Their first name(s):			
<b>34.</b> Their birth surname:			
<b>35.</b> Their date of birth:			
	D M M Y Y Y Y	,	
<b>36.</b> Their mother's birth surname:			
<b>37.</b> Their address:			
Only answer this question if you are married or in a			
civil partnership and do not live together.			
not iivo togotiion			
Part 8	Your spouse's, civil p		
OODisla to alsimo amino	cohabitant's work an		
Yes or No).	ase for your spouse, civil partner	for conabitant? (You must select	
	ase for your spouse, civil partner  Yes No	r or conabitant? (You must select	
Yes or No).  If No, please go to Part 10.	Yes No	ney have no income, please put a	0
Yes or No).  If No, please go to Part 10.  If Yes, please complete full in each of the amount boxe	Yes No  he remainder of this section. If the dult is a means tested payment.	, and the second	0
Yes or No).  If No, please go to Part 10.  If Yes, please complete full in each of the amount boxe.  The increase for a qualified partner or cohabitant will be	Yes No  he remainder of this section. If the dult is a means tested payment. ssessed.  vidence (such as bank statement)	ney have no income, please put a The means of your spouse, civil	0
Yes or No).  If No, please go to Part 10.  If Yes, please complete full in each of the amount boxe.  The increase for a qualified partner or cohabitant will be Please supply documentary savings, investments and in	Yes No  he remainder of this section. If the dult is a means tested payment. ssessed.  vidence (such as bank statement ome.	ney have no income, please put a The means of your spouse, civil	
Yes or No).  If No, please go to Part 10.  If Yes, please complete full in each of the amount boxe.  The increase for a qualified partner or cohabitant will be Please supply documentary savings, investments and in	Yes No  he remainder of this section. If the dult is a means tested payment. ssessed.  vidence (such as bank statement ome.	ney have no income, please put a The means of your spouse, civil hts) for the last <b>6 months</b> for all	
Yes or No).  If No, please go to Part 10.  If Yes, please complete full in each of the amount boxe.  The increase for a qualified partner or cohabitant will be Please supply documentary savings, investments and in 39. If they are getting any other.	Yes No  he remainder of this section. If the dult is a means tested payment. ssessed.  vidence (such as bank statement ome.	ney have no income, please put a The means of your spouse, civil hts) for the last <b>6 months</b> for all	
Yes or No).  If No, please go to Part 10.  If Yes, please complete full in each of the amount boxe.  The increase for a qualified partner or cohabitant will be Please supply documentary savings, investments and in Type of pension:	Yes No  he remainder of this section. If the dult is a means tested payment. ssessed.  vidence (such as bank statement ome.	ney have no income, please put a The means of your spouse, civil hts) for the last <b>6 months</b> for all	

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

<b>10.</b> If they are employed at pres	sent	, ple	eas	e st	ate:														
Their employer's name:																			
Their employer's address:																			
Type of work:																			
Gross income: €						   			VAS	ar to	. da	ıto							
Gross moonic.	 Ple	ase	י. att	ach	1 4 (	_]•∟ ofth	neir	 mo:	•				lins						
Number of weeks worked:					o da		ICII	1110	J. 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii p	ayo	iipo	•					
	L nlov	(ad																	
41.If they are currently self-em	pioy	∕ea,	pie	ease	e sta	ate:													
Type of work they do/did:						<u> </u>													
Date self-employment started:																			
	D	D		M	M		Y	Y	Y	Y									
Net weekly earnings: €		<b>,</b> _						a١	wee	k									
This is the money they have Please provide documentar						•	•						_	•	_	exp	ens	es.	
<b>42.</b> If they have savings or according other financial institution in																or	any	r	
	Fin	and	ial	Ins	titu	tior	ո 1						•						
Name of financial institution:																			
Bank Identifier Code (BIC):																			
International Bank Account																			
Number (IBAN):																			
		L				<u> </u>	 												
Current balance: €				,_															
Is this account a joint account?		Ye	S				Vo												
Name(s) of account holder(	s):	1				1	1												
Name 1:																			
Name 2 (if anv):																			



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

FIII	ancı	aı	ms	titu	tior	12												
			,			].[												
	Yes	3				No												
S): 				1		l			1		ſ							
Fina	anci	al	Ins	titu	tior	1 3			,									
			,_						•									
	Yes		,			[ No												
s):	Yes	3	, _			].[ No												
	Yes	3	,			].[ No												
	Yes	<b>S</b>	, _			J.[ No												
s): 	Yes		Ins	titu														
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s): 	anci	al	ins ,	titu	tior	14												
Fina		al	Ins	titu	tior													
s): 	anci	al	lns ,	titu	tior	14												
	):	Yes	Yes	Yes	Yes [	Yes	Yes No	yes	yes	Yes No 5):	yes No 3):	Yes No 5):	Yes No  S):					

Please attach an original statement for each account, showing transactions for the last **6 months**. If they have any other accounts, you must give details of these to this Department on a separate sheet of paper.

Sheet of pape Page 12

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

<b>43.</b> If they own stocks, shares policies) or investments in													insu	ırance	
Name of company:															
Number of shares held:		],[													
Value per share: €	,[		•												
Are the stocks/shares	Yes			No											
jointly owned?	Please attach a statement to show details and current market value														
Do they own any other	Yes			No											
shares?	If <b>Yes</b> , please give details on a separate sheet of paper.														
44.If they own (share in the o	wnership) d	or wor	k a fa	rm o	r land,	, ple	ease	sta	ate:						
Size of farm or land:		acr	es												
Gross yearly income:															

Gross yearly income is money they have made from the farm before deducting operating expenses.

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

45	If they own or share in the o	wn	ersł	nip	of p	rop	erty	ар	art f	ron	n the	eir ł	nom	ie, p	olea	se	stat	e:			
	Type of property:																				
	If this property is jointly owned, please state:																				
	Name 1:																				
	Name 2 (if any):																				
	Address of property:																				
	<b>Property</b> includes but is not limited to an apartment, business property, another house or land other than that mentioned at <b>question 44.</b>															İ					
	If this property is rented out, please state:																				
	Income: € , a week																				
	Current market value: € , , , , , , , , , , , , , , , , , ,																				
	Mortgage outstanding: €		,							•											
	<b>Note:</b> If they have other pro				_													e de	etail	S.	
46	i.If they have a room let in the	e pr	ope	rty	the	y ar	ес	urre	1			ng ii	1, p	leas	se s	tate	<del>)</del> :				
4-	Income: €		, <u> </u>			!•			l	wee											
47	'.If they have any other incon	ne p	olea	se	give	de	tails	s in	the	box	k be	low	<u>':</u>								
48	I.If they sold or transferred and the box below and attach a										ıst t	hre	е у	ears	ple	ease	e giv	ve c	deta	ils i	n

## Part 9

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

Any increase for a qualified adult which you (the pension claimant) 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 receive this increase with your pension, on their behalf.

## **Declaration of Spouse, Civil Partner or Cohabitant**

Deciaration	OI	S		<b>u</b> 5	e, '	CIV	/11	Га	ıu	IGI	Oi	C	OH	au	ıla	IIL									
Important Notice: The remainder of this page should be filled out by the person named in Part 7.																									
(a) I, Qualified Adult paid directly to me.														ish to have any Increase for a											
OR																									
(b) I,, wish to have any Increase for a Qualified Adult paid directly to the person named in <b>Part 1</b> with their pension.																									
f part (a) above has been signed, you can get your payment at a post office of your choice or direct o 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):																									
				Р	os'	t O	ffic	ce																	
Please enter below the name payment.	an	d a	ddr	ess	of	the	ро	st c	offic	ce v	vhe	re y	ou/	wis	sh t	o co	olle	ct y	oui	7					
Post office name and address:																									
																		i I							



### Checklist

#### Have you enclosed the following?

#### - Letter from school or college

You must attach written confirmation from the school or college confirming that any children aged 18 - 22 listed in **Part 4** of this form are in full time eduction.

If you are claiming for Fuel Allowance, please make sure that you have you fully completed **Questions 28** and **29**.

If you are claiming an increase for your spouse, civil partner or cohabitant, please enclose statements from all financial institutions in the name of or jointly held by them, showing the last **6** months transactions.

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 children's birth certificates (if applying for an increase for them)
   Note: No birth certificate is needed if you are already getting Child Benefit.

#### Original certificates only.

If you are claiming an Increase for a Qualified Adult for your spouse, civil partner or cohabitant please provide **6 months** bank statements.

# 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 (Contributory) Section

Social Welfare Services
Department of Social Protection
College Road
Sligo



#### **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/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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