



Application form for  
**HUMANITARIAN ASSISTANCE SCHEME**

**HAS2**  
(January 2024)

**What is Humanitarian Assistance Scheme?**

The Humanitarian Assistance scheme provides income tested financial assistance to eligible households whose homes were damaged following a severe weather event.

**What may be covered by the Humanitarian Assistance Scheme?**

- Emergency support payments to help meet the costs of essential needs such as food, clothing, and personal items.
- Damage to your home and its essential contents, such as carpets, flooring, furniture, household appliances and bedding
- Structural damage

**What is not covered by the Humanitarian Assistance Scheme?**

- Losses covered by an insurance policy
- Loss of items deemed to be inessential or luxury items
- Commercial, agricultural, or business losses
- Structural loss or damage to private rented accommodation, local authority, voluntary or co-operative housing accommodation

**Please specify which of the following criteria applies to your application:**

Immediate emergency support

☐

Loss of essential goods or belongings

☐

Damage to home

☐

**Part 1      Applicant's Details**

1. Surname: \_\_\_\_\_ 2. PPSN: 

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3. First Name: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_

5. Address (property affected): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 6. Eircode: \_\_\_\_\_

7. Phone Number: \_\_\_\_\_ 8. Email: \_\_\_\_\_

## Part 2 Household Details

Names of all individuals who reside with you	Relationship to you	Date of Birth	PPSN (if available)	Income €	Source of Income

## Part 3 Details of your Means

9. 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			
Further Education and Training Allowances			
Strike Pay			
Any other source(s) - Please specify			

10. Have you or your spouse, civil partner or cohabitant 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 \_\_\_\_\_

11. 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 \_\_\_\_\_

\_\_\_\_\_

12. Do you or your spouse, civil partner or cohabitant own your own home? Yes ☐ No ☐

## Part 4 Weekly Outgoing

13. How much are you, your spouse, civil partner or cohabitant paying weekly on:

	Yourself €	Spouse, civil partner or cohabitant €
House Rent/Mortgage	_____	_____
Loans (Bank/Credit Union)	_____	_____
Travel costs to work	_____	_____
Other	_____	_____

## Part 5 Other Details

14. Have you applied for or received assistance from any other source? Please give details:

\_\_\_\_\_  
\_\_\_\_\_

15. Did you have to evacuate your home? Yes ☐ No ☐

If **yes**, please state:

(a) How long you were out of your home: From: \_\_\_\_\_ To: \_\_\_\_\_

(b) The address of your temporary accommodation:

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(c) Source of temporary accommodation (i.e. Emergency accommodation provided by local authority, relative, friend, other):

Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

(d) Please outline the costs if any incurred by you in the provision of this temporary accommodation.

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## Part 6 Insurance Details

16. Is your house insured? Yes ☐ No ☐

If **no**, when was your house last insured? \_\_\_\_\_

17. Name of current insurance company: \_\_\_\_\_

18. Address of insurance company: \_\_\_\_\_

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19. Type of insurance: Structural ☐ Contents ☐

20. Does your insurance include flooding cover? Yes ☐ No ☐

21. Has a claim been submitted to your insurance company? Yes ☐ No ☐

If **yes**, has your claim been accepted? \_\_\_\_\_

If **no**, please give details: \_\_\_\_\_

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Please state the Insurance Reference No: \_\_\_\_\_

## Part 7      Loss and/or Damage

22. Please set out the details of the loss/damage incurred: \_\_\_\_\_

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Details	Costs

You may use another page if necessary

## Part 8      Checklist

Please include the following items with your application **where available**:

- Evidence of household Income (payslips, etc.)
- A copy of your insurance policy
- Two itemised quotations for cost of structural repairs (building contractor, trades person etc)\*
- Estimates for replacement cost of household items\*
- Paid invoices/receipts\*
- Any other information which may support your claim.

Applications cannot be processed if they have not been completed in full and documentary evidence attached, as required.

\* All quotations/estimates/invoices/receipts must be from registered providers.

## Part 9      Any Other Information

Please set out any other information that you consider may be relevant to your claim.

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## Part 10 Payment Method

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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Name(s) of account  
holder(s):

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## Part 11 Declaration

I declare that the information given by me in this application is correct and complete.

I undertake to advise the Department of Social Protection immediately of any changes in circumstances including changes in income(s), dependency, address and/or any such changes relating to my spouse, civil partner or cohabitant which may occur affecting my eligibility for Humanitarian Assistance.

I authorise the Department of Social Protection to make all enquiries necessary to establish my eligibility status and/or that of my spouse, civil partner or cohabitant for Humanitarian Assistance funding.

In the event that I receive payments of Humanitarian Assistance pending receipt of insurance or compensation from any other source, I agree to refund such amounts of Humanitarian Assistance as may be determined refundable by the Department of Social Protection out of my insurance/compensation settlement payment.

I understand that I have the right of review against a decision of the Department of Social Protection in respect of my claim for Humanitarian Assistance.

**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 \_\_\_\_\_

**IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION. INFORMATION MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.**

### 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](http://www.gov.ie/dsp/privacystatement) or in hard copy.