



# An Roinn Coimirce Sóisialaí Department of Social Protection

## REPEAT/TRANSFER CLAIM

Name: \_\_\_\_\_ PPS No: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Land Line \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail address: \_\_\_\_\_ Occupation: \_\_\_\_\_

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1. What were you doing since your last claim? \_\_\_\_\_

2. State name, address and phone no. of your most recent employer

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

3. Dates of employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

4. State number of days worked a week \_\_\_\_\_ Number of hours worked a day \_\_\_\_\_

5. Why did this job finish? \_\_\_\_\_

6. Are you available for full-time work? Yes ☐ No ☐

7. Are you looking for work? Yes ☐ No ☐

If you answered 'No' to questions 6 or 7, please state why.

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

8. Are you working casually, part-time etc. ? Yes ☐ No ☐

Forms issued: UP 15 ☐ UP 80 ☐

9. At what Post Office do you wish to be paid? \_\_\_\_\_

**Alternatively if you wish to be paid directly to your bank account please complete form USF 6. If you are employed on a part-time basis you will be paid by EFT, form USF 6 must be completed.**

### Spouse/Civil Partner/Cohabitant's Details

10. Spouse/Civil Partner/Cohabitant's Name: \_\_\_\_\_ PPS No. \_\_\_\_\_

11. Spouse/Civil Partner/Cohabitant's average weekly earnings: € \_\_\_\_\_ (please attach payslips)

12. If Spouse/Civil Partner/Cohabitant is in receipt of a Social Welfare/Health Service Executive/Solas payment, please state: Type of payment: \_\_\_\_\_ Weekly Amount: € \_\_\_\_\_

### Children's Details

13. No. of children under age 18: \_\_\_\_\_ 13a. No. of children over age 18 in full-time education: \_\_\_\_\_

14. Are all your children living with you? Yes ☐ No ☐

If 'No', list names of children not living with you: \_\_\_\_\_

**If claiming Jobseeker's Benefit, please sign the declaration on page 3.**

**If claiming Jobseeker's Allowance, please answer the questions on page 2 and sign the declaration on page 3.**

Official Use
JA JB JBSE JBCO
AD Code _____
Link Ind _____
Occ Code _____
Posn Prior _____
Date of claim _____

## For Jobseeker's Allowance Only

### Household Profile

15. Do you live alone?

Yes ☐ No ☐

If 'No', please supply details of everyone who lives in your household

Name	Age	Relationship to you	Weekly Earnings	Social Welfare or Health Service Executive payment	Type of payment
			€	€	
			€	€	
			€	€	
			€	€	
			€	€	
			€	€	
			€	€	

16. Do you or your Spouse/Civil Partner/Cohabitant own the property in which you live? Yes ☐ No ☐

If 'No' are you paying rent?

Yes ☐ No ☐

17. Amount of rent € \_\_\_\_\_ paid weekly/fortnightly/monthly

18. Do you or your Spouse/Civil Partner/Cohabitant have any of the following:	You		Your Spouse/Civil Partner/Cohabitant	
	Yes	No	Yes	No
Money in a Bank, Building Society, Post Office, Credit Union or other financial institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earnings from full-time/part-time employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from self-employment including farming, in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments, including stocks, bonds, shares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in any house, property or land not personally occupied by you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Maintenance Grant or a Deed of Covenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from any pension(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money received from compensation, redundancy or lump sum in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any claim for a compensation payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from any other source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered 'Yes' to any of the questions above, please supply details/payslips/statements etc.**

**Questions 19 and 20 should be completed by claimants under age 25 living with their parents**

19. Are your parents:	Parents	
	Yes	No
In receipt of a Social Welfare/Health Service Executive payment or similar payment?	<input type="checkbox"/>	<input type="checkbox"/>
In receipt of a private pension or a pension from their job?	<input type="checkbox"/>	<input type="checkbox"/>
Working or Self-employed?	<input type="checkbox"/>	<input type="checkbox"/>
Owners of land or property (apart from house they live in)?	<input type="checkbox"/>	<input type="checkbox"/>
Receiving income from any other source?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered 'Yes' to any of the questions above, please supply details/payslips/statements etc.**

20 Amount paid weekly/fortnightly/monthly by your parents in respect of Rent/Mortgage  
€ \_\_\_\_\_, if applicable, (please *attach rent/mortgage receipt*)

**Please sign the declaration on page 3**

## DECLARATION BY CLAIMANT

I state that:

- There has been no change in my own or my spouse/civil partner/cohabitant's means or circumstances since I last claimed a Jobseeker's payment apart from those detailed on this form.
- There is no change in my child dependant details since I last claimed a Jobseeker's payment apart from those detailed on this form.
- I continue to be available for full-time work, I am capable of work and I am genuinely looking for work.
- I will inform the Department if there are any changes in my means or circumstances which may affect my entitlement to payment.
- I know that it is an offence to provide false information or to withhold information to qualify for a Jobseeker's payment.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_  
**Claimant's Signature**

### 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/Agencies where provided for by law. Our data policy is available at [www.gov.ie/dsp/privacystatement](http://www.gov.ie/dsp/privacystatement) or in hard copy.

### For Official Use Only

Other relevant factors for the information of the Deciding Officer

Signature of Claim Acceptance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**To: Inspector:** \_\_\_\_\_

Please review claimant's means at the request of **claimant/deciding officer** (delete as appropriate).

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jobseeker's Allowance **is/is not** currently being paid (delete as appropriate).

Signature of Deciding Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Intreo Centre/Branch Office: \_\_\_\_\_