Application form for

Jobseeker's Transitional Payment



What is Jobseeker's Transitional Payment?

The Jobseeker's Transitional Payment (JST) provides financial supports to single parents who have caring responsibilities for children aged between 7 and 13 years of age inclusive. This allows single parents to meet their caring responsibilities for their young children. You will no longer receive this payment once your youngest child reaches 14 years of age.

If you are no longer entitled to JST and your youngest child is 14 years of age or older, you can apply for Jobseeker's Allowance.

If you receive JST you do not have to be available for full-time work and genuinely seeking work, and you can:

- Take part in a course of study or education; and
- Work part-time five days a week, subject to the means test. For example, this will allow you to work
 mornings only while your children are in school.

If you find full-time work, different childcare supports are available.

How do I qualify for Jobseeker's Transitional Payment?

To get a Jobseeker's Transitional Payment:

- Your youngest child must be between 7 and 13 years of age inclusive;
- You must have the main care of your children;
- You must satisfy a means test;
- You must be parenting alone; and
- You must not be co-habiting.

How do I complete this form?

There is an example on the back of this page that can be used as a guide to fill in this form. Please:

- Write with a black ballpoint pen, use capital letters and place an X in the relevant boxes;
- Answer all questions that apply to you in Parts 1 to 6; and
- Read the checklist in Part 7 and sign the declaration in Part 8.

Note: You will need to have a Personal Public Service (PPS) Number to apply.

How do I apply?

To apply please send or bring this completed application form, along with any relevant supporting documents, to your local Intreo Centre or Social Welfare Branch Office. For details on your local office visit www.gov.ie/intreo.

If you need help in completing this form please visit your local Intreo Centre, Social Welfare Branch Office or any Citizens Information Centre. The name and address of your local Intreo Centre or Social Welfare Branch Office can be found by visiting **www.gov.ie/intreocentres**.

For more information, please visit www.gov.ie/JST.

How to fill in this form

To help us process this form please write letters and numbers clearly and use one box for each. See examples below.

Part 1	Y	0 1	ur	de	ta	ils														
1. PPS Number:	1	2	3	4	5	6	7	Т												
2. Title, insert an X or specify:	Mr		N	⁄lrs	X	M	liss				C)the	er							
3. Surname:	М	U	R	Р	Н	Υ														
4. First names:	M	Α	U	R	Ε	Ε	N													
5. Your first name as it appears on your birth certificate:	М	Α	R	Υ																
6. Birth surname, if different:	С	0	L	L	I	N	S													
7. Date of birth:	1 D	0 D		0 M	5 M		1 Y	9 Y	7 Y	0 Y										
8. Address:	1		N	Е	W		S	Т	R	Е	Е	Т								
	0	L	D		Т	0	W	N												
	D	0	N	Е	G	Α	L		Т	0	W	N								
County	D	0	N	Ε	G	Α	L				Eir	cod	le	Α	6	5	F	4	Е	2
9. Telephone number:	0	8	8	1	2	3	4	5	6	7										
10. Email address:	М	M	U	R	Р	Н	Υ	@	W	Е	L	F	Α	R	Ε		I	Е		

SAMPLE

Application form for

Social Welfare Services JST 1 Data Classification R

Jobseeker's Transitional Payment

Part 1	Your details
1. PPS Number:	
2. Title, insert an X or specify:	Mr Mrs Miss Other
3. Surname:	
4. First names:	
5. Your first name as it appears on your birth certificate:	
6. Birth surname, if different:	
7. Date of birth:	
	D D M M Y Y Y Y
8. Address:	
County	Eircode
9. Telephone number:	
0. Email address:	
1. Are you?	Single Cohabiting
	Married In a Civil Partnership
	Separated A surviving Civil Partner
	Divorced A former Civil Partner
	Widowed (you were in a Civil Partnership that has since been dissolved)
11a) If you are married, in a civil pa or cohabiting, from what date	

Please attach your marriage certificate, civil partnership or civil union registration certificate if you married or entered into a civil partnership or civil union outside of Ireland.

Photocopies will not be accepted.

11b) If you are divorced, had a civil partnership dissolved or are no longer cohabiting, please state from what date:

Please attach your Decree Absolute Certificate or Decree of Dissociation.

Photocopies will not be accepted.

11c) If you are widowed, are a surviving civil partner or your cohabitant died, please state from what date:

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П	П		N/I	N/I	V	V	V	V

Please attach your late spouse's, civil partner's or cohabitant's original death certificate. A coroner's report is also acceptable.

Photocopies will not be accepted.

Part 2 Your work and claim details **12.** Are you employed, including part-time or temporary work? No Yes **Note:** You are employed when you work for another person or company and get paid for the work. If **yes**, please state: Your occupation: Employer's name: Employer's address: County **Eircode** Work pattern: hours a week days a week Gross weekly pay: **Gross weekly pay** is your weekly pay before tax, PRSI, union dues or other deductions. Please attach three recent payslips. **13.** Are you self-employed at present? Yes No If **yes**, please state: Your occupation:

Please attach your most recent set of accounts.

Gross weekly pay:

Part 2 continued	Your work and claim	details	
14. Are you getting any payment from If yes , please state:	n this department?	Yes	☐ No
Name of payment:			
Weekly amount: €	,		
15. Is anyone claiming an increase for dependent on their social protect	<u> </u>	Yes	☐ No
If yes , please state:			
Their name:			
Their address:			
County		Eircode	
Name of payment:			
16. Are you getting maintenance?		Yes	No
Maintenance is money you rece	ive from your spouse, civil partner c	or other parent of your chi	ldren.
If yes , please state:			
Weekly amount: €	,		
Please provide a copy of the ma	intenance agreement.		
17. Are you paying maintenance?		Yes	No
If yes , please state:			
Weekly amount: €	,		
Please provide a copy of the ma	intenance agreement.		
18. Does the other parent of your ch mortgage costs of your current a	· · · · · · · · · · · · · · · · · · ·	Yes	☐ No
If yes , please state:			
Weekly amount: €	,		

Part 2 continued	Your work and claim	details
19. Do you own the property you cur	rently live in?	Yes No
If yes , please state:		
Mortgage repayment: €	a month	
If no , who owns the property?		
20. Do you rent the property you cur	rently live in?	Yes No
If yes , please state:		
Rent you pay: €	, a month	
21. Do you receive rental income from	m the property you are living in?	Yes No
Is the tenant a family member or	employee?	Yes No
If yes , please state their relation	to you:	Family member
		Employee
From what date did the person so home?	tart renting a room in your	D D M M Y Y Y Y
How much rent do you receive e	ach week?	€
22. Do you own or share in the owner your home?	ership of any other property apart f	rom Yes No
Note: In this case property is ar mentioned in question 21 .	n apartment, business property, an	other house or land apart from that
If yes , please state:		
Type of property:		
Address:		
County		Eircode
Current market value: €		
Rent from this property: €	, ,	
•	tary evidence of market value or recent statement from the lending ins	

Part 3	Details of anyone living	ing at your address	
23. Apart from your children, does an	nyone else live with you?	Yes	No
If yes , please give details:			
	Person 1		
Surname:			
First names:			
PPS Number:			
	Person 2		
Surname:			
First names:			
PPS Number:			
	Person 3		
Surname:			
First names:			
PPS Number:			
Note: Please use a separate she	et of paper for additional details if	needed.	
Part 4	Your financial details		
			_
	ounts in a bank, post office, building financial institution in the State or		No
other country?			
	Financial Institution 1		
Name of financial institution:			
Bank Identifier Code (BIC):			
International Bank Account Number (IBAN):			
Current balance: €	,		
Is this a joint account?		Yes	No
Names of account holders:			
Name 1:			
Name 2, if any:			

Part 4 continued	Your financial details	
	Financial Institution 2	
Name of financial institution:		
Bank Identifier Code (BIC):		
International Bank Account		
Number (IBAN):		
Current balance: €	€	
Is this a joint account?	Yes	No
Names of account holders:		
Name 1:		
Name 2, if any:		
three months.	ds, insurance policies or	No
Name of company:		
Number of shares held:	,	
Their value: €	€	
Please attach a statement to sho	now details and current market value.	
26. Do you own, share in the owners	rship, work or rent a farm or land? Yes	No
If yes , please state:		
Size of farm or land:	hectares	
Net yearly income: €	€	

Net yearly income is money you have made from the farm after deducting operating expenses.

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M M

Part 6 continued		Det	ai	IS	of	yo	ur	C	hil	dr	en									
	Chi	ild 2	2																	
Surname:																				
First names:																				
PPS Number:																				
Date of birth:																				
	D	D		M	M		Y	Y	Y	Y										
	Chi	ild 3	3											_						
Surname:																				
First names:																				
PPS Number:											_									
Date of birth:																				
	D	D		M	M		Y	Y	Y	Y										
	Chi	ild 4	ļ.																	
Surname:																				
First names:																				
PPS Number:]										
Date of birth:																				
	D	D		M	M		Y	Υ	Y	Y										
Note: Please use a separate she if needed.																				for
You must attach written confirma years of age.	ation	fror	n th	ne s	chc	ol o	r co	olleg	ge f	or tl	ne c	chilo	drer	ı be	twe	en	18 a	and	22	
Part 7		Det coh									•			-						er
														- J						
30. PPS Number:																				
31. Title, insert an X or specify:	Mr] N	/lrs] N	liss				(Othe	er							
32. Surname:																				
33. First names:																				
34. Date of birth:]]									
	D	D		M	M		Υ	Υ	Y	Υ										

Part 7 continued	Details of your spouse, civil partner, former cohabitant or other parent of your child
35. Address:	
County	Eircode Eircode
36. Is the other parent of your child in Employment Scheme, Employment course? If yes , please state:	• • • —
Employer's name:	
Employer's address:	
County	Eircode
Gross weekly pay: €	
Gross Pay is their pay before tax,	, PRSI, union dues or other deductions
37. If the other parent of your child is s	self-employed, please state:
Occupation:	
Gross weekly pay: €	
Please attach their most recent se	et of certified accounts.
38. If they are getting any payment fro	om this department, please state:

Name of payment:

Weekly amount:

Habitual residence condition

The habitual residence condition means that you have a proven close link to Ireland. The term also conveys permanence - that a person has been here for some time and intends to stay here for the foreseeable future. Habitual residence in Ireland is a condition that you must satisfy for certain social protection payments including Jobseeker's Transitional Payment. For more information, visit www.gov.ie/jst. This part must be completed by all applicants. **39.** What country were you born in? **40.** What is your nationality? **41.** When did you come to live in this State? **42.** Have you lived in the Common Travel Area all of your life Yes including the last 2 years? **Note:** The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here. If you lived in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands, please provide proof of residence. Residency may be verified by producing a passport or identity card and one or more of the following: bank statements; details of benefit payments; utility bills; rent or mortgage agreements or receipts for local authority charges. If **no**, please complete questions **43** to **46**. If **yes**, please give details of where you lived: Country 1 Country: Date from: Date to: D D M M Why did you live there?

Habitual residence condition

		Co	unt	ry	<u> </u>												 	 	
Country:																			
Date from:																			
Date to:																			
Why did you live there	?	D	D		M	M		Y	Y	Y	Y								
vviiy did you live there	•																		
		Co	unt	rv :	3														
Country:																			
Date from:																			
Date to:				Ī															
Why did you live there?	2	D	D	_	M	M	'	Y	Y	Y	Y								
Why did you live there?	<u> </u>																		
Note: A separate shee	et of paper	can	be	use	d fo	or m	nore	de	tails	s if	nee	ded							
Note: A separate shee									tails	s if	nee	ded			Yes	8			
	ame addre	ess f	for th	ne la	ast				tails	s if	nee	ded			Yes	8			
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. Have you lived at the s If no , please give detai	ame addre	ess f	for th	ne la	ast				tails	s if	nee				Yes	6] N
. Have you lived at the s If no , please give detai	ame addre	ess f	for th	ne la	ast				tails	s if	nee		coc		Yes	5] N
. Have you lived at the s If no , please give detai	ame addre	ess f	for th	ne la	ast				tails	s if	nee				Yes	5] N
. Have you lived at the s If no , please give detai Last address:	ame addre	ess f	for the	ed:	ast	2 y		s?							Yes	6] N
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. Have you lived at the s If no , please give detain Last address: Dates you lived there:	ame addre	ess f	for the	ed:	ast	2 y		s?							Yes	5] N
. Have you lived at the s If no , please give detain Last address: Dates you lived there:	ame addre	ess f	for the	ed:	ast	2 y		s?				Eir	coc	le	Yes	5] N
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. Have you lived at the s If no , please give detain Last address: Dates you lived there:	County To:	ess f	for the	ed:	ast	2 y		s?				Eir	coc	le	Yes] N

Part 8 continued	Habitual residence condition																				
44. Have you lived in the State conticame to live here or returned to				ice	the	dat	e yo	ou						Yes	3			☐ No			
45. Does any of your close family live parent, brother, sister or child.	e in l	in Ireland? For example,									Yes							☐ No			
If yes , please give their details:																					
	Pe	rsc	n 1	1																	
Surname:																					
First names:																					
Address:																					
County											Eir	cod	le								
Date of birth:																					
	D	D		M	M		Υ	Υ	Y	Y											
Relationship to you:																					
When did they come to Ireland?																					
	D	D		M	M		Υ	Υ	Υ	Υ											
	Pe	rsc	n 2	2																	
Surname:																					
First names:																					
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County											Eir	cod	le								
Date of birth:]															
	D	D	J	M	М	J	Υ	Υ	Υ	Y											
Relationship to you:																					
When did they come to Ireland?]															
	D	D	ı	М	M	J	Υ	Υ	Υ	Y											

Part 8 continued	Habitual residence condition									
	Person 3									
Surname:										
First names:										
Address:										
County	Eircode									
Date of birth:										
	D D M M Y Y Y Y									
Relationship to you:										
When did they come to Ireland?										
	D D M M Y Y Y Y									
Note: A separate sheet of paper can be used for more details if needed.										
46. Have you ever made an application	on for refugee status? Yes No									
If yes , please state:										
a) Are you awaiting a decision or	n an application for refugee status?									
b) Have you been granted refugee status or leave to remain in the State? Yes										
c) Do you have an Irish Residence	ce Permit Card? Yes No									
If yes to any of the above, please provide verified copies of all relevant documentation from the Department of Justice. Please do not post the original documents, as the Department of Justice advise that you must keep the originals with you at all times.										
	inal documents to any office of the Department of Social Protection for you and verify that they saw the originals.									
For official department use only										
HRC satisfied:	HRC not satisfied: HRC1 issued:									

Part 9

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.

Date:					2	0		
	D	D	M	M	Υ	Υ	Y	Y

Signature, not capital 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 10

Checklist

Have you enclosed the following?

- Letter from school or college if you have children aged between 18 and 22 who are in full-time education.
- Your children's birth certificates if applying for an increase for them.
 Note: No birth certificates are needed if you are already getting Child Benefit for the children.
- Bank statement and statements from accountant if self-employed.
- Tax deduction card or three recent payslips.
- Proof of mortgage payments or recent rent receipts.
- Maintenance summons or maintenance order.
- Separation agreement.
- Divorce decree or decree absolute.
- Decree of dissolution of civil partnership or civil union certificate.

If you were born, married or entered into a civil partnership or civil union outside of Ireland:

- Your original birth certificate.
- Your original marriage certificate, civil partnership or civil union certificate.
- Divorce decree or decree absolute.
- Your late spouse's, civil partner's or cohabitant's original death certificate. A coroner's report is also acceptable.

Please remember to submit original certificates only.

Important: If you do not apply within 3 months of becoming eligible you may lose some payment.

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** 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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