

# Application form for Humanitarian Assistance Scheme, Emergency Payment Stage 1

Social Welfare Services

HAS1

Data Classification R



## What is Humanitarian Assistance Scheme, Emergency Payment Stage 1?

The Humanitarian Assistance Scheme provides emergency financial assistance to households affected by severe weather events. Emergency Payment Stage 1 is designed to help meet the costs of essential needs such as food, clothing, and personal items.

For assistance with the replacement of household goods and the repair of structural damage to your home, please complete the **Humanitarian Assistance Scheme (HAS2)** application form. You can download the **HAS2** application form at [www.gov.ie/HAS](http://www.gov.ie/HAS).

## How do I complete this application form?

To complete this application form, please write with a **black ballpoint** pen, use **capital letters** and place an **X** in the relevant boxes.

## How do I apply?

Please send or bring this completed application form, to your Community Welfare Officer at your local Intreo Centre. You can find the name and address of your local Intreo Centre by visiting [www.gov.ie/intreocentres](http://www.gov.ie/intreocentres).

## How can I get help and further information?

If you need help to complete this form, please phone the National Phone Line for Community Welfare Services on **0818 607 080** or contact your local Intreo Centre, Branch Office or any Citizen Information Centre. All Community Welfare Service locations can be found at [www.gov.ie/cwsmap](http://www.gov.ie/cwsmap).

For more information, please visit [www.gov.ie/HAS](http://www.gov.ie/HAS).

## Part 1

## Your details

1. PPS Number:

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2. Surname:

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3. First names:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Date of birth:

D	D			M	M			Y	Y	Y	Y
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5. Address:

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County

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Eircode

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6. Temporary address, if applicable:

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County

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Eircode

--	--	--	--	--	--	--	--

7. Telephone number:

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8. Email address:

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9. What is your main source of household income?

☐

Employment.

☐

Private pension.

☐

Social protection payments.

☐

Other.

## Part 2

## Details of everyone living at your address

### Person 1

Name:

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Relationship to you:

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PPS Number:

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### Person 2

Name:

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Relationship to you:

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PPS Number:

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### Person 3

Name:

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Relationship to you:

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PPS Number:

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

## Part 3

## Details of assistance required

**10.** What type of property do you live in?

- ☐ Owner occupied.
- ☐ Private rental.
- ☐ Second or holiday home.
- ☐ Commercial premises with private accommodation.
- ☐ Local authority tenant:

Name:

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- ☐ Voluntary or co-operative housing body tenant:

Name:

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- ☐ Other:

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**11.** Date on which loss or damage occurred:

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D D

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M M

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Y Y Y Y

**12.** Is the affected property insured? ☐ Yes. ☐ No.

13. Please set out what damage has occurred and the details of your immediate needs:

Part 4

Your payment details

Emergency payments are normally paid by cheque. However, if you wish to be paid through a post office or by bank transfer, please complete the details below.

**Note:** Payments made to post offices and financial institutions and are not instant. The average transfer time is 2 to 3 working days.

Post office

Name:

Address:

County

Eircode

Financial institution

Name of financial institution:

IBAN (International Bank Account Number):

Account holder 1:

Account holder 2, if any:

Part 5

Declaration

I declare that the information given in this application is correct and complete and I knowingly make this declaration.

I authorise the Department of Social Protection to make all necessary enquiries in relation to my household to establish my eligibility for the Humanitarian Assistance Scheme.

In the event that I receive payments, pending receipt of insurance or compensation from any other source, I agree to refund such amounts as may be determined refundable by the department from any insurance or compensation settlement payment.

I understand that I have the right of review against a decision of the department in respect of my application for the Humanitarian Assistance Scheme.

Date: 

2

0

D D

M M

Y Y Y Y

Signature or mark if unable to sign, **not** capital letters.

If you are unable to sign, have your mark witnessed and have the witness sign below.

Date: 

2

0

D D

M M

Y Y Y Y

Signature of witness, **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 6

Official use

Date received:

D D

M M

Y Y Y Y

By whom:

Weather event:

Date of event:

D D

M M

Y Y Y Y

Number of family members:

Adults.

Children.

Cheque numbers:

Electronic payment method:

EFT.

EIT.

Payment for:

Bedding.

Clothing.

Food.

**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.