



## Part 1 continued

## Your own details

8. Are you?

- Single  
 Married  
 Separated  
 Divorced  
 Widowed

- Cohabiting  
 In a Civil Partnership  
 A surviving Civil Partner  
 A former Civil Partner  
 (you were in a Civil Partnership that has since been dissolved)

9a. Do you own the property you currently live in?

- Yes  No

9b. If **Yes**, do you pay a mortgage on this property?

- Yes  No

If **Yes**, please state mortgage you pay: € , .  a month

10. Do you rent the property you currently live in?

- Yes  No

If **Yes**, please state rent you pay: € , .  a month

11. Are you employed at present (including part-time or temporary work)?

- If **Yes**, please state:  Yes  No

Employers name:

Employers address:

County

Postcode

Your gross pay: € , .  a week

Please attach three recent payslips.

**Gross weekly pay** is your weekly pay before tax, PRSI, union dues or other deductions.

12. If you are self-employed, please state:

Your occupation:

Your gross pay: € , .  a week

Please attach your most recent set of accounts.

13. If you are getting any payment from this Department or the Health Service Executive, please state:

Type of DSP payment:

Type of HSE payment:

# Part 1 continued

# Your own details

14. Are you getting maintenance?  Yes  No

**Maintenance** is money from your spouse, civil partner or other parent of your children.

If **Yes**, please state amount: € , .  a week

Please attach a copy of a Maintenance Agreement.

15. If you are not getting maintenance, what efforts are you taking to get maintenance?

16. Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

If **Yes**, please state:  Yes  No

### Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name of account holder:

Current balance: € , .

### Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name of account holder:

Current balance: € , .

### Financial Institution 3

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name of account holder:

Current balance: € , .

Please attach three months bank statements for each account.

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

17. Do you own stocks, shares, (including shares in a creamery or Co-op), annuities, bonds, funds, insurance policies or investments?

Yes  No

If **Yes**, please  
state current value:

€ , .

Please attach a statement to show details.

18. Do you own or share in the ownership of any property other than your own home?

Yes  No

If **Yes**, please give details in the space provided:

19. If you have any other income, please give details in the space provided:

## Part 2

## Details of your additional children

20. Please give details of the children you now wish to claim for:

### Child 1

Surname:

First name(s):

PPS No.:

Date of birth:

D D      M M      Y Y Y Y

### Child 2

Surname:

First name(s):

PPS No.:

Date of birth:

D D      M M      Y Y Y Y

## Part 3

## Details of everyone living at your address

21. Does anyone else live with you apart from the children named in Part 2?

Yes       No

If **Yes**, please give details:

### Person 1

Surname:

First name(s):

Relationship to you:

### Person 2

Surname:

First name(s):

Relationship to you:

### Person 3

Surname:

First name(s):

Relationship to you:

## Part 4

# Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

22. What is your Personal Public Service Number (PPS Number)?

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23. Are you getting any of the following social welfare payments? Please insert an 'X' in the relevant box.

- Maternity Benefit
- Illness Benefit
- Adoptive Benefit
- Health and Safety Benefit
- Occupational Injury Benefit

## To be completed by you (applicant)

Please insert an 'X' in the relevant box.

- I do not intend to return to work.
- I do not yet know if I will return to work and I will inform you as quickly as possible.  
We cannot process your application until you confirm whether or not you are returning to work.
- I intend to return to work on:  

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D D      M M      Y Y Y Y

A Social Welfare Inspector may interview you about your application.

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Signature (not block letters)

Date: 

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D D      M M      Y Y Y Y

**Warning:** If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

## 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.

## Part 5

## Details of the other parent of your child

24. Their PPS Number:
25. Their title: (insert an 'X' or specify) Mr.  Mrs.  Ms.  Other
26. Their surname:
27. Their first name(s):
28. Their birth surname:
29. Their date of birth:
- D D M M Y Y Y Y
30. Their mother's birth surname:
31. Their address:
- 
- County
- Postcode
32. Is the other parent of your child in employment, on a Community Employment Scheme/ Employment Programme or on a SOLAS course?  
 Yes  No
- If **Yes**, please state:
- Their employers name:
- Their employers address:
- 
- County
- Postcode
- Their gross pay: €  ,    .   a week  
**Gross weekly pay** is your weekly pay before tax, PRSI, union dues or other deductions.
33. If the other parent of your child is self-employed, please state:
- Their occupation:
- Their gross pay: €  ,    .   a week
34. If they are getting any payment from this Department please state:
- Type of payment:

35. If you have not applied within 3 months of becoming eligible, please give reason(s) why you didn't apply in time below.

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

**Have you enclosed the following?**

- Three recent payslips.
- Letter from school or college.  
(if you have child(ren) aged between 18 and 22 who are in full-time education)
- Maintenance Agreement.
- Your child's birth certificate (if applying for an increase for them)  
Note: No birth certificate is needed if you are already getting Child Benefit.

**Original certificates only.**

**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 Branch Office.

Send this completed application form to:

Your nearest local Intreo Centre or Branch Office.

Contact details are available on [www.gov.ie](http://www.gov.ie).

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Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.