### Application form for:

Social Welfare Services
SPCQA 1

Data Classification R



# State Pension (Contributory) Increase for Qualified Adult

Your spouse, civil partner or cohabitant needs a Personal Public Service Number (PPS No.) before you apply.

You must also give your own Personal Public Service Number (PPS No.).

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this will delay your application.
- Please use BLACK ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.

#### **Increase for Qualified Adult:**

Please note that this increase is based on a means assessment. As you are claiming this increase for your spouse, civil partner or cohabitant, you are legally obliged to declare **all** of their income including foreign pensions, savings and property (other than your own home).

Part 4 must be filled in and signed by your spouse, civil partner or cohabitant.

When the form is completed, you must sign the declaration in Part 1.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information, log on to www.gov.ie.

#### How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1 2 3 4 5 6 7 T	
<b>2.</b> Title: (insert an 'X' or specify)	Mr. Mrs. X Ms.	Other
3. Surname:	MURPHY	

1 2 2 1 5 6 7 T

U Ε Ν Α RE 4. First name(s): М

8 0 2 1 7 2 **5.** Your date of birth: M D M

#### **Contact Details**

Ν Ε W S Т R E Ε Т 6. Your address: 1 w N Т 0 L D 0 ON Е O | W | ND GA L Т Е D 0 Ν G Α L County **Postcode** 

Ε ER ON Ν UMB E R Ρ  $B \mid O \mid X$ 7. Your telephone number:

> MOBILE Ε  $O \mid N$ UMB Е Ε вох

LANDLINE

ARAC ON Ε С Т Ε R Ρ Ε R 8. Your email address: 0 X В

### Application form for:

### **State Pension (Contributory)**

# Social Welfare Services SPCQA 1 Data Classification R



### **Increase for Qualified Adult**

<b>P</b>	art 1	Y	our	OV	<b>N</b> N	ae	eta	IIS												
1.	Your PPS No.:																			
2.	Title: (insert an 'X' or	Mr.		Mrs	s. [		Ms		7	1	(	Othe	er							
3.	specify) Surname:																			
4.	First name(s):																			
5.	Your date of birth:																			
		D	D	M	M		Υ	Υ	Υ	Υ										
				Coı	nta	ct	De	tail	S											
_	Varia adducaci																			
о.	Your address:			1						<u> </u> 					<u>                                       </u>	<u> </u>		<u> </u>		
										<u> </u>										
	County									]	Pos	stcc	ode							
7.	Your telephone number:									, 					M	0	ВІ	LE		
	·									·					L	AN	1 D	LΙ	ΝE	
8.	Your email address:									,										
				_																
				D	ecl)	ar	atio	on												
an tha pre	eclare that the information g y of the information I provide at I will be required to repay osecuted. I undertake to imn me or my spouse, civil partr	e is u any p nedia	ntrue paym itely a	or r ent l advis	misle I rec se th	ead eiv e [	ing of e fro Depa	or if om t artm	I fa he ient	ail to Dep t of	o di: part any	sclo mer ch	se ang	any nd t e in	rele hat the	evaı I m e cir	nt ir ay l cun	nfori be nsta	mati	on,
								Dat	te:		) [		N	1 1	//					
Ц	Signature (not block 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 2			ur s ails	_	ous	se'	s, (	civ	'il p	oar	tn	er':	s c	or c	:ot	nak	oita	ant	's	
9. Their PPS No.:																				
<b>10.</b> Title: (insert an 'X' or specify)	Mr.			Mrs	s. [		Ms				C	Othe	er							
<b>11.</b> Their surname:																				
<b>12.</b> Their first name(s):																				
<b>13.</b> Their birth surname:																				
<b>14.</b> Their date of birth:																				
	D	D		$\mathbb{M}$	$\mathbb{N}$		Υ	Υ	Y	Y										
<b>15.</b> Their mother's birth surname:																				
<b>16.</b> Their address:																				
Only answer this question if you are married or in a																				
civil partnership and do																				
not live together.																				
<b>17.</b> Are they?		Ma	rrie	d to	you	J						ln a	a Ci	vil F	Part	ner	ship	o wi	th y	ou
		Sep	oara	ited								A f	orm	er (	Civil	Pa	rtne	er		
		Div	orce	ed							(yc	u w	ere	in a	a Ci	vil I	Part	ner	ship	)
	$\equiv$				ı wit	th y	OΠ				tha	it ha	is s	ince	e be	en	diss	solv	ed)	
19 If they are married in a civil				_		_		n n	loo		tot	o fro	m	who	+ 4-	ıto:				
<b>18.</b> If they are married, in a civil	Pai	uie		ρυ	00	liar 		<u></u> σ, ρ	lea	SC 3	olali	5 110	י וווע	WIIa	i uc	ile.				
	D	D	J	M	M		Y	Υ	Υ	Υ										
<b>19.</b> Their country of birth:																				
,																				
20.Are they?		Em	ploy	∟ /ed	l					Ret	irec	ı İ						Oth	er	
If 'Other', please specify:																				

### Part 3

### Your spouse's, civil partner's or cohabitant's work and claim details

The increase for a qualified adult is a means tested payment. The means of your spouse, civil partner or cohabitant will be assessed.

Please supply documentary evidence (such as bank statements) for the last 6 months for all savings, investments and income. If they have no income, please put a 0 in each of the amount boxes.

<b>21.</b> If they are getting any other please state:	er pen	sion (	priv	ate	or o	ccu	pat	ion	al) f	rom	lre	lan	d oı	an	y ot	her	COL	ıntr	у,
Type of pension:																			
Who pays this pension:																			
Their claim or reference number:																			
Gross amount: €	ː 💹,			_].[			a١	wee	ek										
22.If they are employed at pre	esent,	pleas	e st	ate:															
Their employer's name:																			
Their employer's address:																			
address:																			
Type of work:																			
Gross income: €		, ,			٦.			yea	ar to	da	ite								
	Plea	se at	tach	4 c	of the	eir r	nos	t re	ecer	ıt pa	aysl	ips.	i						
Number of weeks worked:		ye	ear t	o da	ate														
		ur spo													thar	า on	ıe		
23.If they are currently self-en	nploye	ed, pl	ease	e sta	ate:														
Type of work they do:																L	L		
Date self-employment started:																			
Net weekly earnings:     €		D	M	\/		Y	Y a v	y vee	ek										
This is the money they hav Please provide documenta					•	-						_	•		_	exp	ens	es.	

### Part 3 continued

# Your spouse's, civil partner's or cohabitant's work and claim details

24. If they have savings or acco other financial institution in t	unts in	a bar	ık, p	ost o	office	e, bu	ıildi tho	ng	SOC	ciet	y, c	red	it ur	nion	or	any	*	
	rie Kep Financi				וט ג	ano	uie	I C	oun	uy,	pie	ast	5 518	สเษ.				
Name of financial institution:																		
Bank Identifier Code (BIC):																		
International Bank Account [ Number (IBAN):																		
Current balance:	Ye	, , , , , , , , , , , , , , , , , , ,		N	]													
Name(s) of account holder(s	s):																	
Name 1:																		
Name 2 (if any):																		
Į	Financi	al Ins	tituti	on 2														
Name of financial institution:																		
Bank Identifier Code (BIC):																		
International Bank Account Number (IBAN):																		
Current balance: € [ Is this account a joint account?  Name(s) of account holder(s	Ye	, ,_s		N	].													
Name 1:																		
Name 2 (if any):																		
<u> </u>	Financi	al Ins	tituti	on 3														
Name of financial institution:																		
Bank Identifier Code (BIC):																		
International Bank Account																		
Number (IBAN):																		
Current balance: € [ Is this account a joint account? Name(s) of account holder(s	Ye	s		N	] lo													
Name 1:			<u> </u>															
Name 2 (if any):																		

Please attach an original statement for each account, showing transactions for the last 6 months. If they have any other accounts, you must give details of these to this department on a separate sheet of paper.

### Part 3 continued

# Your spouse's, civil partner's or cohabitant's work and claim details

25.If they own stocks, shares policies) or investments in															ds, i	insı	ırar	ce
Name of company:																		
Number of shares held:																		
Value per share: <b>€</b>					].													
Are the stocks/shares jointly owned?	☐ Ple	Yes ase a	ttacl	n a st	] No	ent t	to sł	า๐พ	det	ails	s an	d cı	urre	nt n	nark	ket '	valu	e.
Do they own any other shares?	☐ If 'Y	Yes ′es', p	oleas	e giv	No ve det	ails	on a	a se	par	ate	she	eet o	of p	ape	r.			
<b>26.</b> If they own, share in the o		•		•					•				•	•				
Size of farm or land:			а	cres														
Gross yearly income: €		,[			].													
'Gross yearly income' is mo	oney tl	ney ha	ave r	nade	from	the 1	arm	bef	fore	de	duc	ting	оре	erati	ng e	expe	ense	S.
<b>27.</b> If they own or share in the	own	ership	of p	rope	rty ap	art	fron	n the	eir h	om	ie, p	olea	se s	stat	e:			
Type of property:																		
Is this property jointly owned?		Yes			No													
Name 1:																		
Name 2 (if any):																		
Address of property:																		
'Property' includes but is nother than that mentioned					rtmen	t, bı	ısin	ess	pro	per	ty, a	anot	ther	ho	use	or	land	l
If this property is rented or	ut, ple	ease s	state	:		_												
Gross weekly income: €		,																
'Gross weekly income' is m	oney	they h	ave	made	e befo	ore c	ledu	ctin	g op	era	ating	exp	oen:	ses.	ı			
Current market value:   €		,		,[														
Mortgage outstanding: <b>€</b>		,					].											
Please provide documenta Note: If they have other pr	•				•	• `							_	•			,	

### Part 3 continued

# Your spouse's, civil partner's or cohabitant's work and claim details

	f they have a room let in the property they are currently residing in, please state:
(	Gross weekly income: €,
•	Gross weekly income' is money they have made <b>before</b> deducting operating expenses.
ا_9	f they have any other income please give details in the box below:
0.l	f they sold or transferred any property or business in the last three years please give details in
<b>0</b> .I t	f they sold or transferred any property or business in the last three years please give details in the box below and attach a copy of the deed of transfer:
<b>0</b> .l	f they sold or transferred any property or business in the last three years please give details in he box below and attach a copy of the deed of transfer:
<b>0.</b> I	f they sold or transferred any property or business in the last three years please give details in he box below and attach a copy of the deed of transfer:
<b>0.</b> I	f they sold or transferred any property or business in the last three years please give details in he box below and attach a copy of the deed of transfer:
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<b>0.</b> II t	f they sold or transferred any property or business in the last three years please give details in the box below and attach a copy of the deed of transfer:
<b>0.</b> II	f they sold or transferred any property or business in the last three years please give details in the box below and attach a copy of the deed of transfer:
<b>0.</b> II	f they sold or transferred any property or business in the last three years please give details in the box below and attach a copy of the deed of transfer:
0.I	f they sold or transferred any property or business in the last three years please give details in the box below and attach a copy of the deed of transfer:
<b>0.</b> II	f they sold or transferred any property or business in the last three years please give details in the box below and attach a copy of the deed of transfer:

### Part 4

## Spouse's, civil partner's or cohabitant's payment details

Any increase for a qualified adult which you (the pension claimant) qualify for will be paid direct to your spouse, civil partner or cohabitant **unless** they state otherwise. You should show them this page to let them decide if they want to receive this increase for themselves or if they want you to receive this increase with your pension, on their behalf.

### **Declaration of Spouse, Civil Partner or Cohabitant**

The remainder of this p	oag	e s				ant fill				the	e p	ers	on	naı	me	d ir	ı Pa	art	2.			
(a) I, Qualified Adult paid directly	' to ı	me.							, wish to have any Increase for a													
	(	ЭF	3																			
(b) I, Qualified Adult paid directly	to 1	the	per	son	ı na	me	d in	Pa						•	ncre n.	eas	e fc	r a				
part <b>(a)</b> above has been signed, you can get your payment at a post office of your choice or direct by your current, deposit or savings account in a financial institution. An account must be in your ame or jointly held by you.  Please complete one option below.															ect							
		F	-in	an	cia	ıl Ir	nst	itu	tior	1												
	Yοι fina						win	g d	etail	ls p	rinte	ed o	n s	tate	me	nts	fror	n yo	our			
Name of financial institution:																						
Bank Identifier Code (BIC):																						
International Bank Account Number (IBAN):																						
Name(s) of account holder(s): Name 1:																						
Name 2 (if any):																						
				Р	os	t O	ffic	се														
Please enter below the name a payment.	ınd a	add	lres	s of	f the	э ро	st c	ffic	e w	here	e yc	ou w	/ish	to o	colle	ect	you	r				
Post office name and address:																						

#### Checklist Part 5

Have you enclosed the following?

- Your spouse's, civil partner's or cohabitant's P60 for the last full tax year (if they are employed)
- Statements from all financial institutions in your spouse's, civil partner's or cohabitant's name or jointly held by them, showing the last 6 months transactions
- Details of all property that your spouse, civil partner or cohabitant own or share in the ownership of and details of any rents received on these properties other than the house you live in and details of all mortgages and loans on these properties

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

- Your marriage certificate or civil partnership or civil union registration certificate
- Your spouse's, civil partner's or cohabitant's birth certificate

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 Office.

#### Send this completed application form to:

State Pension (Contributory) Section Social Welfare Services **Department of Social Protection** College Road Sligo

#### **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 at or as a hard copy.

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

00K 11-20 Edition: November 2020