

Application form for:

# State Pension (Contributory) Increase for Qualified Adult

Social Welfare Services

**SPCQA 1**

Data Classification R



## What is State Pension (Contributory) Increase for Qualified Adult?

This application is a means assessed increase for State Pension (Contributory). You complete this application for your spouse, civil partner or cohabitant.

State Pension (Contributory) is a payment which you may qualify for at 66 years of age if you have enough Irish social insurance contributions.

## What do I need to complete this application form?

You and your spouse will need a Personal Public Service (PPS) Number along with information on where you live, your relationship status and where you want your payment to issue.

## How to complete this application form?

There are examples 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;
- fill in **Parts 1 to 4** as they apply to you and your household;
- your spouse must sign the declaration in **Part 4**;
- view the checklist in **Part 4**; and
- please answer **all** questions. Incomplete forms will be returned and this will delay your application.

## How do I apply?

Send this completed form to:

### State Pension (Contributory) Section

Social Welfare Services  
Department of Social Protection  
College Road  
Sligo  
F91 T384

## How can I get help and further information?

If you need any help to complete this form, please contact your local Intreo Centre or Social Welfare Office or any Citizens Information Centre. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting [www.gov.ie/intreocentres](http://www.gov.ie/intreocentres)

For more information, visit [www.gov.ie/spcqa1](http://www.gov.ie/spcqa1)

## How to fill this form

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

### Part 1

### Your own details

1. Your PPS No.:

1	2	3	4	5	6	7	T	
---	---	---	---	---	---	---	---	--

2. Title, insert an 'X' or specify:

Mr. ☐ Mrs. ☒ Ms. ☐ Other

3. Surname:

M	U	R	P	H	Y												
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

4. First names:

M	A	U	R	E	E	N											
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

5. Your date of birth:

2	8			0	2			1	9	7	0
D	D			M	M			Y	Y	Y	Y

6. Your address:

1		N	E	W		S	T	R	E	E	T						
O	L	D		T	O	W	N										
D	O	N	E	G	A	L		T	O	W	N						
County		D	O	N	E	G	A	L		Eircode							

7. Your telephone number:

0	8	8	1	2	3	4	5	6	7								
0	5	3	9	3	1	2	3	4	5								

MOBILE  
LANDLINE

8. Your email address:

O	N	E		C	H	A	R	A	C	T	E	R		P	E	R			
B	O	X																	

# SAMPLE

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Social Welfare Services

SPCQA 1

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## Part 1

## Your own details

1. Your PPS No.:

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

2. Title, insert an 'X' or specify:

Mr. ☐Mrs. ☐Ms. ☐

Other

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

3. Surname:

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

4. First name(s):

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

5. Your date of birth:

--	--

D D

--	--

M M

--	--	--	--

Y Y Y Y

6. Your address:

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County

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Eircode

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7. Your telephone number:

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MOBILE

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LANDLINE

8. Your email address:

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## 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 the circumstances of me or my spouse, civil partner or cohabitant which may affect my continued entitlement.

--

Date:

--	--

D D

--	--

M M

--	--	--	--

Y Y 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 2

## Your spouse, civil partner or cohabitant's details

9. Their PPS No.:

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

10. Title: (insert an 'X' or specify)

Mr. ☐ Mrs. ☐ Ms. ☐ Other 

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

11. Their surname:

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

12. Their first name(s):

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

13. Their birth surname:

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

14. Their date of birth:

D	D	M	M	Y	Y	Y	Y										

15. Their mother's birth surname:

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

16. Their address:

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Only answer this question if you are married or in a civil partnership and do not live together.

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17. Are they?

☐ 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)

18. If they are married, in a civil partnership or cohabiting, please state from what date:

D	D	M	M	Y	Y	Y	Y										

19. Their country of birth:

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20. Are they?

☐ Employed ☐ Retired ☐ Other

If 'Other', please specify:

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

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.

Type of pension:

[illegible][illegible][illegible]

€ 

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

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.

[illegible][illegible][illegible][illegible][illegible][illegible]

€ 

--	--

, 

--	--	--

. 

--	--

 year to date

		year to date
--	--	--------------

[illegible]

--	--	--	--

€ ,  .  a week

Page 3

**24.** If they 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, please state:

## Financial Institution 1

Name of financial institution:

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

Bank Identifier Code (BIC):

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

International Bank Account  
Number (IBAN):

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

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

Current balance:

€ 

--	--	--

, 

--	--	--

 . 

--	--

Is this account a joint account?

☐

Yes

☐

No

Names of account holders:

Name 1:

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

Name 2, if any:

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

## Financial Institution 2

Name of financial institution:

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

Bank Identifier Code (BIC):

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

International Bank Account  
Number (IBAN):

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

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

Current balance:

€ 

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Is this account a joint account?

☐

Yes

☐

No

Names of account holders:

Name 1:

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

Name 2, if any:

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

Financial Institution 3

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € ,  .

Is this account a joint account? ☐ Yes ☐ No

Names of account holders:

Name 1:

Name 2, if any:

**Note:** 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.

25. If they own stocks, shares including in a creamery or Co-op, annuities, bonds, insurance policies or investments in Ireland or another country, please state:

Name of company:

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Number of shares held:

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

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Value per share:

€ 

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Are the stocks or  
shares jointly owned?

☐

Yes

☐

No

Please attach a statement to show details and current market value.

Do they own any other  
shares?

☐

Yes

☐

No

If 'Yes', please give details on a separate sheet of paper.

26. If they own, share in the ownership or work a farm or land, please state:

Size of farm or land:

--	--	--

acres

Gross yearly income:

€ 

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**Note:** Gross weekly income is money they have made from the farm **before** deducting operating expenses.



27. If they own or share in the ownership of property apart from their home, please state:

Type of property:

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

Is this property jointly owned?

☐ Yes ☐ No

Name 1:

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

Name 2, if any:

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Address of property:

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**Note:** Property includes but is not limited to an apartment, business property, another house or land other than that mentioned at question 26.

If this property is rented out, please state:

Gross weekly income: € , .

**Note:** Gross weekly income is money they have made **before** deducting operating expenses.

Current market value: € , , .

Mortgage outstanding: € , , .

Please provide documentary evidence for this property (Valuation, rental or letting agreement).

**Note:** If they have other properties, a separate sheet of paper can be used for more details.

28. If they have a room let in the property they are currently residing in, please state:

Gross weekly income: € , .

**Note:** Gross weekly income is money they have made **before** deducting operating expenses.

**29.** If they have any other income please give details in the box below:

**30.** If 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, civil partner 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

#### Important Notice:

The remainder of this page should be filled out by the person named in **Part 2**.

(a) I, , wish to have any Increase for a Qualified Adult paid directly to me.

OR

(b) I, , wish to have any Increase for a Qualified Adult paid directly to the person named in **Part 1** with their pension.

If part (a) above has been signed, you can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you.

Please complete one option below:

### Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:	<input type="text"/>
Bank Identifier Code (BIC):	<input type="text"/>
International Bank Account Number (IBAN):	<input type="text"/>
Names of account holders:	<input type="text"/>
Name 1:	<input type="text"/>
Name 2 (if any):	<input type="text"/>

### Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

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.

Send this completed application form to:

State Pension (Contributory) Section  
Social Welfare Services  
Department of Social Protection  
College Road  
Sligo  
F91 T384

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.

### 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) 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.