

Application form for Blind Pension

Social Welfare Services

BP 1

Data Classification R



How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- You need a Personal Public Service Number (PPS No.) before you apply.

If you do not have a spouse, civil partner or cohabitant:

If you do not have a spouse, civil partner or cohabitant, fill in **Parts 1, 2, 3, 4, 5, and 6**. When form is completed, read **Part 9** and sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant:

If you have a spouse, civil partner or cohabitant, please fill in **Part 1, 2, 3, 4, 5, 6, 7 and 8**. When form is completed, read **Part 9** and sign declaration in **Part 1**.

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

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										
2. Title: (insert an 'X' or specify)	Mr.		Mrs.	X	Ms.		Other											
3. Surname:	M	U	R	P	H	Y												
4. First name(s):	M	A	U	R	E	E	N											
5. Your first name as it appears on your birth certificate:	M	A	R	Y														
6. Birth surname:	M	C	D	E	R	M	O	T	T									
7. Your mother's birth surname:	K	E	L	L	Y													
8. Your date of birth:	2	8		0	2		1	9	7	0								
	D	D		M	M		Y	Y	Y	Y								

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D		T	O	W	N											
	C	O		D	O	N	E	G	A	L									
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	M	O	B	I	L	E													
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	L	A	N	D	L	I	N	E											
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																

SAMPLE

Application form for Blind Pension

Social Welfare Services

BP 1

Data Classification R



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 first name as it appears on your birth certificate:

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

6. Birth surname:

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

7. Your mother's birth surname:

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

8. Your date of birth:

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

D D M M Y Y Y Y

Contact Details

9. Your address:

10. Your telephone number:

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

MOBILE

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

LANDLINE

11. Your email address:

Declaration

I declare that all the information I have given on this form is accurate.

I will tell the Department when my means or circumstances change.

--

Signature (not block letters)

Date:

--	--

D D

--	--

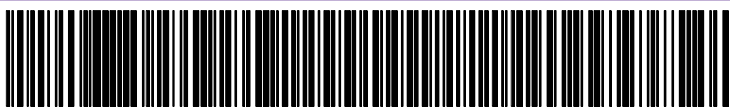
M M

--	--	--	--

Y Y Y Y

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

prosecuted



Part 1 continued

Your own details

12. 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)

13. If you are married, in a civil partnership or cohabiting, from what date?

D	D	M	M	Y	Y	Y	Y

Part 2

Your work and claim details

Blind Pension is a means tested payment. You are legally obliged to declare all your means which includes savings, property (other than your own home), foreign pensions etc. Please include written evidence such as statements and payslips with your application.

You must also declare the means of your spouse, civil partner or cohabitant even if you are not claiming an increase for a qualified adult.

14. If you are paying maintenance, please state:

Amount: € , . a week

15. If you are receiving maintenance, please state:

Amount: € , . a week

16. If you are getting a social security payment from another country, please state:

Name of country:

Your claim or reference number:

Amount: € , . a week

Please attach the most **recent** payslip or letter from the Social Security Agency confirming the above amount.

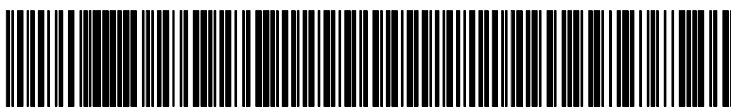
17. If you are getting any other pension or allowance, please state:

Who pays this pension:

Your claim or reference number:

Amount: € , . a week

Please attach the most **recent** payslip or letter from the people who pay you confirming the above amount.



18. If you are employed at present, please state:

Employer's name:

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

Employer's address:

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

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

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

Gross weekly earnings: €

--	--	--

,

--	--	--

 .

--	--

Please attach your most recent payslip

19. If you are self-employed at present, please state:

Type of work you do:

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

Date you started
self-employment:

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

D D M M Y Y Y Y

Net yearly earnings: €

--	--	--

,

--	--	--

 .

--	--

 a year

This is the money you have made from self-employment after deducting operating expenses.

20. If you have savings or accounts in a bank, post office, building society, credit union or any other financial institution, please state:

Financial Institution 1

Name of financial
institution:

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

Account number:

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

Current balance:

€

--	--	--

,

--	--	--

 .

--	--

Financial Institution 2

Name of financial
institution:

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

Account number:

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

Current balance:

€

--	--	--

,

--	--	--

 .

--	--

Financial Institution 3

Name of financial
institution:

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

Account number:

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

Current balance:

€

--	--	--

,

--	--	--

 .

--	--

Financial Institution 4

Name of financial
institution:

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

Account number:

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

Current balance:

€

--	--	--

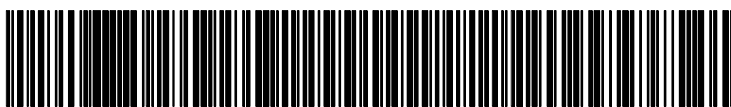
,

--	--	--

 .

--	--

Please attach a statement for **each** account, showing balance for the last **three** months.



21.If you own stocks, shares or investments, please state:

€

,

.

Please attach a statement to show details.

22.If you own, work or rent a farm or land, please state:

Size of farm or land:

acres

Net yearly income or rent from farm or land:

€

,

.

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

23.If you have property apart from your home, please state:

Type of property:

Address of property:

'Property' would be an apartment, business property, another house or land other than that mentioned at question 22.

Current market value:

€

,

,

.

Rent from this property:

€

,

.

a week

24.If you have any other income please give details in this space provided:

25.If you sold or transferred any property or business in the last three years please give details in this space provided and attach a copy of the deed of transfer:

26.If you have moved from your home, please give details in the space provided if your home is rented, occupied by other people or otherwise being used:

27.If you have recently sold your home to buy another, please outline the circumstances in the space provided and attach supporting documentary evidence from your solicitors:

Part 3

Habitual Residence Condition

28.What country were you born in?

29.What is your nationality?

30.Have you lived outside the Republic of Ireland for any period longer than three months within the last five years?

☐ Yes

☐ No

31.If 'Yes', when did you come to live in the Republic of Ireland?

DD

MM

YYYY

32.Are you legally entitled to reside in the Republic of Ireland?

☐ Yes

☐ No



Part 4

Your payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution. Please complete one option below.

Post Office

Post Office address:

Financial Institution

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

Name of financial institution:

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

Sort code:

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

Account number:

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

Bank Identifier Code (BIC):

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

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

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

Name 2 (if any):

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



Part 5

Details of your qualified child(ren)

33.How many children do you wish to claim for?

under age 18

age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Part 6

Other payments

Living Alone Increase

You may get a Living Alone Increase if you are getting a Blind Pension and live alone or mainly alone.

For more information, visit to www.gov.ie

34.If you wish to claim a Living Alone Increase, please state:

Date you started living alone or mainly alone:

D D M M Y Y Y Y

Fuel Allowance

This allowance is subject to your household composition. Only one person in a household can get this allowance.

35.Do you wish to apply for a Fuel Allowance?

☐ Yes

☐ No

If 'No', please go to Part 7.

If 'Yes', please complete fully the remainder of this section.

36.The following people live with me:

Person 1

Surname:

First name(s):

PPS No.:

Person 2

Surname:

First name(s):

PPS No.:

Person 3

Surname:

First name(s):

PPS No.:



Part 7

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

37. Their PPS No.:

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

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

Mr. ☐

Mrs. ☐

Ms. ☐

Other

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

39. Their surname:

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

40. Their first name(s):

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

41. Their birth surname:

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

42. Their mother's birth surname:

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

43. Their date of birth:

--	--

D D

--	--

M M

--	--	--	--

Y Y Y Y

44. Their address:

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

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

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

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

Part 8

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

If your spouse, civil partner or cohabitant is aged 66 or over they also should apply for State Pension (Non-Contributory) in their own right.

Please complete this section for your spouse, civil partner or cohabitant, even if they are aged 66 or over.

45. If they are paying maintenance, please state:

Amount:

€

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

a week

46. If they are receiving maintenance, please state:

Amount:

€

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

a week

47. If they are getting a social security payment from another country, please state:

Name of country:

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

Their claim or reference number:

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

Amount:

€

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

a week

Please attach the most **recent** payslip or letter from the Social Security Agency confirming the above amount.



Part 8

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

48. If they are getting any other pension or allowance, please state:

Who pays this pension:

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

Their claim or reference number:

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

Amount:

€

--	--

,

--	--	--	--

 .

--	--

 a week

Please attach the most **recent** payslip or letter from the people who pay them confirming the above amount.

49. If they are employed at present, please state:

Employer's name:

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

Employer's address:

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

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

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

Gross weekly earnings: €

--	--

,

--	--	--	--

 .

--	--

 a week

Please attach their most recent payslip

50. If they are self-employed at present, please state:

Type of work they do:

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

Date they started self-employment:

--	--

--	--

--	--	--	--

D D

M M

Y Y Y Y

Net yearly earnings: €

--	--	--

,

--	--	--	--

 .

--	--

 a year

This is the money they have made from self-employment after deducting operating expenses.

51. If they have savings or accounts in a bank, post office, building society, credit union or any other financial institution, please state:

Financial Institution 1

Name of financial institution:

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

Account number:

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

Current balance:

€

--	--	--

,

--	--	--	--

 .

--	--

Financial Institution 2

Name of financial institution:

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

Account number:

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

Current balance:

€

--	--	--

,

--	--	--	--

 .

--	--



Part 8 continued

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

Financial Institution 3

Name of financial institution:

Account number:

Current balance:

€ , .

Financial Institution 4

Name of financial institution:

Account number:

Current balance:

€ , .

Please attach a statement for **each** account, showing balance for the last **three** months.

52.If they own stocks, shares or investments, please state:

Their value:

€ , .

Please attach a statement to show details.

53.If they own, work or rent a farm or land, please state:

Size of farm or land:

acres

Net yearly income or rent from farm or land:

€ , .

'Net yearly income' is money they have made from the farm **after** deducting operating expenses.

54.If they have property apart from their home, please state:

Type of property:

Address of property:

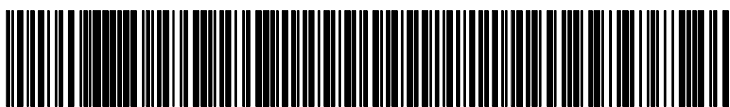
'Property' would be an apartment, business property, another house or land other than that mentioned at question 53.

Current market value:

€ , , .

Rent from this property:

€ , . a week

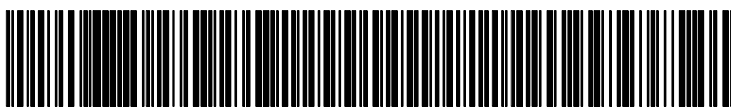


55.If they have any other income please give details in this space provided:

56.If they sold or transferred any property or business in the last three years please give details in this space provided and attach a copy of the deed of transfer:

57.If they have moved from their home, please give details in the space provided if their home is rented, occupied by other people or otherwise being used:

58.If they have recently sold their home to buy another, please outline the circumstances in the space provided and attach supporting documentary evidence from their solicitors:



Have you enclosed the following?

- You and your spouse's, civil partner's or cohabitant's most recent payslips
(if you or your spouse, civil partner or cohabitant were employed during the last 12 months)
- Statements from all financial institutions showing the last 3 months transactions (internet printouts are not generally accepted)
(if you or your spouse, civil partner or cohabitant have money or investments in a financial institution)
- Letter from school or college
(if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)

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

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Your spouse's, civil partner's or cohabitant's birth certificate
(if applying for an increase for them)
- Your child(ren)'s birth certificate(s) (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.

Send this completed application form to:

Blind Pension Section
Social Welfare Services
Department of Social Protection
College Road
Sligo

Telephone: 071 915 7100 or 0818 200 400

If you are calling from outside the Republic of Ireland please call + 353 71 915 7100

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 or 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 as a hard copy.

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

