

# CLAIM FORM FOR SUPPLEMENTARY WELFARE ALLOWANCE (S.W.A. 1 - 10/2008)

Office Use  
Date Received  
  
By Whom

**PLEASE**

- Use **BLOCK LETTERS**. Answer all questions fully, as incomplete information may delay processing your claim.
- Read and sign the Declaration.
- Take the completed form together with evidence of Income/Outgoings to your local Community Welfare Officer.
- Supply a full length Birth Certificate for each person who does not already have a P.P.S. No.

## PART 1 APPLICANT'S DETAILS

SURNAME \_\_\_\_\_ P.P.S. NO. 

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FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ NATIONALITY \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

Do you have a Social Security Number from another country? YES  NO

If "YES" PLEASE STATE: NUMBER \_\_\_\_\_ COUNTRY \_\_\_\_\_

State your Birth Surname: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

How long have you lived in Ireland and/or within the Common Travel Area i.e. United Kingdom, Northern Ireland, Channel Islands, The Isle of Man?

Are you (PLEASE TICK (✓) as appropriate): Male  Female

Single  Married  Separated  Widowed  Cohabiting  Divorced

In Full-time Education YES  NO  In Full-time Work YES  NO  Involved in an Industrial Dispute YES  NO

## PART 2 YOUR SPOUSE/PARTNER'S DETAILS

FULL NAME \_\_\_\_\_ P.P.S. NO. 

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ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_

Does he/she have a Social Security Number from another country? YES  NO

If "YES" PLEASE STATE: NUMBER \_\_\_\_\_ COUNTRY \_\_\_\_\_

State his/her Birth Surname: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Is he/she (PLEASE TICK (✓) as appropriate): In Full-time Work YES  NO  Involved in an Industrial Dispute YES  NO



**PART 6 INCOMES AWAITED**

Are you or your spouse/partner awaiting income from:

Source	Yourself		Spouse/Partner		Details
	YES	NO	YES	NO	
A Social Welfare Claim					
Employment/Redundancy Payments					
A Social Security Claim to another State					
A Maintenance Order/Application					
A Pension Application					
A Compensation Claim					
Any Other Source					

**PART 7 DETAILS OF MEANS**

A. How much income weekly do you and your spouse/partner have from the following sources?

Source	Yourself €	Spouse/Partner €	Details
Social Welfare Payments			
Health Service Executive Payments			
Social Security Payments from another State			
Wages/Salary			
Self Employment (including farming)			
Sick Pay/Income Protection Schemes			
Occupational Pension(s)			
Maintenance Payments			
FAS Training Allowance			
Strike Pay			
Any other source(s) - PLEASE SPECIFY			

B. Have you or your spouse/partner investments in stocks, shares, or deposits with Banks/Building Societies or other Financial Institutions? YES  NO

If "yes" please provide details of:

Amount(s) invested € \_\_\_\_\_ Where invested \_\_\_\_\_

C. Do you or your spouse/partner own any property (including land) other than the house you occupy? YES  NO

If yes, please give the location and use of the property \_\_\_\_\_

\_\_\_\_\_

**PART 8 EMPLOYMENT/EDUCATIONAL SCHEMES**

<b>How much are you or your spouse/partner in receipt of <u>weekly</u> from the following Schemes?</b>	Yourself €	Spouse/Partner €
Area Based Initiative / Back to Work Allowance	_____	_____
Revenue Job Assist / Back to Education Allowance	_____	_____
Community Employment Scheme / Other Scheme	_____	_____
When did the payment(s) commence? (Date)	_____	_____

**PART 9 WEEKLY OUTGOINGS**

<b>How much are you/spouse/partner paying <u>weekly</u> on:</b>	Yourself €	Spouse/Partner €
House Rent / Mortgage	_____	_____
Maintenance Payments to another person	_____	_____
Loans (Banks, Credit Union etc.)	_____	_____
Travel Costs to Work	_____	_____

**PART 10 OTHER INFORMATION**

**Please indicate why you are applying for a Supplementary Welfare Allowance and give any additional information which you feel may be important in support of this application: -**

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**PART 11 DECLARATION**

I declare, that the information given by me in this application is correct and complete. I am aware that the making of any false or misleading statement or the concealment of any relevant information, or failure to disclose relevant information, are offences punishable by law.

I undertake to advise the Health Service Executive immediately of any changes in circumstances including changes in income(s), dependency, address and/or any such changes relating to my spouse/partner which may occur affecting my eligibility for Supplementary Welfare Allowance. I understand and I am aware that I have a legal obligation to inform the Health Service Executive, immediately, of any changes in my circumstances affecting my right to Supplementary Welfare Allowance.

I authorise the Health Service Executive to make all enquiries necessary to establish my current eligibility status and/or that of my spouse/partner and to make such enquiries as may be necessary on an on-going basis for review purposes. I also authorise that the requested information be provided to the Health Service Executive.

I understand that if I am dissatisfied with a decision on my claim, I have a RIGHT OF APPEAL.

**I AM AWARE OF THE CONTENT OF THIS APPLICATION AND KNOWINGLY  
MAKE THIS DECLARATION**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**If the applicant is unable to sign, his/her mark should be made and witnessed. The Witness should sign below.**

SIGNATURE OF WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

**IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION.  
INFORMATION MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.**