

CLAIM FORM FOR SUPPLEMENTARY WELFARE ALLOWANCE (S.W.A. 1 - 07/2009)

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.

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: _____

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

Single Married Separated Widowed Cohabiting Divorced

In Full-time Education In Full-time Work Involved in an Industrial Dispute

YES NO YES NO YES NO

PART 2 YOUR SPOUSE/PARTNER'S DETAILS

FULL NAME _____ P.P.S. NO.

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 Involved in an Industrial Dispute

YES NO 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

How much are you or your spouse/partner in receipt of <u>weekly</u> from the following Schemes?	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

How much are you/spouse/partner paying <u>weekly</u> on:	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: -

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.**