

# CLAIM FORM FOR SUPPLEMENTARY WELFARE ALLOWANCE (S.W.A. 1 - 03/2011)

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.
- **NOTE:** You may be asked questions other than those on this form and may be requested to provide a range of documentary evidence to support your claim.

## 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: \_\_\_\_\_

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

Single  Married  In a Civil Partnership  Cohabiting  Separated

Divorced  A former Civil Partner  Widowed  A surviving Civil Partner   
(you were in a Civil Partnership that has since been dissolved)

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

## PART 2 YOUR SPOUSE, CIVIL PARTNER OR COHABITANT'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): Male  Female

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

### PART 3 CHILD DEPENDANT DETAILS

Please give details of children under 18 years of age who are dependent on you.

Child's Name		Date of Birth	P.P.S. No.	Relationship to you	Does the child live with you YES/NO
First Name	Surname				

### PART 4 OTHER RESIDENTS

Apart from yourself, your spouse/civil partner or cohabitant and child dependants listed in Part 3, state who else lives with you?

First Name	Surname	Date of Birth	Relationship to you	Gross Income per week €

### PART 5 OCCUPATION, EMPLOYMENT AND GENERAL INFORMATION

PLEASE INDICATE:

YOURSELF

SPOUSE/CIVIL PARTNER/  
COHABITANT

- (a) All addresses resided at during the last 2 years. (If more than 1 previous address please provide other address(es) on a separate piece of paper)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (b) Usual occupation. When last employed.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- (c) Name & address of most recent employer.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PART 6 INCOMES AWAITED**

Are you or your spouse/civil partner or cohabitant awaiting income from:

Source	Yourself		Spouse, Civil Partner or Cohabitant		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/civil partner or cohabitant have from the following sources?

Source	Yourself €	Spouse, Civil Partner or Cohabitant €	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/civil partner or cohabitant, savings, 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/civil partner or cohabitant 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, civil partner or cohabitant in receipt of <u>weekly</u> from the following Schemes?</b>	Yourself €	Spouse, Civil Partner or cohabitant €
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, civil partner or cohabitant paying <u>weekly</u> on:</b>	Yourself €	Spouse, Civil Partner or cohabitant €
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/civil partner or cohabitant 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/civil partner or cohabitant 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.**