## Application form for

## **Living Alone Increase**

Social Welfare Services

LA 1

Data Classification Confidential



- Please use **BLOCK LETTERS**
- Please use BLACK INK and complete all questions.
- If a question does not apply to you, please leave the answer area blank.
- For more information, log on to www.gov.ie.

Part 1	You	ır	ow	'n	de	ta	ils												
1. Your PPS No:																			
2. Title: (insert an 'X' or specify)	Mr.		Mrs	S. [		Ms	s. [			C	)the	er							
3. Surname:																			
4. First name(s):																			
<b>5.</b> Your date of birth:	D D		M	M		Υ	Υ	Υ	Υ										
		C	or	ıta	ct	De	tai	ls											
<b>6.</b> Your address:																			
7. Your telephone number:																			
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	MOB		F											]					
8. Your email address:		_	_																
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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.																			
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Signature (not block letters)									D	D		IV	1 1\	1	1	1 1	1 1	ĭ	

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



Part 1 continued	Your own details	
<ol><li>Please state the name of the payment you are getting from this</li></ol>		
Department?  10.Please state the date you started living alone or mainly alone:	D D M M Y Y Y	Y
<b>11.</b> Please give details of any cl or mainly alone.	hanges in your household that ha	ave resulted in you living completely
Complete this Section	on ONLY if you live OUTSID	DE the Republic of Ireland
Post Office Official/Health Something Notary/Peace Commissioned I certify that the person named presence and I am not a relative Signature of witness (not block letter Inc.)	Doctor/Solicitor/Magistrate/Minist Service Official/Bank Official, er/Irish Diplomatic or Consular Of I overleaf is living alone. The appl ve of the applicant.	fficer. licant signed the form in my Official stamp
Send	d the completed application	n form to:
<ul> <li>If you are getting:</li> <li>State Pension (Contributory</li> <li>State Pension (Non-Contrib</li> <li>Blind Pension</li> <li>Widow's, Widower's or Surv Pension</li> <li>Deserted Wife's Benefit</li> </ul>	•	Send your application to: Social Welfare Services College Road Sligo Telephone 0818 200400
<ul> <li>Invalidity Pension</li> </ul>		Send your application to:
<ul> <li>Disability Allowance</li> <li>Incapacity Supplement</li> <li>Widow's, Widower's or Survey</li> <li>Pension under the Occupat</li> </ul>		Social Welfare Services Government Buildings Ballinalee Road Longford

## **Data Protection Statement**

Telephone 0818 927770

Benefit Scheme

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 or in hard copy.

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

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