



REPEAT/TRANSFER CLAIM

Name: _____ PPS No: _____

Address: _____

Phone Number: Land Line _____ Mobile _____

E-mail address: _____ Occupation: _____

1. What were you doing since your last claim? _____

2. State name, address and phone no. of your most recent employer

3. Dates of employment: From _____ To _____

4. State number of days worked a week _____ Number of hours worked a day _____

5. Why did this job finish? _____

6. Are you available for full-time work? Yes No

7. Are you looking for work? Yes No

If you answered 'No' to questions 6 or 7, please state why.

8. Are you working casually, part-time etc. ? Yes No

Forms issued: UP 14 UP 15 UP 16

9. At what Post Office do you wish to be paid? _____

Alternatively if you wish to be paid directly to your bank account please complete form USF 6.

Spouse/Civil Partner/Cohabitant's Details

10. Spouse/Civil Partner/Cohabitant's Name: _____ PPS No. _____

11. Spouse/Civil Partner/Cohabitant's average weekly earnings: € _____ (please attach payslips)

12. If Spouse/Civil Partner/Cohabitant is in receipt of a Social Welfare/Health Service Executive/Solas payment, please state: Type of payment: _____ Weekly Amount: € _____

Children's Details

13. No. of children under age 18: _____ 13a. No. of children over age 18 in full-time education: _____

14. Are all your children living with you? Yes No

If 'No', list names of children not living with you: _____

If claiming Jobseeker's Benefit, please sign the declaration on page 3.

If claiming Jobseeker's Allowance, please answer the questions on page 2 and sign the declaration on page 3.

Official Use		
JA	JB	JBSE
JBCO		
AD Code	_____	
Link Ind	_____	
Occ Code	_____	
Posn Prior	_____	
Date of claim	_____	

For Jobseeker's Allowance Only

Household Profile

15. Do you live alone?

Yes No

If 'No', please supply details of everyone who lives in your household

Name	Age	Relationship to you	Weekly Earnings	Social Welfare or Health Service Executive payment	Type of payment
			€	€	
			€	€	
			€	€	
			€	€	
			€	€	
			€	€	
			€	€	

16. Do you or your Spouse/Civil Partner/Cohabitant own the property in which you live? Yes No

If 'No' are you paying rent?

Yes No

17. Amount of rent € _____ paid weekly/fortnightly/monthly

18. Do you or your Spouse/Civil Partner/Cohabitant have any of the following:	You		Your Spouse/Civil Partner/Cohabitant	
	Yes	No	Yes	No
Money in a Bank, Building Society, Post Office, Credit Union or other financial institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earnings from full-time/part-time employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from self-employment including farming, in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments, including stocks, bonds, shares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in any house, property or land not personally occupied by you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Maintenance Grant or a Deed of Covenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from any pension(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money received from compensation, redundancy or lump sum in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any claim for a compensation payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from any other source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' to any of the questions above, please supply details/payslips/statements etc.

Questions 19 and 20 should be completed by claimants under age 25 living with their parents

19. Are your parents:	Parents	
	Yes	No
In receipt of a Social Welfare/Health Service Executive payment or similar payment?	<input type="checkbox"/>	<input type="checkbox"/>
In receipt of a private pension or a pension from their job?	<input type="checkbox"/>	<input type="checkbox"/>
Working or Self-employed?	<input type="checkbox"/>	<input type="checkbox"/>
Owners of land or property (apart from house they live in)?	<input type="checkbox"/>	<input type="checkbox"/>
Receiving income from any other source?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' to any of the questions above, please supply details/payslips/statements etc.

20 Amount paid weekly/fortnightly/monthly by your parents in respect of Rent/Mortgage
€ _____, if applicable, (please *attach rent/mortgage receipt*)

Please sign the declaration on page 3

DECLARATION BY CLAIMANT

I state that:

- There has been no change in my own or my spouse/civil partner/cohabitant's means or circumstances since I last claimed a Jobseeker's payment apart from those detailed on this form.
- There is no change in my child dependant details since I last claimed a Jobseeker's payment apart from those detailed on this form.
- I continue to be available for full-time work, I am capable of work and I am genuinely looking for work.
- I will inform the Department if there are any changes in my means or circumstances which may affect my entitlement to payment.
- I know that it is an offence to provide false information or to withhold information to qualify for a Jobseeker's payment.

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data policy is available at www.gov.ie/deasp/privacystatement or in hard copy.

Signed : _____ Date: _____

Claimant's Signature

For Official Use Only

Other relevant factors for the information of the Deciding Officer

Evidence of Identity

- | | | | |
|-------------------|--------------------------|----------------------------|--------------------------|
| Personally Known | <input type="checkbox"/> | Resembles photo ID on file | <input type="checkbox"/> |
| Passport | <input type="checkbox"/> | Driver's Licence | <input type="checkbox"/> |
| Bank/Credit Cards | <input type="checkbox"/> | System Information | <input type="checkbox"/> |
| Other Photo ID | <input type="checkbox"/> | Specify _____ | |
| Other documents | <input type="checkbox"/> | Specify _____ | |
| Other | <input type="checkbox"/> | Specify _____ | |

Evidence of Address (Only where required)

- | | | | |
|---|--------------------------|---------------|--|
| Local Authority Rent Book | <input type="checkbox"/> | | |
| Utility Bill | <input type="checkbox"/> | Specify _____ | |
| Financial Statements | <input type="checkbox"/> | Specify _____ | |
| Government/Local Authority Correspondence | <input type="checkbox"/> | Specify _____ | |
| Other acceptable correspondence | <input type="checkbox"/> | Specify _____ | |

Signature of Claim Acceptance Officer: _____ Date: _____

To: Inspector: _____

Please review claimant's means at the request of **claimant/deciding officer** (delete as appropriate).

Reason: _____

Jobseeker's Allowance **is/is not** currently being paid (delete as appropriate).

Signature of Deciding Officer: _____ Date: _____

Name of Intreo Centre/Branch Office: _____