



# Application form for Supplementary Welfare Allowance

## What is Supplementary Welfare Allowance?

Supplementary Welfare Allowance (SWA) is a scheme to provide financial assistance to you when your means are not enough to meet your needs.

The SWA payment can be made weekly, monthly or you may get a once off payment. The information you provide on this form will determine the type of payment that you may receive.

Some examples of payments are:

**Basic Supplementary Allowance** - weekly payment while waiting on another payment, or if you don't qualify for another payment.

**Additional Needs Payment** - a payment available to you if you have expenses that you cannot pay from your weekly income. You may get this payment even if you are not getting a social welfare payment. It also may be available to you if you are working and on a low income.

Additional Needs Payment can include assistance with:

- fuel and electricity bills;
  - essential repairs to property, including motor vehicles and replacing household appliances and furniture;
  - deposits for private rented accommodation;
  - furniture, bedding and other items if you are setting up a home for the first time;
  - funeral costs;
  - recurring travel expenses such as for hospital appointments or visiting relatives in hospital or prison;
- and**
- payment to meet immediate needs in case of an emergency event, for example a house fire.

## How do I qualify for Supplementary Welfare Allowance?

You get Supplementary Welfare Allowance you must:

- be living in Ireland; and
- need help to provide for your needs and those of your family.

## How do I complete this form?

There is an example on the back of this page that can be used as a guide to fill in this form. Please:

- Write with a **black** ballpoint pen, use capital letters and place an **X** in the relevant boxes;
- Answer **all** questions that apply to you; **and**
- Read the checklist in **Part 8** and sign the declaration in **Part 7**.

**Note:** You will need your Personal Public Service (PPS) Number along with information on where you live, your children, your relationship status and where you want payment to issue. You may be asked for additional information and to provide written evidence to support your application.

## How do I apply?

To apply please send or bring this completed application form, along with the relevant supporting documents, to your local Intreo Centre or an office administering Supplementary Welfare Allowance.

If you need help in completing this form, please visit your local Intreo Centre, Social Welfare Office or any Citizens Information Centre. The name and address of your local Intreo Centre or Social Welfare Office can be found by visiting [www.gov.ie/intreocentres](http://www.gov.ie/intreocentres)

For more information, please visit [www.gov.ie/SWA](http://www.gov.ie/SWA)

## How to fill in this form

To help us process this form please write letters and numbers clearly and use one box for each. See examples below.

### Part 1

### Your details

1. Which payment you are applying for:  Weekly Income Support or  Other Assistance

Please give the reasons why you are applying for Supplementary Welfare Allowance in the box below and any other information that you believe will help us process your application. Please use capital letters:

THERE WAS A FIRE IN MY HOUSE AND MY HOURS OF WORK WERE REDUCED.	<b>For Office Use</b>
	BASI <input type="checkbox"/>
	ENP <input type="checkbox"/>
	SUPP <input type="checkbox"/>
	UNP <input type="checkbox"/>

2. Are you getting or have you applied for any social protection payment in Ireland or another country?  Yes  No

If **yes**, please state name of payment:

C A R E R S      B E N E F I T

3. PPS Number:

1 2 3 4 5 6 7 T

4. Title, insert an **X** or specify:

Mr  Mrs  Ms  Other

5. Surname:

M C B R I D E

6. First names:

M A U R E E N

7. Birth surname, if different:

M U R P H Y

8. Date of birth:

1 0      0 5      1 9 7 0

D D      M M      Y Y Y Y

**Note:** If you are applying for a weekly income payment, are under 25 years of age and are living with your parents or step-parents, you must complete **Part 4**.

# SAMPLE

# Application form for Supplementary Welfare Allowance



## Part 1 Your details

1. Which payment you are applying for:  Weekly Income Support or  Other Assistance

Please give the reasons why you are applying for Supplementary Welfare Allowance in the box below and any other information that you believe will help us process your application. Please use capital letters:

	<b>For Office Use</b> BASI <input type="checkbox"/> ENP <input type="checkbox"/> SUPP <input type="checkbox"/> UNP <input type="checkbox"/>
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2. Are you getting or have you applied for any social protection payment in Ireland or another country?  Yes  No

If **yes**, please state name of payment:

3. PPS Number:

4. Title, insert an **X** or specify: Mr  Mrs  Ms  Other

5. Surname:

6. First names:

7. Birth surname, if different:

8. Date of birth:     
D D M M Y Y Y Y

**Note:** If you are applying for a weekly income payment, are under 25 years of age and are living with your parents or step-parents, you must complete **Part 4**.

9. Address:

County  Eircode

10. Telephone number:

11. Email address:


12. Are you?

<input type="checkbox"/> Single	<input type="checkbox"/> Cohabiting
<input type="checkbox"/> Married	<input type="checkbox"/> In a Civil Partnership
<input type="checkbox"/> Separated	<input type="checkbox"/> A surviving Civil Partner
<input type="checkbox"/> Divorced	<input type="checkbox"/> A former Civil Partner
<input type="checkbox"/> Widowed	

(you were in a Civil Partnership that has since been dissolved)

13. If you are married, in a civil partnership, civil union or cohabitating, from what date?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

14. If you are divorced, your civil partnership or civil union has dissolved or you are no longer cohabitating, when did this happen?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

15. Do you have a Social Security number from another country?

Yes  No

If **yes**, please state:

Social Security number:

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Country:

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16. Are you in education?

Yes  No

If **yes**, please state the type of education:

Full-time  Part-time

17. Are you employed, including part-time or temporary work?

Yes  No

**Note:** You are employed when you work for another person or company and get paid for the work.

If **yes**, please state:

Employer's name:

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Employer's address:


County

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Eircode

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Work pattern:

hours a week  days a week

Gross weekly pay:

€ , .

**Gross weekly pay** is your weekly pay before tax, PRSI, union dues or other deductions.

Please attach three recent payslips.

If **no**, please state the date you were last employed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

18. If you are self-employed, including farming, please state:

Type of business or trade:

Profit over the last year: € , .

Please attach your most recent set of certified accounts from the business.

19. Are you getting any social protection payments from the State or another country?  Yes  No

If **yes**, please state:

Name of payment:

Weekly amount: € , .

Country:

Please attach verification if this payment is from outside of the State.

20. Is anyone claiming an increase for you as a dependent on their social protection payment?  Yes  No

If **yes**, please state:

Their name:

Their address:

County

Eircode

Name of payment:

21. Are you getting any payment from the Health Service Executive?  Yes  No

If **yes**, please state:

Name of payment:

Weekly amount: € , .

22. Are you getting maintenance?  Yes  No

**Maintenance** is money you receive from your spouse, civil partner or other parent of your children.

If **yes**, please state:

Weekly amount: € , .



27. Do you have any other accounts with financial institutions other than those accounts listed above?  Yes  No

If **yes**, a separate sheet of paper can be used to provide details.

Please attach an original statement for each account, showing transactions for the last three months.

28. Do you own stocks, shares including shares in a creamery or Co-op, annuities, bonds, funds, insurance policies or investments in the State or any other country?  Yes  No

If **yes**, please state:

Current market value: €     ,     .

Please attach a statement to show details and current market value.

29. Other than the house you live in, do you own or share in the ownership of any property, including land, in the State or in any other country?  Yes  No

If **yes**, please state:

Address:

County

Eircode

Country

Its value: €     ,     .

Use of property:

Please provide current documentary evidence of the market value or the rental income of the property. If mortgaged, please attach a recent statement from the lending institution.

**Note:** Please use a separate sheet of paper for additional information to **Questions 19 to 29** if needed.

30. How much are you and your spouse, civil partner or cohabitant paying **weekly** on:

	You	Your spouse, partner or cohabitant
House, rent or mortgage:	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Maintenance payments to another person:	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Loans, for example, from banks or credit unions:	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Other, please specify:	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

31. PPS Number:

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32. Title, insert an **X** or specify:

Mr  Mrs  Ms  Other 

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33. Surname:

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34. First names:

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35. Birth surname, if different:

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36. Date of birth:

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D D M M Y Y Y Y

37. Do they have a Social Security number from another country?

 Yes No

If **yes**, please state:

Social Security number:

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Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

38. Are they in education?

 Yes No

If **yes**, please state the type of education:

 Full-time Part-time

39. Are they employed, including part-time or temporary work?

 Yes No

**Note:** They are employed when they work for another person or company and they get paid for the work.

If **yes**, please state:

Their employer's name:


Their employer's address:


County

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Eircode

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Their gross weekly pay: €

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**Gross weekly pay** is your weekly pay before tax, PRSI, union dues or other deductions.

Please attach three recent payslips.

40. If they are self-employed, including farming, please state:

Type of business or trade:

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Profit over the last year: €

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Please attach their most recent set of certified accounts from the business.



41. Are they getting any social protection payments from the State or another country?  Yes  No

If **yes**, please state:

Name of payment:

Weekly amount: € , .

Country:

Please attach verification if this payment is from outside of the State.

42. Is anyone claiming an increase for them as a dependent on their social protection payment?  Yes  No

If **yes**, please state:

Their name:

Their address:

County

Eircode

Name of payment:

43. Are they getting any payment from the Health Service Executive?  Yes  No

If **yes**, please state:

Name of payment:

Weekly amount: € , .

44. Are they getting maintenance?  Yes  No

**Maintenance** is money they receive from their spouse, civil partner or other parent of their children.

If **yes**, please state:

Weekly amount: € , .

45. Are they in receipt of a pension, state or occupational, in Ireland or another country?  Yes  No

If **yes**, please state:

Weekly amount: € , .

46. Have they received a compensation claim, **excluding** any State redress scheme?

Yes

No

If **yes**, please state:

Amount:

€    ,    .

Date of award:

D D M M Y Y Y Y

47. If they have any other income, please give details in the box below:

48. Do they have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the State or another country?

Yes

No

If **yes**, please state:

**Financial Institution 1**

Name:

Current balance:

€    ,    .

Names of account holders:

Name 1:

Name 2, if any:

**Financial Institution 2**

Name:

Current balance:

€    ,    .

Names of account holders:

Name 1:

Name 2, if any:

Please attach an original statement for each account, showing transactions for the last three months.

49. Do they have any other accounts with financial institutions other than the accounts listed above?

Yes

No

If **yes**, a separate sheet of paper can be used to provide details.

Please attach an original statement for each account, showing transactions for the last three months.

50. Do they own stocks, shares including shares in a creamery or Co-op, annuities, bonds, funds, insurance policies or investments in the State or another country?  Yes  No

If **yes**, please state:

Current market value: €     ,     .

Please attach a statement to show details and current market value.

51. Other than the house they live in, do they own or share in the ownership of any property, including land, in Ireland or in another country?  Yes  No

If **yes**, please state:

Address of property:

County           Eircode

Country

Its value: €     ,     .

Use of property:

Please provide current documentary evidence of the market value or the rental income of the property. If mortgaged, please attach a recent statement from the lending institution.

**Note:** Please use a separate sheet of paper for additional information to **Questions 41 to 51** if needed.

52. Please give details of children that are dependent on you, including those who are in full-time education:

**Child 1**

Surname:

First names:

Date of birth:

D D M M Y Y Y Y

PPS Number:

Relationship to you:

Does this child live with you?  Yes  No

**Child 2**

Surname:

First names:

Date of birth:        
D D M M Y Y Y Y

PPS Number:

Relationship to you:

Does this child live with you?  Yes  No

**Child 3**

Surname:

First names:

Date of birth:        
D D M M Y Y Y Y

PPS Number:

Relationship to you:

Does this child live with you?  Yes  No

**Notes:** A separate sheet of paper can be used for more details if needed.

Please submit verification that any children between 18 and 22 years of age are in full-time education.

**Part 4**

**Details of everyone living at your address**

You must complete **Part 4** if:

- You are applying for a weekly income payment, are under 25 years of age and are living with your parents or step-parents. You must provide your parent's or step-parent's details and details of any children under 22 years of age who are still in full-time education and are dependent on your parents or step-parents.

**OR**

- If you require assistance with the cost of a household related item or service. You are required to provide details of all people living at your address.

**53.** If you are under 25 years of age, do you live with your parents or step-parents?  Yes  No

54. Please give details of all other people living at your address except for your spouse, partner or cohabitant named in **Part 2** and the children named in **Part 3**:

**Person 1**

Surname: 

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First names: 

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PPS Number: 

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Relationship to you: 

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Source of income: 

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**Person 2**

Surname: 

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First names: 

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PPS Number: 

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Relationship to you: 

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Source of income: 

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**Person 3**

Surname: 

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First names: 

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PPS Number: 

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Relationship to you: 

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Source of income: 

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**Note:** A separate sheet of paper can be used for more details if needed.

Please include evidence of income and outgoings for the persons listed. See checklist at the end of this form for guidance. Any information supplied may be verified with the persons listed and further information may be required.

You must complete **Part 5** if you are applying for a payment other than once-off additional needs payment.

For more information on the Habitual Residence Condition or European Economic Area status, please visit [www.gov.ie/HRC](http://www.gov.ie/HRC)

55. What country were you born in?

56. What is your nationality?

57. When did you come to live in the State?

D D M M Y Y Y Y

58. How long do you intend to remain in the State?

59. Have you lived in the Common Travel Area for all of your life including the last two years?  Yes  No

If **no**, please complete **Questions 60 to 63**.

If **yes**, please give details of where you lived.

Country:

From:

To:

D D M M Y Y Y Y

Why you lived there:

**Note:** The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

If you lived in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands, please provide proof of residence. Residency may be verified by producing a passport or identity card and one or more of the following: employment records, bank statements, details of benefit payments, utility bills, receipts for local authority charges or rent or mortgage agreements.

**Note:** A separate sheet of paper can be used for more details if needed.

60. Have you lived continuously in Ireland since the day you arrived?  Yes  No

61. Does any of your immediate family live in Ireland?  Yes  No

Person 1

Surname: [grid]
First names: [grid]
PPS Number: [grid]
Relationship to you: [grid]

Person 2

Surname: [grid]
First names: [grid]
PPS Number: [grid]
Relationship to you: [grid]

Person 3

Surname: [grid]
First names: [grid]
PPS Number: [grid]
Relationship to you: [grid]

Note: A separate sheet of paper can be used for more details if needed.

62. Have you ever made an application for refugee status or International Protection?  Yes  No

If yes, please answer both questions (a) and (b) below and provide copies of all relevant documentation from the Department of Justice.

a) Are you awaiting a decision on an application for refugee status or International Protection?  Yes  No

b) Have you been granted refugee status or permission to remain in the State?  Yes  No

63. Do you have an Irish Residence Permit (IRP)?  Yes  No

If yes, please attach a verified copy of it. Your local Intreo Centre or Social Welfare Office can photocopy it for you and verify that they saw the original.

If you do not have a current or valid permit, have you applied for a permit renewal?  Yes  No

If yes, please provide a verified copy of your most recent permit and a copy of your renewal application.

If no, please provide any other details as to your residency and employment status.

For official use only

HRC satisfied: [checkbox] EEA status satisfied: [checkbox] HRC not satisfied: [checkbox] HRC1 issued: [checkbox]

**64.** Insert an **X** for which payment method you would prefer and fill in the details below:

- 1. Electronic Fund Transfer (EFT) to your financial institution
- 2. Payment at a post office
- 3. Nominated payment to a third party, for example, landlord's financial institution

**Note:** Final decision on payment method is a matter for the Department of Social Protection.

**Financial Institution**

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Names of account holders:

Name 1:

Name 2, if any:

**Post Office**

Name:

Address:

County  Eircode

**Nominated Payment**

Your payment can be made to a third party with your consent. If you wish for your payment to go to another person or company, please provide the following details:

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Names of account holders:

Name 1:

Name 2, if any:



**Nominated Payment** continued

By cheque payment to:

Name:

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Address:

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County

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Eircode

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**Part 7**

**Declaration**

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.

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Date:

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2	0		
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D D

M M

Y Y Y Y

Your signature, **not** capital letters.

If you are not able to sign, your mark should be made and witnessed. The witness should sign below.

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Date:

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2	0		
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D D

M M

Y Y Y Y

Signature of witness, **not** capital letters.

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

**For official use only**

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requested assistance filling in this application form, or parts of it, from:

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and they have verbally agreed the contents and signed or marked the declaration.

Please check if you have enclosed the following:

- Photographic ID: If you have a Public Service Card (PSC), photographic ID is not required. Your passport, driver’s licence or other official photographic ID may be supplied if you do not have a Public Service Card.
- Proof of household income: If you or your spouse, civil partner or cohabitant are employed, please provide three recent payslips.
- Self-employment: If you or your spouse, civil partner or cohabitant are self-employed, please provide the profit and loss account for the last 12 months, together with the most recent notice of assessment from the Office of the Revenue Commissioners.
- Recent statements for you or your spouse, civil partner or cohabitant from all financial institutions.
- If you are under 25 years of age and living with your parents or step-parents, please provide evidence of their income, for example, payslips, pensions, rental incomes or other. Please also provide evidence of their outgoings, for example, rent, mortgage, health insurance, education fees or other.

Have you included any additional information to support your application?  Yes  No

Have you fully answered all questions that apply to you?  Yes  No

For official use only

Application form checked:

Additional documentation checked:

Date: 

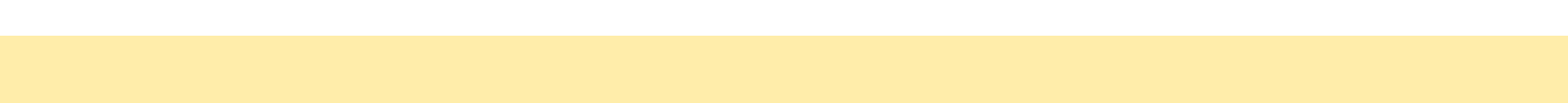
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2	0		
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D D      M M      Y Y Y Y

Signature, **not** capital letters.



## Data Protection Statement

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](http://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.