

Application form for Supplementary Welfare Allowance



What is Supplementary Welfare Allowance (SWA)?

This form will allow you to apply for a payment under the Supplementary Welfare Allowance scheme. There are a number of different types of payments you might receive. The department will make the decision on the type of payment based on the information you supply on this form. A SWA payment can be made weekly or monthly or you may get a once off payment.

You can apply for Supplementary Welfare Allowance if you:

- Are living in Ireland; **and**
- Need help to provide for your needs and those of your family.

Some examples of payments are:

- Weekly payment while waiting on another payment, or if you don't qualify for another payment;
- Once-off payment to meet the costs of buying furniture or household items when setting up a home for the first time;
- Cost of travel to visit relatives in hospital or prison;
- Financial assistance with the funeral costs of a relative; **or**
- Payment to meet immediate needs in case of an emergency event, for example a housefire.

How to complete this application form:

- Write with a black ballpoint pen.
- Use BLOCK LETTERS and place an X in the relevant boxes.
- Answer all the questions that apply to you, leave the others blank.
- When the form is completed, sign the declaration in Part 5.

You may be asked for additional information separately and to provide written evidence to support your application.

If you need any help to complete this form, please contact your local Intreo Centre, Social Welfare Office or any Citizen Information Centre. The name and address of your local Intreo Centre or Social Welfare Office can be found by visiting **www.gov.ie/intreo**

For more information, visit **www.gov.ie/swa**

How to fill in first page of this form

To help us with your application:

1. Please print letters and numbers clearly;
 2. Use one box for each character, letter or number; and
 3. Leave Boxes blank if they do not apply to you.
1. Please tell us why you are applying for a payment and give any additional information which you feel may be important for your application:

Why you are applying for Supplementary Welfare Allowance and any other information for application.

2. Your PPS Number:

1	2	3	4	5	6	7	T	
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3. Title, insert an **X** or specify: Mr ☐ Mrs ☒ Ms ☐ Other

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4. Surname:

M	U	R	P	H	Y											
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5. First names:

M	A	U	R	E	E	N										
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6. Your birth surname:

S	M	I	T	H												
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7. Your date of birth:

2	8		0	2		1	9	7	0
D	D		M	M		Y	Y	Y	Y

Contact Details

8. Your address:

1		N	E	W		S	T	R	E	E	T						
O	L	D		T	O	W	N										
D	O	N	E	G	A	L		T	O	W	N						
County	D	O	N	E	G	A	L										
Eircode	A	6	5	F	4	E	2										
9. Your telephone number:

0	8	8	1	2	3	4	5	6	7								
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10. Your email address:

M	M	A	U	R	E	E	N	@	W	E	L	F	A	R	E	.	I	E
11. Are you? ☒ Single ☐ Separated ☐ In a Civil Partnership
☐ Married ☐ Divorced ☐ A surviving Civil Partner
☐ Widowed ☐ Cohabiting ☐ A former Civil Partner
(you were in a Civil Partnership that has since been dissolved)

SAMPLE

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

☐ Yes ☐ No

If **yes**, please state
Social Security number:

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13. Are you in full time
education?

☐ Yes ☐ No

14. Are you employed?

☐ Yes ☐ No

If **yes**, please state
your weekly income
from employment:

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Total number of hours
worked a week:

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Your occupation:

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Your employer's name:

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Your employer's address:

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

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M M

Y Y Y Y

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

Type of business or trade:

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Your profit over the
last year:

€

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16. If you are getting or have applied for any other payments for example from social welfare, the Health Service Executive, an occupational pension, a pension or allowance from another country, maintenance or any other income, please give details:

Name of payments:

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Amount per week:

€

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17. Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in Ireland or another country?

Do you have any investment accounts including stocks, bonds or shares in Ireland or any other country?

☐ Yes ☐ No

If **yes**, please state:

The current amount:

€

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Where it is invested:

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Part 1 continued**Your own details**

- 18.** Do you own or share in the ownership of any property, including land, in Ireland or in another country other than the house where you live?

☐ Yes ☐ No

If **yes**, please state property or land address:

Its value:

€ , ,

Use of property or land:

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Note: Please use a blank sheet for additional information for questions 16-18 if needed.

- 19.** How much are you, your spouse, 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"/>
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"/>
Loans, for example from banks, credit union.	€ <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	€ <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"/>

Please specify:

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Part 2**Your spouse's, partner's or cohabitant's details**

- 20.** Their PPS Number:

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- 21.** Title, insert an **X** or specify:

Mr ☐

Mrs ☐

Ms ☐

Other

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

- 22.** Their surname:

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- 23.** Their first names:

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- 24.** Their birth surname:

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- 25.** Their date of birth:

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

- 26.** Do they have a Social Security number from another country?

☐ Yes ☐ No

If **yes**, please state Social Security number:

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- 27.** Are they employed?

☐ Yes ☐ No

If **yes**, please state their weekly income from employment:

€ , .

Their occupation:

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Their employer's name:

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Their employer's address:

28. Are they self-employed, including farming? Please state:

Type of business or trade:

Their profit over the last year: € , .

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

Do they have any investment accounts including stocks, bonds or shares in Ireland or any other country?

☐ Yes ☐ No

If **yes**, please state the current amount: € , .

Where it is invested?

30. Do they own or share in the ownership of any property, including land, other than the house you occupy?

☐ Yes ☐ No

If **yes**, please state property or land address:

Its value: € , ,

Use of property or land:

Note: Please use a blank sheet for additional information for questions 29 and 30 if needed.

Part 3

Your children's details

31. Please give details of children under 18 years of age or 18-22 years of age who are still in full-time education and are dependent on you:

First Name	Surname	Date of Birth	PPS Number	Relationship to you	Does this child live with you? Yes or No

Note: Please use a blank sheet for additional children if needed.

Part 4

Payment details

32. Please tick which payment method you would prefer and fill in details below.

1. Electronic Fund Transfer (EFT) to a bank account

☐

2. Payment at a Post Office

☐

3. Nominated Payment

☐

Note: Final decision on payment method is a matter for the department.

Financial Institution

Note: You will find the details requested below printed on statements from your financial institution.

Name of financial institution:

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Address of financial institution:

County

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Eircode

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Bank Identifier Code (BIC):

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International Bank Account Number (IBAN):

Names of account holders:

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Post Office

Post Office address:

County

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Eircode

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Nominated Payment

Nominated Payment: Your payment can be made to a third party with your consent.

If you wish your payment to go to another person or company please provide the following details:

Name of financial institution:

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Bank Identifier Code (BIC):

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International Bank Account Number (IBAN):

Name of account holder:

By Cheque payment to:

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Name:

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Address:

Part 5

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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Signature **not** block letters.

Date:

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

Part 6

Checklist

- 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.
- Did you give as much detail as possible about your application in Part 1?
- Proof of household income: If you or your spouse, civil partner or cohabitant are employed, please provide a recent payslip (Questions 14 and 27).
- 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 (Questions 15 and 28).
- If you answered yes to questions 17 or 29, then please provide a recent statement from the financial institution.
- Have you included any additional sheets that were needed to answer questions fully? (Questions 16, 17, 18, 29, 30 and 31)?
- Have you signed the declaration in Part 5?

Send this completed form to:

Return this form to your local Intreo Centre or office administering Supplementary Welfare Allowance. The name and address of your local Intreo Centre or Social Welfare Office can be found by visiting **www.gov.ie/swaoffices**

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** or in hard copy.

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