Fuel Allowance under the National Fuel Scheme

How to complete application form for Fuel Allowance under the National Fuel Scheme.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

 Please fill in all parts as they apply to you. When form is completed, sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to www.welfare.ie.

How to fill in first page of this form

To help us in processing your claim:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1.	Your PPS No.:	1	2	3	4	5	6	7	T									
2.	Title: (insert an 'X' or specify)	Mr.			Mrs	5. X		Ms				C)the	er				
3.	Surname:	M	U	R	P	Н	Y											
4.	First name(s):	M	Α	U	R	E	E	N										
5.	Your first name as it appears on your birth certificate:	M	A	R	Y													
		A 4		_	_	_			_	_				I	I	1		
6.	Birth surname:	M	С	D	Ε	R	M	0	ı	T								
7.	Your mother's birth surname:	K	Ε	L	L	Y												
8.	Your date of birth:	2	8		0	2		1	9	7	0							
		D	D		M	M		Y	Y	Y	Y							
					Co	nt	act	D	eta	ils								

10.Your telephone number:

9. Your address:

0 1 7 0 4 3 0 0 0

S | T | R | E | E |

Ν

G A L

T

LANDLINE

N E W

D

Т

0

o w

N E

0 8 6 1 2 3 4 5 6 7

MOBILE

L

CO

D

11. Your email address:



SAMPLE

Social Welfare Services NFS 1

Fuel Allowance under the National Fuel Scheme



Part 1	Your own details													
1. Your PPS No.:														
2. Title: (insert an 'X' or specify)	Mr. Mrs. Other													
3. Surname:														
4. First name(s):														
5. Your first name as it appears on your birth certificate:														
6. Birth surname:														
7. Your mother's birth surname:														
8. Your date of birth:														
D D M M Y Y Y Y														
Contact Details														
9. Your address:														
10.Your telephone number:														
	LANDLINE													
	MOBILE													
11.Your email address:														
	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.														
	Date: 2 0													
	D D M M Y Y Y Y													
Signature (not block letters)														

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							
12.Are you?	Single Widowed Remarried Divorced Married Cohabiting Separated							
Part 2	Your claim and income details							
13.Are you getting a payment from this Department? Yes No								
14.If 'Yes', please state name of	of payment:							
15.If you are getting a pension	or allowance from another country, please state:							
Name of country:								
Name of payment:								
Claim or reference number:								
How long have you been getting this payment?	months							
16.If you are employed or self-employed, please state:								
Gross income: €	a week							
17. If you have income from any source such as an occupational pension and including any pension from another country, please state:								
Gross income: €	a week							
18.If you own stocks, shares o	r investments, please state:							
Their value: €								
19.If you have savings in a fina	ancial institution, please state:							
Amount of savings: €								
20.If you own property, other	than your home, please state:							
Market value of property: €								
21.If this property is rented out, please state:								
Rental income: €	a week							
22. If you have a business, please state:								
Yearly profit: €								

Your payment details

If you are already getting a payment from this Department, your Fuel Allowance will be paid with your current payment. If you are not already getting a payment from this Department, you can get payment at your local post office or direct to your current, deposit or savings account in a financial institution. Please complete either option below if you are not already getting a payment from this Department.

	Post Office
Post Office address:	
	Financial Institution
	You will get the following details printed on statements from your financial institution.
Name of financial institution:	
Sort code:	
Account number:	
Bank Identifier Code (BIC):	
International Bank Account Number (IBAN):	
Number (IDAN).	
Name(s) of account holder(s):	
Name 1:	
Name 2 (if any):	



Part 4	Your spouse's or partner's details												
23.PPS No.:													
24.Title: (insert an 'X' or specify)	Mr. Mrs. Other												
25.Surname:													
26.First name(s):													
27.Birth surname:													
28.Address:													
Only answer this question if you do not live together.													
29.Gross weekly income: €													
This includes all earnings and pensions, if any.													
30.Total savings/ investments: €													
31. Value of property: (other than family home) €													
32.Rent from this property: (other than family home) €	a week												
33.Profit from business: €	a year												



Household details

34. List all people living with you and give the following information for each.

	Person 1							
Name:								
PPS No.:								
Gross weekly income:	€							
This includes all earning	This includes all earnings and pensions, if any.							
Total savings/ investments:	€							
Value of property: (other than family home)	€							
Rent from this property: (other than family home)	€a week							
Profit from business:	€a year							
	Person 2							
Name:								
PPS No.:								
Gross weekly income:	€							
This includes all earning	gs and pensions, if any.							
Total savings/ investments:	€							
Value of property: (other than family home)	€							
Value of property: (other than family								



Part 5 continued	Household details								
	Person 3								
Name:									
PPS No.:									
Gross weekly income:	€								
This includes all earnings and pensions, if any.									
Total savings/investments:	€								
Value of property: (other than family home)	€								
Rent from this property: (other than family home)	€, a week								
Profit from business:	€, a year								
35.If you need constant care and attention please state name of person providing this:									
Surname:									
First name(s):									
Their PPS No.:									

A Social Welfare Inspector may call on you to examine your application and may ask to see documents about your household means.

Send this completed application form to:

Send this completed application form to the section of the Department of Social and Family Affairs that pay you.

If you are receiving a **payment from another country**, you should send your application form to:

NFS Section Social Welfare Services College Road Sligo

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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

75K 02-09 Edition: February 2009

