## Application form for

# Social Welfare Services HB 1

# Household Benefits Package

- 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.
- Log on to **www.welfare.ie** for more information.

Part 1	Your	own de	tails		
1. Your PPS No:					
2. Title: (insert an 'X' or specify)	Mr.	Mrs.	Ms.	Other	
3. Surname:					
4. First name(s):					
5. Your birth surname:					
6. Your mother's birth surname:					
7. Your date of birth:	D D	M M	Y Y Y Y		
		Contact	Details		
8. Your address:					
9. Your telephone number:					LANDLINE
					MOBILE
10.Your email address:					
		Declar	ation		
I declare that all the information	I have give	en on this fo	orm is accurate.		
I will tell the Department when r	ny means	or circumst	ances change.		
Cidnatura (nat blank history)			Date:	D M A	2 0   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
11.Have you changed address recently?	Yes No
If Yes, please give details of your previous address	
12.Are you aged 70 years or over?  If Yes, please go to Part 2 on	Yes No the next page
13.Are you living alone? If No, please give details of t	Yes No hose living with you:
PPS Number	How are they related to you? Source of income or social welfare payment or student Gross pay if employed
14. Are you getting an occupational pension?  Are you getting a social security payment from another country?  If 'Yes' to either of the abo	Yes No Yes No ve. please state:
Type of payment:	- o, prouse seasor
Source of payment:	
15.If you are aged between 66	and 70 years and not in receipt of a qualifying payment (for more are.ie), do you want to be means tested?  Yes  No
16.If you or anyone in your ho	usehold has ever applied for Household Benefits, please state:
Applicant's surname:	
Applicant's first name:	
PPS Number:	



# Allowance(s) you are applying for

Please tick ONLY one of the four option below: (Log on to www.welfare.ie for mainformation.)		F	Pleas	e ti	ck if	you	ı wi	sh to	о арр	oly f	or:			
Electricity Allowance (complete questi	on 1)		Te	elevi	ision	Lice	ence	e (co	mple	te qı	uest	ion	4)	
Gas Allowance (complete question 2)			Te	elep	hon	e All	owa	ance	(con	plet	e q	uest	ion	5)
Group Account Allowance (complete of	question	3)												
Bottled Gas Allowance (complete ques	stion 3)													
1. Electricity Allowance:														
You must be registered, or joint registered bill. Please contact your supplier if this is			efore	the	e allo	owar	nce	can	be cr	edit	ed 1	to ye	our	
What is your electricity MPRN?														
(11 digit number) on right hand side of bi	l <b>l</b>													
Who is your electricity supplier?														
2. Gas Allowance:														
You must be registered, or joint registered bill. Please contact your supplier if this is			efore	the	e allo	owar	nce	can	be cr	edit	ed t	to ye	our	
What is your Gas GPRN?														
(7 digit number) on right hand side of bill			_											
Who is your gas supplier?														
3. Group Account Allowance / Bottled Ga	as Allow	ance:												
For Electricity or Gas, if the registered cormay be entitled to a Group Account Allow natural gas supply you may get a Bottled nominated financial institution or post off	/ance. I Gas Allo	f youi wanc	hom e. Th	ne is nese	not allo	con war	nec	ted are	to ar paid	ele moi	ctri nthl	city y to	or	
If you are applying for a Group Account how you wish to be paid:	Allowa	nce o	r Bo	ttle	d Ga	as A	llow	vanc	e ple	ease	tic	k be	low	<b>V</b>
To your nominated financial institution			To yo using					. Car	 d)					
(You must complete p	ayment	deta	ils at	PA	RT 3	3 ove	erle	af)						
4. Television Licence:														
What is your television licence number?														



### Part 2 continued

### You must complete relevant section below

5. Telephone Allowance:	
credited to your bill) or to a mo	he allowance to apply to a landline phone (the allowance will be bile phone (your allowance will be paid monthly to your nominated ce). Log on to www.welfare.ie for more information.
<b>Landline Phone</b>	
If landline, who is your supplier? OR	
Mobile Phone	
If mobile phone, please tick b	elow how you wish to be paid:
To your nominated financial institution	To your Post Office (using Social Services Card)
(You must o	omplete payment details at PART 3 below)
Part 3	Your Payment Details
	preferred payment details if you have applied for a and / or group account allowance or bottled gas ete either option below.
	Post Office
	1 OSt Office
Post Office address:	
Post Office address:	Financial Institution
	Financial Institution
You will get t	Financial Institution
You will get t Name of financial institution:	Financial Institution

#### **Household Benefits Section**

Social Welfare Services FREEPOST College Road Sligo

If you need help to fill in this form LoCall: 1890 500 000 or call to your local Social Welfare Office.

#### **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.

120K 02-09 Edition: February 2009

