



Application form for

One-Parent Family Payment

Remember, you must have at least one dependent child living with you to qualify for One-Parent Family Payment.

How to complete application form for One-Parent Family Payment.

- Please read information booklet **SW 82** before filling in this application form.
- Please use **BLACK** ball point pen.
- Please tear off this page and use as a guide to filling in this form.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If you fail to do so, the form may be returned to you. If a question does not apply to you, please leave the answer area blank.
- The Department may use any of your contact details to get in touch with you.
- Part 1 - Please fill in all details, following the instructions for the first page. Please sign declaration when form is completed.
- Part 2 - 5 Please fill in all details
- Part 6 - Please tick all boxes that apply to you. Note that you only need to include a birth certificate or marriage certificate if you were born or married outside the Republic of Ireland.
- Part 7 - Please complete when you meet a Social Welfare Inspector
- Part 8 - Please complete Part A
Please get your employer to complete Part B

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

How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.

1. Please state your PPS No:

1	2	3	4	5	6	7	T		
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Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

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

2. Surname:

M	U	R	P	H	Y														
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3. First name(s):

M	A	R	Y																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. What is your birth surname?

M	C	D	E	R	M	O	T	T											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

5. What is your mother's birth surname?

O	S	U	L	L	I	V	A	N											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

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

Contact Details:

7. What is your address?

1		N	E	W		S	T	R	E	E	T								
O	L	D		T	O	W	N												
C	O		D	O	N	E	G	A	L										

8. What is your telephone number?

0	1	7	0	4	3	0	0	0						
L	A	N	D	L	I	N	E							
0	8	6	1	2	3	4	5	6	7					
M	O	B	I	L	E									

9. What is your email address?

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE

10. What country were you born in?

11. Are you.....?

married
 single
 separated
 a prisoner's spouse
 widowed
 divorced
 cohabiting

12. How long have you lived at the address filled in at question 7?

years	months
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13. What address did you live at before the one given in question 7?

14. If you are married, when did you get married?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please attach your Marriage Certificate if you were married outside the Republic of Ireland (we do not accept photocopies).

15. If you are divorced, when did you get divorced?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please attach your Decree Certificate (we do not accept photocopies).

16. Are you employed?

Yes
 No

You are employed when you work for another person or company and you get paid for this work.

If 'Yes', please state:

• Your occupation:

• Who you work for:

• Their telephone number:

Your gross weekly pay:

€		a week
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'Gross pay' is your pay before tax, PRSI, union dues or other deductions.

Please attach a recent payslip or P60.

17. Are you self-employed? Yes No

You are 'self-employed' when you work for yourself.

If 'Yes', please state:

• Your occupation:

• Your gross weekly income:

 € a week

Please attach a P60 or a statement from your accountant.

18. Before applying for One-Parent Family Payment, were you?

Working:

 Yes No

At school:

 Yes No

Getting a social welfare or Health Service Executive payment:

 Yes No**19. Are you getting maintenance?** Yes No

'Maintenance' is money from your husband or wife or other parent of your child(ren).

If 'Yes', how much do you get?

 € a week or month

Please attach a copy of a Maintenance Order or Separation Agreement if you have one.

20. Are you paying a mortgage or rent for your home? Yes No

If 'Yes', how much do you pay?

 € a week or month

Please attach a rent receipt from your landlord or a statement from your lending agency.

21. If you are not getting maintenance, do you expect to get any maintenance in the future? Yes No

If 'No', what steps are you taking to get maintenance?

Please attach a copy of Maintenance Summons if you have one.

22. Do you have any money in the following places?

Financial Institution	If 'Yes' (X)	Name	Account number
Bank			
Building society			
Post office			
Credit union			

If you have savings in any of the above, please attach a statement showing the balance for the last 12 months.

Investments		
Shares		

If you have shares or investments, please attach a statement to show their current market value.

23. Do you have any money that is not saved or invested in the places above?

Yes No

If 'Yes', please state amount:

€

24. Do you own or work a farm or land?

Yes No

If 'Yes', please tick the relevant box:

- I own the farm or land.
 I own a farm and I rent it to someone.
 My spouse or partner owns the farm or land.

Size of farm

acres

Has the farm been assessed for any other social welfare payment?

Yes No

'Assessed' means you gave us details about the farm when you applied for another payment.

If 'Yes', please state:

Name of scheme you were applying for:

Date farm was assessed:

Month Year

If you cannot remember the exact date, please tell us roughly when it was assessed.

25. Do you have property or business apart from your home?

 Yes

 No

If 'Yes', please state:

Type of property:

Address of property:

This might include an apartment, business property or another house that is rented to other people.

Current market value:

 €

26. Have you sold or transferred any property recently including a farm or land?

 Yes

 No

If you sold the property, please state:

- **When you sold it:**

 | Month | | | Year

If you cannot remember the exact date, tell us roughly when you sold it.

- **Value of property:**

 €

If you transferred the property, please state:

- Person who received property:

- Date you transferred the property:

 | Month | | | Year

If you cannot remember the exact date, tell us roughly when you transferred it.

Please attach a copy of Deed of Transfer.

27. Do you have any income from another source?

 Yes

 No

If 'Yes', please give details here:

'Other income' could include a pension from work or a social security payment from another country.

36. Are you getting any of the following payments?

Yes No

If 'Yes', please fill in the table:

Other 'Health Service Executive payment' could mean a Domiciliary Care Allowance, Mobility Allowance and so on.

Type of payment	If 'Yes' (X)	Claim or reference number	Weekly amount you get
Jobseeker's Benefit			€ a week
Jobseeker's Allowance			€ a week
Other social welfare payment (give name of payment here) →			€ a week
Supplementary Welfare Allowance			€ a week
Other Health Service Executive payment (give name of payment here) →			€ a week
If Yes, please give name of office that pays you			
Payment from another country (give name of payment here) →			
If Yes, please give name of office that pays you			
Illness Benefit			€ a week
Maternity Benefit			€ a week
If 'Yes' to Maternity Benefit: Do you intend to return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No What date will you return? <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year			

37. Is anyone claiming an increase for you as a dependant on their social welfare or Health Service Executive payment?

Yes No

If 'Yes', please give their details here:

Name
Address
Name of payment they get:

38. Are you taking part in any of the following courses or schemes?

Yes

No

If 'Yes', please fill in table:

Type of scheme or course	If 'Yes' (X)	Date you started scheme or course	Amount you get paid for scheme or course
Community Employment			€ a week
Back to Work Enterprise Allowance			€ a week
Back to Work Allowance (Employees)			€ a week
Vocational Training Opportunities Scheme			€ a week
Back to Education Allowance			€ a week
Community Services Programme			€ a week
Job Initiative			€ a week

39. If you have not applied within 3 months of becoming eligible, give reason(s) why:

If you do not apply within 3 months, you may lose some payment.

Part 2

Details of your spouse or other parent of your child

Please state:

Mr.
 Mrs.
 Ms.
 Other _____
Please specify

40. What is the full name of your spouse or other parent of your child?

Surname
First name(s)

41. What is their birth surname if different?

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42. Where did or do they live?

43. What country were they born in?

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44. What is their date of birth?

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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45. What is their Personal Public Service Number (PPS No.)?

Figures							Letter(s)	
<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"/>

46. If you were married, was your spouse ever divorced?

Yes
 No

47. Is your spouse or other parent of your child employed?

Yes
 No

If 'Yes', please state:

Employer's name
Address

Their gross weekly pay:

€		a week
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'Gross pay' is pay before tax, PRSI, union dues or other deductions.

48. Is your spouse or other parent of your child self-employed?

Yes
 No

'Self-employed' means they work for themselves.

If 'Yes', what is or was their gross weekly income?

€		a week
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49. Are or were they getting any of the following payments?

Yes No

If 'Yes' please answer the following questions:

Other Health Service Executive payment' could mean a Domiciliary Care Allowance, Mobility Allowance etc.

Type of payment	If 'Yes' (X)	Claim or reference Number	Weekly amount they get or got
Jobseeker's Benefit			€ a week
Jobseeker's Allowance			€ a week
Other social welfare payment (give name of payment here) →			€ a week
Supplementary Welfare Allowance			€ a week
Other Health Service Executive payment (give name of payment here) →			€ a week
If Yes, please give name of office that pays you			
Payment from another country (give name of payment here) →			€ a week
If Yes, please give name of office that pays you			

50. Are or were they taking part in any of the following courses or schemes?

Type of scheme or course	If 'Yes' (X)	Date they started scheme or course	Weekly amount they get or got for scheme or course
Community Employment			€ a week
Back to Work Enterprise Allowance			€ a week
Back to Work Allowance (Employees)			€ a week
Vocational Training Opportunities Scheme			€ a week
Back to Education Allowance			€ a week
Community Services Programme			€ a week
Job Initiative			€ a week

Habitual Residence is a condition that you must satisfy to qualify for One Parent Family Payment. See SW108 for more information about habitual residence.

54. In what country were you born?

55. What is your nationality?

56. When did you come to Ireland?

 Day Month Year

57. Have you lived in the *Common Travel Area all of your life including the last 2 years? If yes, please state below where you lived in the Common Travel Area.

 Yes No

If no, please complete questions 58-61.

Country	From	To	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 production of a passport or identity card and one or more of the following: **employment records such as P45, P60, bank statements, details of benefit payments, utility bills, rent or mortgage agreements or receipts for local authority charges.**

58. Have you lived at the same address for the last 2 years?

 Yes No

If 'No', please give details of previous addresses:

Last address	Previous address
From	From
To	To

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

60. Does any of your close family, for example parent, brother, sister or child, live in Ireland? Yes No

If 'Yes', please give their details here:

Name	Address	DATE OF BIRTH			Relationship to you	When they came to Ireland
		Day	Month	Year		

61. Have you ever made an application for refugee status? Yes No

If 'Yes', please answer questions (a) and (b) and provide copies of all relevant documentation from the Department of Justice, Equality and Law Reform.

(a) Are you awaiting a decision on an application for refugee status? Yes No

(b) Have you been granted Refugee Status or leave to remain in the State? Yes No

If 'Yes', to (b), please provide copies of all relevant documentation from the Department of Justice, Equality and Law Reform.

For Official Departmental use only

HRC satisfied HRC not satisfied HRC 1 issued

You can get **One-Parent Family Payment** paid direct to your current or deposit savings account in a financial institution, or at your post office. Please complete either option below.

Dealings between you and your financial institution remain confidential. The Department does not have access to your bank or building society account.

Direct Payment to your account in a financial institution

Name of financial institution:

Address:

Name on the account:

The account must be in your name or jointly held by you.

Type of account:

Sort code (you can get this from your branch):

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Account number (8 digits):

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Post office payment

Name of post office:

Address:

Your application will be delayed if you do not send all the necessary certificates and documents. If you are not sending in certain certificates or documents, please enclose a note to say that the certificate or document will follow later.

If sending certificates or documents at a later date, please remember to state your full name, present address and your PPS No.

Are you sending in the following certificates or documents with your application?

- Your birth certificate (if born outside Republic of Ireland) Yes No
- Your marriage certificate (if married outside Republic of Ireland) Yes No
- Your late spouse's death certificate if death occurred outside Republic of Ireland (or a memoriam card or press cutting showing date of death) Yes No
- Your qualified child(ren)'s birth certificate(s) (if you are not getting Child Benefit for them and they were born outside Republic of Ireland) Yes No
- Bank statements, P60 or statement from accountant if self-employed Yes No
- Separation Agreement Yes No
- Maintenance Summons Yes No
- Maintenance Order Yes No
- Confirmation of attendance from school or college, for child(ren) aged between 18 and 22 Yes No
- Decree Absolute Yes No

We will return all certificates. Photocopies of certificates are not acceptable.

Please remember to sign the declaration in Part 1. If you have any difficulty in filling in this form, please contact your local Social Welfare Office.

Personal Public Service Number (PPS No.)

You must supply your own PPS No. and also the PPS No. of a spouse, partner or children for whom you are applying for a payment. If you do not know these numbers, please contact your local Social Welfare Office. They will let you know your PPS number. If you do not have one they will let you know what you have to do to get one.

Please see information leaflet SW100 for more details.

Remember to send in all the certificates and documents with this application.

If there is any other information you wish to give about your application, please give details:

Send this completed application form to:

When you have completed this form, hand it in to your nearest local Social Welfare Office or Branch Office.

If you are widowed, send this completed form to:

Social Welfare Services

Department of Social and Family Affairs

College Road

Sligo

Telephone :	Locall	1890 500 000 (from the Republic of Ireland only)
	Dublin	(01) 704 3000
	Sligo	(071) 913 5200

If you need help to fill in this form, please call to your local Social Welfare Office or Branch Office.

Note

The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

Part 7

Complete this when you meet a Social Welfare Inspector

The information I have given is true and complete. I have given all the details of my means and other relevant information to the Social Welfare Inspector.

Your signature
or mark

(not block letters)

Date

Witnessed by

(not block letters)

Date

If you feel that your income is not enough while you are waiting for us to process your application, you should contact your local office of the Health Service Executive about Supplementary Welfare Allowance.

Important: If you do not apply within 3 months of becoming eligible you may lose some payment.

Part 8

Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Give this to your employer so that they can complete Part B. You may first detach it if you do not wish them to see your details.

1. What is your Personal Public Service Number (PPS No.)?

Figures						Letter(s)	

2. Are you getting any of the following social welfare payments?
Please tick (X) the relevant box.

- Maternity Benefit
- Illness Benefit
- Adoptive Benefit
- Health and Safety Benefit
- Occupational Injury Benefit

- You complete Part A.
- Your employer completes Part B.

Part A - To be completed by you (applicant)

Please tick (X) relevant box.

I do not intend to return to work.

Please give your P45 or a statement from your employer that your employment has ended and have your employer complete Part B over the page.

I do not yet know if I will return to work and I will inform you as quickly as possible.

We cannot process your application until you confirm whether or not you are returning to work.

I intend to return to work Day Month Year on

If you intend to resume work, have your employer complete Part B.

A Social Welfare Inspector may interview you about your application. You must give them any details or documents (for example, bank statements or wage slips) that they may need.

Your signature

(not block letters)

Date

Part 8 continued

Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Part B - Employer declaration

1. I confirm that employees name is/was* receiving gross earnings of € a week while receiving *Maternity Benefit, Adoptive Benefit, Illness Benefit, Occupational Injury Benefit or Health and Safety Benefit (*delete as appropriate)

or

I confirm that was not paid/will not be paid* earnings by this company while they are receiving *Maternity Benefit, Illness Benefit or Health and Safety Benefit (*delete as appropriate).

2. They stopped working with this company on Day Month Year

or

They have returned/will return to work* with this company on Day Month Year

Their gross earnings are/will be* € a week (*delete as appropriate):

Signed

Date

Position

(not block letters)

Employer's Registered Number

Employer's telephone number

L A N D L I N E

M O B I L E

Employer's Official Stamp

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 in accordance with law.

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