

# Application form for Supplementary Welfare Allowance

Social Welfare Services

**SWA1**

Data Classification R



## 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 ball point 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 fill in this form, please contact any Citizen Information Centre or your local Intreo Centre or Branch Office.

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

## 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		
---	---	---	---	---	---	---	---	--	--
3. Title: (insert an X or specify) Mr  Mrs  Ms  Other 

--	--	--	--	--	--	--	--	--	--
4. Surname: 

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

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

S	M	I	T	H															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
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: 

O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
---	---	---	--	---	---	---	---	---	---	--	---	---	---	--	---	---	---	--	--
10. Your email address: 

O	N	E		C	H	A	R	A	C	T	E	R		P	E	R			
B	O	X																	
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

# Supplementary Welfare Allowance



## Part 1 Your own details

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:

For Office Use	
BASI	<input type="checkbox"/>
ENP	<input type="checkbox"/>
SUPP	<input type="checkbox"/>
UNP	<input type="checkbox"/>

HRC	
Satisfied or N/A	<input type="checkbox"/>
HRC1 issued	<input type="checkbox"/>

2. Your PPS Number:

3. Title: (insert an X or specify)

Mr  Mrs  Ms  Other

4. Surname:

5. First name(s):

6. Your birth surname:

7. Your date of birth:

D D M M Y Y Y Y

## Contact Details

8. Your address:

County

Eircode

9. Your telephone number:

10. Your email address:

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)





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.

31. Please give details of children under 18 years of age or 18-22 years 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 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:	<input type="text"/>																			
Address of financial institution:	<input type="text"/>																			
	<input type="text"/>																			
	County <input type="text"/>										Eircode <input type="text"/>									
Bank Identifier Code (BIC):	<input type="text"/>																			
International Bank Account Number (IBAN):	<input type="text"/>																			
	<input type="text"/>																			
Name(s) of account holder(s):	<input type="text"/>																			

### Post Office

Post Office address:	<input type="text"/>																			
	<input type="text"/>																			
	County <input type="text"/>										Eircode <input type="text"/>									

### 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:	<input type="text"/>																			
Bank Identifier Code (BIC):	<input type="text"/>																			
International Bank Account Number (IBAN):	<input type="text"/>																			
	<input type="text"/>																			
Name of account holder:	<input type="text"/>																			
	<input type="text"/>																			
By Cheque payment to:	<input type="text"/>																			
Name:	<input type="text"/>																			
Address:	<input type="text"/>																			

## 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.

Signature (not block letters)

Date:

D D

M M

2 0  
Y Y Y Y

**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.

### 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.