Application form for

Social Welfare Services SWA1 Data Classification R



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 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

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 S for application.	upp	lem	nent	ary	We	elfar	e A	llow	and	ce a	nd :	any	oth	ier i	nfoı	rma	tior	1		
Your PPS Number:	1	2	3	4	5	6	7	Т]		
Title: (insert an X or specify)	Mr			Mrs	X		Ms				C)the	r							
Surname:	М	U	R	Р	Н	Υ														
First name(s):	М	Α	U	R	Е	Е	N													
Your birth surname:	S	М	I	Т	Н															
Your date of birth:	2	8		0	2		1	9	7	0										
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Your telephone number:	О	N	Е		N	U	М	В	Е	R		Р	Е	R		В	О	Х	ı	
Your email address:	О	N	Е		С	Н	Α	R	Α	С	Т	Е	R		Р	Е	R			
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	Why you are applying for S for application. Your PPS Number: Title: (insert an X or specify) Surname: First name(s): Your birth surname: Your date of birth: Your address: County Eircode Your telephone number: Your email address:	Why you are applying for Suppler for application. Your PPS Number: Title: (insert an X or specify) Surname: Moreover	Why you are applying for Supplem for application. Your PPS Number: Title: (insert an X or specify) Surname: M U First name(s): Your birth surname: Your date of birth: S M Your date of birth: O L D O County D O Eircode A 6 Your telephone number: Your email address: O N B O Are you? X Sing	Why you are applying for Supplement for application. Your PPS Number: Title: (insert an X or specify) Surname: M U R First name(s): Your birth surname: Your date of birth: S M I Your date of birth: County County Eircode Your telephone number: Your email address: O N E B O X Are you? X Single Married	Why you are applying for Supplementary for application. Your PPS Number: Title: (insert an X or specify) Surname: Mu R P First name(s): Your birth surname: Your date of birth: S M I T Your date of birth: Cor Your address: 1 N E O L D D O N E Eircode A 6 5 F Your telephone number: Your email address: O N E B O X	Why you are applying for Supplementary We for application. Your PPS Number: Title: (insert an X or specify) Surname: Mr Mrs X Mr D N R E O N E G D O N E G B O X Are you? X Single Married	Why you are applying for Supplementary Welfar for application. Your PPS Number: Title: (insert an X or specify) Surname: Mr Mrs X Mr Mrs Mrs X Mr Mrs X Mr Mrs X Mr Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs M	Why you are applying for Supplementary Welfare A for application. Your PPS Number: Title: (insert an X or specify) Surname: First name(s): Your birth surname: Your date of birth: Your address: 1	for application. Your PPS Number: Title: (insert an X or specify) Surname: Mr	Why you are applying for Supplementary Welfare Allowand for application. Your PPS Number: Title: (insert an X or specify) Surname: Mr Mrs X Ms Surname: First name(s): Your birth surname: Your date of birth: 2 8 0 2 1 9 7 Contact Details Your address: 1 NEW STR OLDTOWN County Eircode A 6 5 F 4 E 2 Your telephone number: Your email address: ONE CHARA A BOX Are you? X Single Separated	Why you are applying for Supplementary Welfare Allowance as for application. Your PPS Number: Title: (insert an X or specify) Surname: Mr Mrs X Ms Surname: First name(s): M A U R E E N Your birth surname: Your date of birth: 2 8 0 2 1 9 7 0 D D M M Y Y Y Y Contact Details Your address: 1 N E W S T R E O L D T O W N D O N E G A L T O County Eircode A 6 5 F 4 E 2 Your telephone number: Your email address: O N E C H A R A C B O X Are you? X Single Separated Married Divorced	Why you are applying for Supplementary Welfare Allowance and for application. Your PPS Number: Title: (insert an X or specify) Surname: Mr Mrs X Ms Corspecify) Surname: M U R P H Y Surname: First name(s): Your birth surname: Your date of birth: 2 8 0 2 1 9 7 0 D D M M Y Y Y Y Contact Details Your address: 1 N E W S T R E E O L D T O W N D O N E G A L T O W County Eircode A 6 5 F 4 E 2 Your telephone number: Your email address: O N E C H A R A C T B O X Are you? Married Divorced	Why you are applying for Supplementary Welfare Allowance and any for application. Your PPS Number: Title: (insert an X or specify) Surname: MURPHY MURPHY WINTED MAUREEN MITH Vour date of birth: SMITH Contact Details Your address: 1 NEWSTREET OLDTOWN County DONEGAL TOWN County Eircode A 6 5 F 4 E 2 Your telephone number: Your email address: ONE CHARA CTE BOX Are you? X Single Separated In Married Divorced A 6 A	Why you are applying for Supplementary Welfare Allowance and any oth for application. Your PPS Number: Title: (insert an X or specify) Surname: MuRPHY MuRPHY MuRPHY MuRPHY MuRPHY MuRPHY MuRPHY Murphy Contact Details Your date of birth: Your date of birth: Your address: 1 NEWSTREET OLDTOWN DONEGAL TOWN County DONEGAL TOWN County Eircode A 6 5 F 4 E 2 Your telephone number: Your email address: ONEN NUMBER PE BOX Are you? X Single Separated In a C Married Divorced A surv Widowed Cohabiting A form (you we	Why you are applying for Supplementary Welfare Allowance and any other if for application. Your PPS Number: Title: (insert an X or specify) Surname: M U R P H Y Surname: M U R P H Y Wour birth surname: Your date of birth: S M I T H S M I T H Contact Details Your address: 1 N E W S T R E E T O L D T O W N County Eircode A 6 5 F 4 E 2 Your telephone number: Your email address: O N E C H A R A C T E R B O X Are you? Married Divorced A former of your were in application.	Why you are applying for Supplementary Welfare Allowance and any other inforfor application. Your PPS Number: Title: (insert an X or specify) Surname: M U R P H Y Surname: M A U R E E N Your birth surname: Your date of birth: 2 8 0 2 1 9 7 0 D D M M Y Y Y Y Contact Details 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 Fircode A 6 5 F 4 E 2 Your telephone number: Your email address: O N E N U M B E R P E R B O X Are you? Married Divorced A surviving C A former Civityou were in a C (you w	Why you are applying for Supplementary Welfare Allowance and any other information application. Your PPS Number: Title: (insert an X or specify) Surname: Mr	Why you are applying for Supplementary Welfare Allowance and any other information for application. Your PPS Number: Title: (insert an X or specify) Surname: Mr	Why you are applying for Supplementary Welfare Allowance and any other information for application. Your PPS Number: Title: (insert an X or specify) Surname: Mr	Why you are applying for Supplementary Welfare Allowance and any other information for application. Your PPS Number: Title: (insert an X or specify) Surname: Mr Mrs X Ms Other Surname: M U R P H Y Your birth surname: Your date of birth: 2 8 0 2 1 9 7 0 D D M M Y Y Y Y Contact Details 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 Eircode A 6 5 F 4 E 2 Your telephone number: Your email address: O N E C H A R A C T E R P E R B O X Are you? Widowed Cohabiting Widowed Cohabiting In a Civil Partnership terms of the partner ship te

SAMPLE

Application form for

For Official Use Only
Date received ______
By whom _____

Social Welfare Services
SWA1
Data Classification R



Supplementary Welfare Allowance

Part 1 Your own details

1.	which you feel may be imp									give	e an	ıy a	adıl	lion	al ir	itori	mat	ion					
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2.	Your PPS Number:																						
3.	Title: (insert an X or specify)	Mr			Mrs	; [Ms	; [(Othe	er									
4.																							
5.	First name(s):																						
6.	Your birth surname:																						
7.	Your date of birth:																						
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			l .	(Cor	nta	ct	De	tail	S				1	1	ı .	l .	Γ					
8.	Your address:																						
	County																						
	Eircode																						
9.	Your telephone number:																						
10.	Your email address:																						
11.	Are you?		Sin	gle				Se	par	ate	d		ln	a C	ivil	Par	tne	rshi	р				
			Mar	rrie	b			Di	vord	ed] A	sur	vivir	ng C	Civil	Pa	rtne	r			
			Wid	low	ed			Со	hab	iting	9				ner ere i				er tners	hin 1	hat		
						Pa	age 1	1										ssolved)					

Part 1 continued Your own details

12.	Do you have a social secur	ity r	num	ber f	rom a	ano	ther	COL	untr	y:							
	If Yes , please state:		Yes	5			No								 		
	Social security number:																
13.	Are you in full time education:		Yes	6			No										
14.	Are you employed:		Yes	3			No										
	If Yes , please state: Your weekly income from employment: €		,														
	Total number of hours worked a week:														 		
	Your occupation:																
	Your employer's name:																
	Your employer's address																
														L			
	If No places state:																
	If No , please state: Date you were last					7											
	employed:	D	D		и м	J	Y	Υ	Υ	Y							
15.	If you are self-employed, inc	ludir	ng fa			ease	_	-	-	_					 		
	Type of business or trade:																
	Your profit over the last year: €																
16.	If you are getting or have a the Health Service Executive country, maintenance or ar	ve, a	an o	ccup	ation	ıal p	ens	ion	, à j	oen	sior						
	Name of payment(s):																
	Amount per week: €		, _														
17.	Do you have savings or according to the financial institution in Do you have any investment other country?	Irela	and	or a unts	nothe	er co	ount	ry?								У	
	If Yes , please state:						— г										
	The current amount: €																
	Where it is invested:																
		1															

	I Oui	OWII	details									
18. Do you own or share in the country other than the hou	se where y		?	includ	ding la	and, ir	n Irel	and	or i	in a	nothe	·r
If Yes , please state:	Yes	L	No									
Property or land address:												
Its value: €	,	,[
Use of property or land:												
Note: Please use a blank	sheet for a	dditiona	al informat	ion fo	r que	stions	16-1	18 if	nee	edec	d.	
19. How much are you, your s partner or cohabitant paying	•	on:	Yo	υ			Y			use, habit	Partne ant	;r
House Rent or Mortgage		+	€				€			٦.		
Maintenance payments to			€	-			€					
Loans, for example from b union.	anks, credi	it 🕴	€				€					
Other		‡	€				€			٦.		
Please specify:								<u>'</u>				_
Part 2	Your	spou	se's, pa	artne	er's (or co	oha	bit	an	ťs	deta	ails
OO Thesis DDC Normals and												
20. Their PPS Number:												
21. Title: (insert an X or specify)	Mr _	Mrs	Ms [Oth	ner [
21. Title: (insert an X or	Mr	Mrs			Oth	ner [
21. Title: (insert an X or specify)	Mr _	Mrs			Oth	ner [
21. Title: (insert an X or specify)22. Their surname:	Mr	Mrs	Ms [Oth	ner [
21. Title: (insert an X or specify)22. Their surname:23. Their first name(s):	Mr	Mrs [Ms [Oth	ner [
21. Title: (insert an X or specify)22. Their surname:23. Their first name(s):24. Their birth surname:		M M		_	Y	ner [
 21. Title: (insert an X or specify) 22. Their surname: 23. Their first name(s): 24. Their birth surname: 25. Their date of birth: 		M M		_	Y	ner [
 21. Title: (insert an X or specify) 22. Their surname: 23. Their first name(s): 24. Their birth surname: 25. Their date of birth: 26. Do they have a social sectors 	D D Durity number	M M	another co	_	Y	ner [
 21. Title: (insert an X or specify) 22. Their surname: 23. Their first name(s): 24. Their birth surname: 25. Their date of birth: 26. Do they have a social secult Yes, please state: Social security number: 27. Are they employed? 	D D Durity number	M M	another co	_	Y	ner [
 21. Title: (insert an X or specify) 22. Their surname: 23. Their first name(s): 24. Their birth surname: 25. Their date of birth: 26. Do they have a social secular secular security number: 	D D Durity number Yes	M M	another co	_	Y	ner [
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 21. Title: (insert an X or specify) 22. Their surname: 23. Their first name(s): 24. Their birth surname: 25. Their date of birth: 26. Do they have a social security number: Social security number: 27. Are they employed? If Yes, please state: Their weekly income from employment: 	D D Durity number Yes	M M	another co	_	Y	ner [

Part 2 continued

Your spouse's, partner's or cohabitant's details

28.	Are they self-employed, inclu	ıding	j fai	rmin	g, ple	ease	stat	e:												
	Type of business or trade:																			
	Their profit over the last year: €			,		•														
	Do they have savings or ac other financial institution in Do they have any investme other country?	Irela nt a	nd	or a unts	noth	er c	ount	ry?					•						•	
	If Yes , please state:			_																
	The current amount:																			
	Where it is invested:																			
	Do they own or share in the occupy?	WO 9	ner	ship	of a	ny p	rope	erty,	inc	ludi	ing	land	d, of	her	tha	an th	ne h	ous	se y	ou
			Ye	S			No													
	If Yes , please state:							1				1				1				
	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 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.

Payment details

32. Please tick which payment1. Electronic Fund Transfer		•			•	ete	r an ┌─	ıd fi	ll in	det	ails	bel	OW.						
Payment at a Post Office		Dank	AC	Coul	ΠL														
3. Nominated Payment	•						Н												
Note: Final decision on pay	/men	t met	hod	is a	a ma	atte	r fo	r the	e de	par	tme	ent.							
		Fir	nan	cia	al Ir	nst	itu	tior	า										
Note: You will find the details rec	ueste	ed be	low	print	ted (on s	tate	eme	nts	fron	n yo	ur fi	inar	ıcial	ins	tituti	on.		
Name of financial institution:																			
Address of financial institution:																			
County										F	irco	de							
Bank Identifier Code (BIC):																			
International Bank Account																			
Number (IBAN):																			
Name(s) of account holder(s):																			
			Р	os	t C	offic	ce												
Post Office address:																			
County										Ε	irco	de							
		No	mir	nate	ed	Pa	ayn	ner	nt										
Nominated Payment: Your pa	•								•		•								
If you wish your payment to go	to ar	othe	r pe	rsol	n or	COI	mpa	any	ple	ase	pro	vid	e th	e fo	llov	ving	de	tails	S :
Name of financial institution:																			
Bank Identifier Code (BIC):																			
International Bank Account Number (IBAN):																			
Name of account holder:																			
Dy Chague payment to:																			
By Cheque payment to: Name:																			
Address:																			

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. Date: Date:

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** or in hard copy.

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