# Application form for Household Benefits Package



Data Classification R

#### You need a Personal Public Service Number (PPS Number) before you apply.

- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer all questions.
   For more information, please visit www.gov.ie

Part 1	Y	ou	r ov	٧N	de	eta	ils											
1. Your PPS Number:																		
<ol> <li>Title: (insert an X or specify)</li> </ol>	Mr [		Mr	s	]	Ms				C	Dthe	er						
3. Surname:																		
<b>4.</b> First name(s):																		
5. Your birth surname:																		
6. Your date of birth:																		
	D	D	Μ	Μ	1	Υ	Υ	Υ	Υ		r	r	r	,	r	r	r	 
7. Your mother's birth surname:																		
				- ·	· · · · · · · · · · · · · · · · · · ·	-								·	·			
			Со	nta	ct	De	tail	S										
8. Your address:			Co	nta	ct	De <sup>.</sup>	tail	S										
8. Your address:			Co	nta	ct	De <sup>.</sup>	tail	S										
8. Your address:			<b>Co</b>	nta	ct	De	tail	S										
8. Your address: County				nta	ct		tail	S	Po	osto	cod	e						
				nta	<b>ct</b>		tail	S	Pc	osto	cod	e		Mc	bil	e		
County				nta				S	Po	osto	cod	e			obil			
County				nta				S	Pc	osto	cod	e						

#### 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.

Date:					2	0		
	D	D	Μ	Μ	Y	Y	Υ	Υ

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	Υοι	ur c	wn	deta	ails												
<b>11.</b> Have you changed address recently?	Ye	s		No													
If <b>Yes</b> , please give																	
details of your previous address																	
<b>12.</b> Are you living permanently in the State?	Ye	S		No						1						L	
<b>13.</b> Are you aged 70 years or over?	Ye	S		No													
<b>14.</b> Are you living alone?	Ye	s		No													
If <b>No</b> , please give details o	f those	living	g with	•				c.		o of	inco	ma		Gra			if
Name PPS	S Numb	er			w are ted to			0	r so	cial v	incc welfa r stu	are	t			oay i yed	
<ul><li>15. Are you getting a private or occupational pension? Are you getting a social see of the social see of the social second seco</li></ul>	Ye	ayme s		_ No m anc _ No	ther	cou	Intry	y?									
Type of payment:																	
Source of payment:																	
<b>16.</b> If you are aged between 66 to be means tested? For m	ore info	ormat s	tion vi	sit ww No	w.go	v.ie	) <u>.</u>									ı wa	nt
<b>17.</b> If you or anyone in your ho	useholo	l has	ever	applie	d for	Ho	use	ehol	d B	ene	fits	, ple	ease	e sta	ate:		
Applicant's surname:																	
Applicant's first name:																	
PPS Number:																	
<b>18.</b> What is your nationality?																	
<b>19.</b> Are you legally entitled to re	eside in		and?	No													
If you are a holder of an Irish R and your letter from the Depart Page 2	Residence Iment of	f Jus	tice.	(IRP) (		ple	ase	e pro	ovic	le a	col	ру с	of th	e IF	RP o	ard	



# Part 2

# Allowance(s) you are applying for

### Please tick <u>ONLY ONE</u> of the four options below:

For more information, visit www.gov.ie

Electricity Allowance (complete question 1), or

Gas Allowance (complete question 2), or

Group Account Allowance (complete question 3), or

Bottled Gas Allowance (complete question 3).

#### 1. Electricity Allowance:

You must be registered, or a jointly registered consumer, that is your name must be on the bill, before the allowance can be credited to your bill. Please contact your supplier if this is not the case. Please provide a copy of your electricity bill.

 What is your electricity

 MPRN?

 (11 digit number) on right hand side of bill

#### DO NOT LEAVE BLANK IF YOU ARE APPLYING FOR THE ELECTRICITY ALLOWANCE

Who is your electricity supplier?										
Supplier										

#### 2. Gas Allowance:

You must be registered, or a jointly registered consumer, that is your name must be on the bill, before the allowance can be credited to your bill. Please contact your supplier if this is not the case. Please provide a copy of your gas bill.

What is your Gas GPRN?

(7 digit number) on right hand side of bill

#### DO NOT LEAVE BLANK IF YOU ARE APPLYING FOR THE GAS ALLOWANCE

					<u> </u>			-		
Who is your gas supplier?										

#### 3. Group Account Allowance / Bottled Gas Allowance:

For Electricity or Gas, if the registered consumer is a landlord, or you have a separate slot meter, you may be entitled to a Group Account Allowance. If your home is not connected to an electricity or natural gas supply you may be entitled to a Bottled Gas Allowance. These allowances are paid monthly to your nominated financial institution or post office. For more information, please visit **www.gov.ie** 

(You must complete payment details at PART 3 overleaf)

#### 4. Television Licence:

What is your television		 	 			 	 	 	 	 		
	What is your television										1	
											1	
	licence number?											



Please tick if you wish to apply for:

Television Licence (complete question 4)

# Part 3

# Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

<b>Financial Institution</b>	Financi	ial I	Institu	ution
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You will find the details required below printed on statements from your financial institution.

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Post Office

Please enter the name and address of the post office where you wish to collect your payment below.

 Post office name and address:
 Image: Constraint of the second second

## Send this completed application form with copies of relevant bills to:

Household Benefits Section Department of Social Protection Social Welfare Services College Road Sligo F91 T384 Telephone: (071) 915 7100

LoCall: 0818 200 400

If you are calling from outside of Ireland please call + 353 71 915 7100

#### **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 a hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. 10K 09-21 Edition: September 2021

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