Application form for

State Pension (Non-Contributory)

Social Welfare Services
SPNC 1

How to complete application form for State Pension (Non-Contributory).

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

If you do not have a spouse or partner fill in **Parts 1, 2, 3, 4, 5,** and **6** as they apply to you. When form is completed, read **Part 10** and sign declaration in **Part 1**.

If you have a spouse or partner please fill in **Part 1, 2, 3, 4, 5, 6, 7** and **8** as they apply to you. **Part 9** must be filled in and signed by your spouse or partner. When form is completed, read **Part 10** and sign declaration in **Part 1**.

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

For more information, log on to **www.welfare.ie**.

You should apply **3 months** before reaching pension age.

How to fill in first page of this form

To help us in processing your claim:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.: 1 2 3 4 5 6 7 T

2. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☒ Ms. ☐ Other

3. Surname: MURPHY

4. First name(s): MAUREEN

5. Your first name as it appears on your birth certificate: MARY

6. Birth surname: MCDERMOTT

7. Your mother's birth surname: KELLY

8. Your date of birth: 28 02 1970
DD MM YYYY

Contact Details

9. Your address:
1 NEW STREET
OLD TOWN
CO DONEGAL

10. Your telephone number: 01704300 0
LANDLINE
0861234567
MOBILE

11. Your email address: MMURPHY@WELFARE.IE

SAMPLE

Application form for

State Pension (Non-Contributory)

Social Welfare Services
SPNC 1

Part 1 — Your own details

1. **Your PPS No.:**
2. **Title:** (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other
3. **Surname:**
4. **First name(s):**
5. **Your first name as it appears on your birth certificate:**
6. **Birth surname:**
7. **Your mother's birth surname:**
8. **Your date of birth:** D D M M Y Y Y Y

Contact Details

9. **Your address:**
10. **Your telephone number:** LANDLINE / MOBILE
11. **Your email address:**

Declaration

I declare that all the information I have given on this form is accurate.
I will tell the Department when my means or circumstances change.

Date: D D M M 2 0 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

12. Are you?

☐ Single ☐ Widowed ☐ Remarried ☐ Divorced
☐ Married ☐ Cohabiting ☐ Separated

13. If you are married or cohabiting, from what date?

D D M M Y Y Y Y

Part 2 — Your work and claim details

State Pension (Non Contributory) is a means tested payment. You are legally obliged to declare all your means which includes savings, property (other than your own home), foreign pensions etc. Please include written evidence such as statements and payslips with your application.

If you are married or you are living with someone as husband and wife, you must also declare the means of your spouse or partner irrespective of whether you are claiming an increase for a qualified adult.

14. If you are separated and paying maintenance, please state:

Amount: € ☐, ☐☐☐. ☐☐ a week

15. If you are separated and receiving maintenance, please state:

Amount: € ☐, ☐☐☐. ☐☐ a week

16. If you are getting a social security payment from another country, please state:

Name of country:

Your claim or reference number:

Amount: € ☐, ☐☐☐. ☐☐ a week

Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount.

17. If you are getting any other pension or allowance, please state:

Who pays this pension:

Your claim or reference number:

Amount: € ☐, ☐☐☐. ☐☐ a week

Please attach the most recent payslip or letter from the people who pay you confirming the above amount.

Your work and claim details

18. If you are employed at present, please state:

Employer's name:

Employer's address:

Gross weekly earnings: € , . a week

Please attach your most recent payslip

19. If you are self-employed at present, please state:

Type of work you do:

Date you started self-employment: D D M M Y Y Y Y

Net yearly earnings: € , . a year

This is the money you have made from self-employment after deducting operating expenses.

20. If you have savings or accounts in a bank, post office, building society, credit union or any other financial institution, please state:

Financial Institution 1

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 2

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 3

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 4

Name of financial institution:

Account number:

Current balance: € , .

Please attach a statement for **each** account, showing balance for the last **three** months.

21. If you own stocks, shares or investments, please state:

Their value: € ___,___.__

Please attach a statement to show details.

22. If you own, work or rent a farm or land, please state:

Size of farm or land: ___ acres

Net yearly income or rent from farm or land: € ___,___.__

'Net yearly income' is money you have made from the farm **after** deducting operating expenses.

23. If you have property apart from your home, please state:

Type of property:

Address of property:

'Property' would be an apartment, business property, another house or land other than that mentioned at question 22.

Current market value: € ___,___,___.__

Rent from this property: € ___,___.__ a week

24. If you have any other income please give details in this space provided:

25. If you sold or transferred any property or business in the last three years please give details in this space provided and attach a copy of the deed of transfer.

26. If you have moved from your home, please give details in the space provided if your home is rented, occupied by other people or otherwise being used:

Part 2 continued — Your work and claim details

27. If you have recently sold your home to buy another, please outline the circumstances in the space provided and attach a copy of the deed of transfer.

Part 3 — Habitual Residence Condition

28. What country were you born in?

29. What is your nationality?

30. Have you lived outside the Republic of Ireland for any period longer than three months within the last five years?

☐ Yes ☐ No

31. If 'Yes', when did you come to live in the Republic of Ireland?

D D M M Y Y Y Y

32. Are you legally entitled to reside in the Republic of Ireland?

☐ Yes ☐ No

Part 4 Your payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution. Please complete either option below.

Post Office

Post Office address:

Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution:

Sort code:

Account number:

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Part 5 Details of your qualified child(ren)

33. How many children do you wish to claim for?

☐☐ under age 18

☐☐ age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Part 6 Other payments

Living Alone Increase

You may get a Living Alone Increase if you are getting a **State Pension (Non-Contributory)** and live alone or mainly alone.

For more information, log on to **www.welfare.ie**.

34. If you wish to claim a Living Alone Increase, please state:

Date you started living alone or mainly alone: D D M M Y Y Y Y

Other payments

Fuel Allowance

This allowance is subject to your household composition. Only one person in a household can get this allowance.

35. Do you wish to apply for a Fuel Allowance?

☐ Yes ☐ No

If 'No', please go to Part 7.

If 'Yes', please complete fully the remainder of this section.

36. The following people live with me:

Person 1

Surname:

First name(s):

PPS No.:

Person 2

Surname:

First name(s):

PPS No.:

Person 3

Surname:

First name(s):

PPS No.:

Extra benefits

Log on to **www.welfare.ie** for more information on extra benefits available to pensioners.

Part 7 Your spouse's or partner's details

37. Their PPS No.:

38. Title: (insert an 'X' or specify)

Mr. ☐ Mrs. ☐ Ms. ☐ Other

39. Their surname:

40. Their first name(s):

41. Their birth surname:

42. Their mother's birth surname:

43. Their date of birth:

D D M M Y Y Y Y

44. Their address:

Only answer this question if you are married and do not live together.

Part 8 Your spouse's or partner's work and claim details

If your spouse or partner is aged 66 or over they also should apply for State Pension (Non-Contributory) in their own right.

Please complete this section for your spouse or partner, even if they are aged 66 or over.

45. If they are separated and paying maintenance, please state:

Amount: € ☐, ☐☐☐. ☐☐ a week

46. If they are separated and receiving maintenance, please state:

Amount: € ☐, ☐☐☐. ☐☐ a week

47. If they are getting a social security payment from another country, please state:

Name of country:

Their claim or reference number:

Amount: € ☐, ☐☐☐. ☐☐ a week

Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount.

48. If they are getting any other pension or allowance, please state:

Who pays this pension:

Their claim or reference number:

Amount: € ☐, ☐☐☐. ☐☐ a week

Please attach the most recent payslip or letter from the people who pay them confirming the above amount.

49. If they are employed at present, please state:

Employer's name:

Employer's address:

Gross weekly earnings: € ☐, ☐☐☐. ☐☐ a week

Please attach their most recent payslip

50. If they are self-employed at present, please state:

Type of work they do:

Date they started self-employment: D D M M Y Y Y Y

Net yearly earnings: € ☐☐☐, ☐☐☐. ☐☐ a year

This is the money they have made from self-employment after deducting operating expenses.

Your spouse's or partner's work and claim details

51. If they have savings or accounts in a bank, post office, building society, credit union or any other financial institution, please state:

Financial Institution 1

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 2

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 3

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 4

Name of financial institution:

Account number:

Current balance: € , .

Please attach a statement for **each** account, showing balance for the last **three** months.

52. If they own stocks, shares or investments, please state:

Their value: € , .

Please attach a statement to show details.

53. If they own, work or rent a farm or land, please state:

Size of farm or land: acres

Net yearly income or rent from farm or land: € , .

'Net yearly income' is money they have made from the farm **after** deducting operating expenses.

Your spouse's or partner's work and claim details

54. If they have property apart from their home, please state:

Type of property:

Address of property:

'Property' would be an apartment, business property, another house or land other than that mentioned at question 53.

Current market value: € , , .

Rent from this property: € , . a week

55. If they have any other income please give details in this space provided:

56. If they sold or transferred any property or business in the last three years please give details in this space provided and attach a copy of the deed of transfer.

57. If they have moved from their home, please give details in the space provided if their home is rented, occupied by other people or otherwise being used:

58. If they have recently sold their home to buy another, please outline the circumstances in the space provided and attach a copy of the deed of transfer.

Part 9 Spouse's or partner's payment details

Any qualified adult increase which you (the pensioner) qualify for will be paid direct to your spouse or partner unless they state otherwise. You should show them this page to let them decide if they want to receive this increase for themselves or if they want you to get paid this increase with your pension.

Declaration of Qualified Adult

Notice to Pensioner:
The Remainder of this page should be filled out by the person named in Part 7.

(a) I, _____ , wish to have any Increase for a Qualified Adult paid to my spouse or partner with their pension.

OR

(b) I, _____ , wish to have any Increase for a Qualified Adult to be paid directly to me.

If part (b) above has been signed you should let us know whether you wish to receive payment into the post office or into your account in a financial institution.
Fill in one of the payment options below.

Post Office

Post Office address:

Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution:

Sort code:

Account number:

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Part 10 Checklist

Have you enclosed the following?

— **You and your spouse's or partner's most recent payslips**
(if you or your spouse or partner were employed during the last 12 months)

— **Statements from financial institutions for the last 3 months**
(if you or your spouse or partner have money or investments in a financial institution)

— **Letter from school or college**
(if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)

If born or married outside the Republic of Ireland:

— **Your birth certificate**

— **Your marriage certificate**

— **Your spouse's or partner's birth certificate** (if applying for an increase for them)

— **Your child(ren)'s birth certificate(s)** (if applying for an increase for them)
Note: No birth certificate is needed if you are already getting Child Benefit.

Original certificates only.

Please remember to sign the declaration in Part 1.

Send this completed application form to:

State Pension (Non-Contributory) Section
Social Welfare Services
Department of Social Protection
College Road
Sligo

Data Protection and Freedom of Information

We, the Department of Social Protection, 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.

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