## Application form for Blind Pension

Social Welfare Services BP 1 Data Classification R



#### How to complete this application form.

- Please use this page 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.
- You need a Personal Public Service Number (PPS No.) before you apply.

#### If you do not have a spouse, civil partner or cohabitant:

If you do not have a spouse, civil partner or cohabitant, fill in **Parts 1, 2, 3, 4, 5**, and **6**. When form is completed, read **Part 9** and sign declaration in **Part 1**.

#### If you have a spouse, civil partner or cohabitant:

If you have a spouse, civil partner or cohabitant, please fill in **Part 1, 2, 3, 4, 5, 6, 7** and **8**. When form is completed, read **Part 9** 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**.

## How to fill this form

To help us in processing your application:

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

Please see example below.

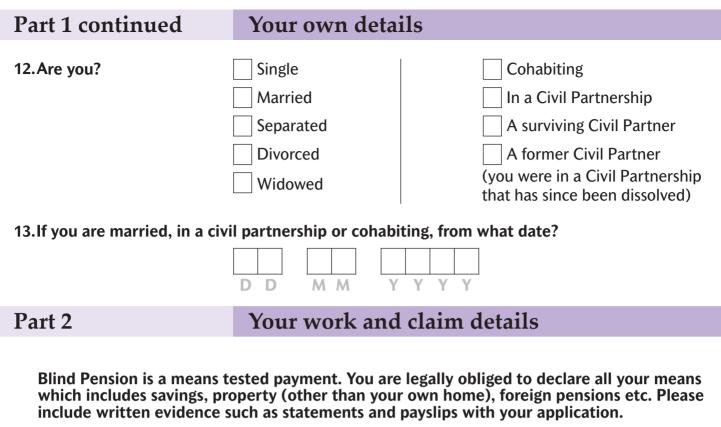
1. Your PPS No.:	1	2	3	4	5	6	7	Т											
<ol> <li>Title: (insert an 'X' or specify)</li> </ol>	Mr.			Mrs	5. X	(	Ms	•			C	Othe	er						
3. Surname:	Μ	U	R	Ρ	Н	Y													
4. First name(s):	Μ	Α	U	R	Ε	Ε	Ν												
5. Your first name as it appears on your birth certificate:	Μ	A	R	Y															
6. Birth surname:	Μ	С	D	Ε	R	Μ	0	Т	Т										
7. Your mother's birth surname:	K	Ε	L	L	Y														
8. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		Μ	Μ		Y	Y	Y	Y									
				Co	ont	act	D	eta	ils										
9. Your address:	1		N	Ε	W		S	Т	R	Ε	Ε	Т							
7. Tour dudress.	0	L	D	-	Т	0	W	N			_	-							
	C	- 0		D	0	N	E	G	Α	L									
							-	•	~										
								D	-			D	-			D	•		
10.Your telephone number:	0 M (	N D B	E	E	Ν	U	Μ	В	Ε	R		Ρ	Ε	R		В	0	X	
	0	N	E		N	U	Μ	В	Ε	R		Ρ	Ε	R		В	0	X	
		NI		IN				_	_			-				_	-		
11.Your email address:	0	Ν	Ε		С	Н	Α	R	Α	С	Т	Ε	R		Ρ	Ε	R		
	В	0	X																
		I		I	I														
SA									P				l						

# Application form for Blind Pension

Social Welfare Services BP 1 Data Classification R



Part 1	Your own details
1. Your PPS No.:	
<b>2. Title:</b> (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:	
	DD MM YYYY
	Contact Details
9. Your address:	
10.Your telephone number:	
	MOBILE
11.Your email address:	
	Declaration
	n I have given on this form is accurate. my means or circumstances change.
	Date: 20
	DD MM YYYY
Signature (not block letters)	
	ake a false statement or withhold information, you may be cuted leading to a fine, a prison term or both.



You must also declare the means of your spouse, civil partner or cohabitant even if you are not claiming an increase for a qualified adult.

14.If you are paying maintenance, please state:

Amount:	€	a week	
15.If you are receiving ma	inte	nance, please state:	
Amount:	€	a week	
16.If you are getting a soc	ial s	ecurity 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 o	othe	r 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.	



## Part 2 continued

## Your work and claim details

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

Employer's name:																					
Employer's address:																					
									 1												
Gross weekly earnings:	€									wee											
		Plea				-			rece	ent p	bays	lip									
19.If you are self-employed	l at	pre	sen	t, p	olea	se	stat	:e:													
Type of work you do:																					
Date you started																					
self-employment:	ļ	D	D		Μ	Μ	1	Y	Y	Y	Y	1									
Net yearly earnings:	€				,						a	yea	r								
This is the money you h	ave	ma	de	fro	m s	elf-	em	ploy	yme	ent	afte	er d	edu	ctir	ng c	per	atiı	ng e	exp€	ense	es.
20. If you have savings or a						k, p	ost	offi	ice,	bui	ildir	ng s	ocie	ety,	cre	dit	uni	on	or a	ny	
other financial institution	-	-																			
Name of financial	I	Fina	nci	al I	nst	itut	ion	1		1	1		1						<b></b>		
institution:																					
Account number:																					
Current balance:	€				,			٦.													
		Fina	nci	al I	nst	itut	ion	2		•	-										
Name of financial institution:																					
Account number:																					
Current balance:	€				,			-													
		Fina	nci	al I	nst	itut	ion	3													
Name of financial institution:																					
Account number:																					
Current balance:	€				,																
		Fina	nci	al I	nst	itut	ion	4													
Name of financial institution:																					
Account number:																					
Current balance:	€				,[						]				•	. 1			c		
		Plea last						nen	t to	r ea	ch a	acco	ount	., sn	owi	ng t	Dala	nce	TOP	tne	

Part 2 continued
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Their value:

## Your work and claim details

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

E I					

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	:
----------------------	---

Net yearly income or rent from farm or land:

			ć	acre	es			
€		,				-		

'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: $ eigenvectorset$					a١	wee	k					

#### 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:

27.If you have recently sold your home to buy another, please outline the circumstances in the space provided and attach supporting documentary evidence from your solicitors:

#### Part 3

Ireland?

## Habitual Residence Condition

28.What country were you born in?																		
29.What is your nationality?																		
30.Have you lived outside the the last five years?	e Rep	oublic	c of l	relan	d for	any	pe	riod	l loi	ıge	r th	ant	thre	e n	non	ths	wit	hin
		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		Yes			No													



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 one option below.

D ·	$\bigcirc$
Post	Office
1 051	Once

Post Office address:

										i i
										i i
	 									_
										i i
1 1										i i
1 1										i i

#### **Financial Institution**

You will find the following details printed on statements from your financial institution. Name of financial institution: Account number: Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s): Name 1:

Name 2 (if any):

Sort code:



## 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

Part 5

## **Other payments**

Living Alone Increase

You may get a Living Alone Increase if you are getting a **Blind Pension** 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:





### Part 6 continued

## **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:

	Pe	rsor	า 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, civil partner's or cohabitant's details

#### 37. Their PPS No.:

- **38.Title:** (insert an 'X' or specify)
- **39.Their surname:**
- 40. Their first name(s):
- 41. Their birth surname:
- 42. Their mother's birth surname:
- 43. Their date of birth:

#### 44. Their address:

Only answer this question if you are married or in a civil partnership and do not live together.

Mr.		Mrs		Ms	•			C	Othe	er				
D	D	 Μ	Μ	Y	Y	Y	Y						 	

## Part 8

## Your spouse's, civil partner's or cohabitant's work and claim details

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

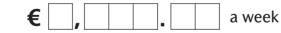
Please complete this section for your spouse, civil partner or cohabitant, even if they are aged 66 or over.

#### 45. If they are paying maintenance, please state:

€					a week
C					

#### 46.If they are receiving maintenance, please state:

Amount:



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

Name of country:																					
Their claim or reference number:																					
Amount:	€		,			_			a١	wee	k										
		Ple	ace	att	ach	the	m e	nst	rec	ent	nav	veli	n or	let	ter	fro	m ti	he (	Soci	al	

Security Agency confirming the above amount.



## Your spouse's, civil partner's or cohabitant's work and claim details

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

Who pays this pension:																					
Their claim or reference number:																					
Amount:	€		,			-			a	wee	k										
		Ple	ase	att	ach	the	e m	ost	rec	ent	pay	ysli	o or	let	ter	fro	m t	he i	beo	ple	

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: $\epsilon$	Plea	<b>,</b> ase	atta	ach <sup>-</sup>	<b>.</b> thei	r m	ost i		wee nt p		lip					
50.If they are self-employed a	nt pr	ese	ent,	ple	ase	sta	te:									
Type of work they do:																
Date they started self-employment:	D	D	]	M	M	]	Y	Y	Y	Y						

Net yearly earnings:

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

a year

## 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:	€ ,



## Part 8 continued

## Your spouse's, civil partner's or cohabitant's work and claim details

	work and claim details												
	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 <b>each</b> account, showing balance for the last <b>three</b> 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 <b>after</b> deducting operating expenses.												
54.If they have property apar	t 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: $\mathbf{\in}$													
Rent from this property: $oldsymbol{\epsilon}$	a week												



### Part 8 continued

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 supporting documentary evidence from their solicitors:



## Part 9

## Checklist

Have you enclosed the following?

- You and your spouse's, civil partner's or cohabitant's most recent payslips
   (if you or your spouse, civil partner or cohabitant were employed during the last 12 months)
- Statements from all financial institutions showing the last 3 months transactions (internet printouts are not generally accepted)

(if you or your spouse, civil partner or cohabitant 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 you were born, married or entered into a civil partnership or a civil union outside the Republic of Ireland:

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Your spouse's, civil partner's or cohabitant'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:

Blind Pension Section Social Welfare Services Department of Social Protection College Road Sligo LoCall: 1890 500 000 (from the Republic of Ireland only) If you are calling from outside the Republic of Ireland please call + 353 71 9157100

#### **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. 0K 08-12 Edition: August 2012

