

Application form for Blind Pension



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	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D			T	O	W	N										
	C	O		D	O	N	E	G	A	L									
10. Your telephone number:	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X
	MOBILE																		
	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X
	LANDLINE																		
11. Your email address:	O	N	E			C	H	A	R	A	C	T	E	R		P	E	R	
	B	O	X																

SAMPLE

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: € , .

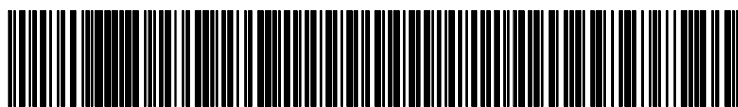
Financial Institution 4

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:

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

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 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 **Blind Pension** and live alone or mainly alone. For more information, log on to www.welfare.ie.

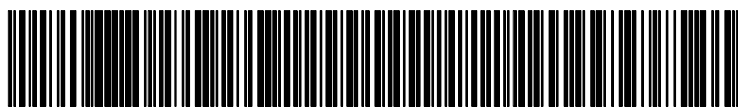
34. If you wish to claim a Living Alone Increase, please state:

Date you started living alone or mainly alone:

D D

M M

Y Y Y Y



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: [grid]
First name(s): [grid]
PPS No.: [grid]

Person 2

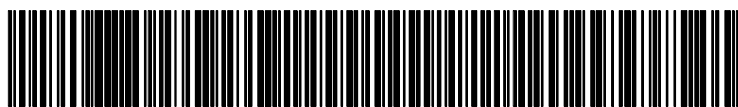
Surname: [grid]
First name(s): [grid]
PPS No.: [grid]

Person 3

Surname: [grid]
First name(s): [grid]
PPS No.: [grid]

Extra benefits

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



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.

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:

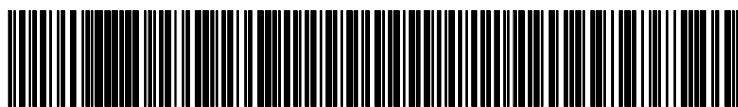
Current balance: € , .

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.

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

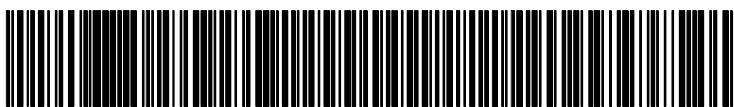
Type of property:

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

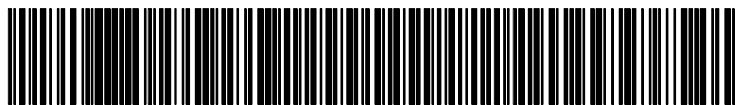


55.If they have any other income please give details in this space provided:

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 supporting documentary evidence from their solicitors:



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.

