

Application form for Blind Pension



- Please read information booklet - SW 76 before filling in this application form.
- Please use BLOCK LETTERS and place a tick (✓) in the appropriate boxes.
- Please answer ALL questions fully. If you fail to do so, it may delay your application.

If you have any difficulty filling in this form, please call the Blind Pension Section at telephone number 1890 500 000 and your application details will be taken over the phone.

Part 1

Your own details

Please state:

Mr. Mrs. Ms. Other _____
Please specify

1. What is your full name?

| |
|---------------|
| Last name |
| First name(s) |

2. What is your birth surname?
(your name before you married)

| |
|--|
| |
|--|

3. What is your mother's birth surname?

| |
|--|
| |
|--|

4. Where do you live?

| |
|---------|
| Address |
| |
| |

5. What is your telephone number, if any?

| | |
|----------|--------|
| Landline | Mobile |
|----------|--------|

6. What is your date of birth?

| | | | | | | | | | | |
|----------------------|----------------------|-----|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | Day | <input type="text"/> | <input type="text"/> | Month | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Year |
|----------------------|----------------------|-----|----------------------|----------------------|-------|----------------------|----------------------|----------------------|----------------------|------|

Please attach your Birth Certificate (we do not accept photocopies).

7. What is your Personal Public Service Number (PPS No.)?
(same as RSI or tax number)

| Figures | | | | | | | Letter(s) | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

8. What is your old social insurance number, if you have one?

| |
|--|
| |
|--|

This number was used before 1979. If you have no number, write 'none'.

9. What country were you born?

| |
|--|
| |
|--|

10. Do you normally live in the State?

Yes No

11. Are you...?

Married Single Separated
 Widowed Divorced Cohabiting

Part 1 continued

Your own details

12. If you are married, when did you get married?

| | | | | | | | |
|----------------------|-----|----------------------|-------|----------------------|----------------------|----------------------|------|
| <input type="text"/> | Day | <input type="text"/> | Month | <input type="text"/> | <input type="text"/> | <input type="text"/> | Year |
|----------------------|-----|----------------------|-------|----------------------|----------------------|----------------------|------|

• Please Attach your Marriage Certificate (we do not accept photocopies).

13. Are you financially supporting your spouse or partner?

Yes No

If 'Yes' and you are living apart please state:

Amount you are contributing to them

| | |
|----------------------|--------|
| <input type="text"/> | a week |
|----------------------|--------|

14. Are you or have you ever been employed?

Yes No

If 'Yes' please state:

Type of payment:

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Amount

| | |
|----------------------|--------|
| <input type="text"/> | a week |
|----------------------|--------|

Name of country that pays you

| |
|----------------------|
| <input type="text"/> |
|----------------------|

15. Are you getting any other social welfare payment?

Yes No

2

If 'Yes', please state:

Amount

| | |
|----------------------|--------|
| <input type="text"/> | a week |
|----------------------|--------|

Who makes the payment

| |
|----------------------|
| <input type="text"/> |
|----------------------|

16. Are you or have you ever been employed or self-employed?

Yes No

2

Employed means you work for another person or company and you get paid for this work.

"Self-employed" means you work for yourself

If 'Yes', please state:

Type of work you do

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Where you work

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Name and address of employer, if employed

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Weekly earnings

| | |
|---|--------|
| 2 | a week |
|---|--------|

Part 1 continued

Your own details

17. Have you ever paid PRSI contributions?

Yes

No

Have you ever applied for a refund of these PRSI contributions?

Yes

No

18. Have you ever lived or worked outside the state?

Yes

No

Name of country and when you lived or worked there

From

To

From

To

From

To

19. Have you any money in a bank, post office, building society or any other financial institution?

Yes

No

If 'Yes', please state:

Total amount(s)

Where savings are held

20. Do you have property apart from your home?

Yes

No

If 'Yes', please state:

Type of property

Address of property

'Property' would be an apartment, business property or another house that is rented to other people for example.

Current market value

21. Have you sold or transferred any property or business recently?

Yes

No

If 'Yes', please give details:

22. (a) Do you own a farm or land?

Yes

No

(b) Do you occupy a farm that another person owns?

Yes

No

If 'Yes' to either a) or b) please state:

Size of the farm

acres

acres

Has the farm been assessed for any other social welfare scheme?

Yes

No

'Assessed' means you gave us details about the farm when you were applying for another payment.

If 'Yes', please state:

Name of Scheme

When was the farm assessed (roughly)?

Month

Year

You can get Blind Pension paid (weekly in arrears) direct to your bank or building society account *or (every week in advance) at your post office.

* This account must be a current or deposit savings account (not a mortgage account)

Direct payment has a number of advantages:

- your pension is lodged directly to your account on the day of payment,
- your pension is available at a time and place that suits you, and
- you are less likely to deal with delays and queuing.

Dealings between you and your financial institution remain confidential. The Department does not have access to your bank or building society account.

Direct to a Bank Account or Building Society Account

23. If you want to get your pension by direct payment, please give details of your bank or building society

Name of bank or building society:

Address:

Name on the account:

The account must be in your name or jointly held by you.

Type of account:

Account number (8 digits).

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Bank sort code (you can get this from your branch)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

If with First Active PLC you must use a deposit account.

Post Office Payment

24. If you like to be paid by EIT using your social services card please state:

Name of Post Office:

Address:

25. If you would like to be paid by a book of payable orders that you can cash at a post office, please state:

Name of post office:

Address:

If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you (only applies for book of payable orders), please give:

Your agent's name:

Your agent's address:

Your signature:

Date:

Ask the person you have appointed as agent to sign below:

I agree to act as agent for and agree to collect the payment at the post office named above for them.

Agent's signature:

Date:

Habitual Residence is a condition that you must satisfy to qualify for Blind Pension.
See SW 108 for more information about habitual residence.

26. In what country were you born?

27. What is your nationality?

Note

The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands.
You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

28. Have you lived in the Common Travel Area all of your life?

Yes

No

If 'Yes', please complete questions 33 and 34.

If 'No', please complete questions 29 to 34.

29. Have you lived in the Common Travel Area for the last 2 years?

Yes

No

If 'No', please give details about each country outside the Common Travel Area where you have lived:

| Country | From | To | Why you lived there |
|---------|------|----|---------------------|
| | | | |
| | | | |
| | | | |

30. When did you come to Ireland?

Day

Month

Year

Have you lived continuously in Ireland since the day you arrived?

Yes

No

31. Does any of your close family, for example parent, brother, sister or child, live in Ireland? Yes No

| Name | Address | Date of Birth | | | Relationship to you | When they came to Ireland |
|------|---------|---------------|--|--|---------------------|---------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

32. Have you ever made an application for Refugee Status? Yes No

If 'Yes', please answer both questions 32(a) and 32(b) and provide copies of all relevant documentation from the Department of Justice, Equality and Law Reform.

(a) Are you awaiting a decision on an application for Refugee Status? Yes No

(b) Have you been granted Refugee Status or leave to remain in the State on other grounds? Yes No

33. Please state when you lived in the Common Travel Area. Ireland Great Britain Isle of Man Channel Islands

34. Have you lived at the same address for the last 2 years? Yes No

Last address

Previous address

From

To

From

To

For Official Departmental use only

HRC satisfied HRC not satisfied HRC 1 issued

Part 4

Your spouse's or partner's details

Please state:

Mr. Mrs. Ms. Other

Please specify

35. What is your spouse's or partner's full name?

Last name

36. What is your spouse's or partner's birth surname, (her surname before they married) if relevant?

First name(s)

37. If you do not live together, where does your spouse or partner live?

38. What is their date of birth?

Day Month Year

Please attach their Birth Certificate if you are claiming an increase for them. We do not accept photocopies.

39. What is their PPS No. (same as RSI or Tax Number)?

| Figures | | | | | | Letter(s) | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

40. What is their old social insurance number (if they have one)?

41. What country were they born in?

42. Do they normally live in the state?

Yes No

43. If you are married, when did you get married?

Day Month Year

Please attach your Marriage Certificate

44. Are you supporting them?

Yes No

If "yes" and you are living apart, please state:

Amount you are contributing to them?

a week or month

45. Has your spouse or partner ever claimed a pension from this Department before?

Yes No

If 'Yes', please state:

Claim or reference number

Address when they claimed

46. Are they getting a payment from this Department or the Health Service Executive at present?

Yes No

If 'Yes', please state:

Claim or reference number

If they are claiming Unemployment Benefit or Assistance, give name and address of the local Social Welfare Office

| |
|---------|
| Name |
| Address |
| |

47. Are they getting a social security payment from another country?

Yes No

If 'Yes', please state:

Type of payment:

Amount:

 a week or month

Name of country that pays them:

48. Are they getting any other social welfare payment?

Yes No

If 'Yes', please state:

Weekly amount:

 a week

Who makes this payment:

49. Are you or have you ever been employed or self employed?

Yes No

"Employed" means you work for another person or company and you get paid for this work.

"Self-employed" means you work for yourself

If 'Yes', please state:

Type of work you do:

Where you work:

Name and address of employer, if employed:

Amount of earnings:

 a week

50. Have they ever paid PRSI contributions?

Yes No

Have they ever claimed a refund of these PRSI contributions?

Yes No

51. Have they lived or worked outside the State?

Yes No

If 'Yes', please state:

Name of country and when they lived or worked there.

| |
|--|
| |
| |
| |

| | |
|------|----|
| From | To |
| From | To |
| From | To |

52. Does your spouse or partner have any money in the following places?

| | If yes (✓) | Name of institution | Account number(s) |
|---------------------|------------|---------------------|-------------------|
| a. Bank | | | |
| b. Building society | | | |
| c. Post office | | | |
| d. Credit union | | | |

If 'Yes' to any of the above, attach a statement showing the balance over the last 12 months.

| | | | |
|----------------|--|--|--|
| e. Investments | | | |
| f. Shares | | | |

If 'Yes' to either of the above, attach a statement to show current market value.

53. Do they have property apart from their own home?

Yes No

If 'Yes', please state:

'Property' would be an apartment, business property or another house that is rented to other people for example.

| |
|----------------------|
| Type of property |
| |
| |
| |
| Current market value |

Part 4 continued

Your spouse's or partner's details

54. Have they sold or transferred any property or business recently?

Yes No

If 'Yes', please give details:

| |
|--|
| |
| |
| |

55. (a) Do they own a farm or land?

Yes No

(b) Do you occupy a farm that another person owns

Yes No

If 'Yes' to either a) or b) please state:

Size of the farm:

| | |
|--|-------|
| | acres |
|--|-------|

| | |
|--|-------|
| | acres |
|--|-------|

Has the farm been assessed for any other social welfare scheme?

Yes No

'Assessed' means you gave us details about the farm when you were applying for another payment.

If 'Yes', please state:

Name of Scheme:

| |
|--|
| |
|--|

When was the farm assessed (roughly)?

Month

| | |
|--|--|
| | |
|--|--|

 Year

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Part 5

Household details

56. Do you have any children under age 18, or between 18 and 22 in full-time education?

Yes

No

If 'Yes', please give details here:

Include any child you are maintaining, whether or not they live with you.

Attach a letter from the school or college for any child aged between 18 and 22 to confirm that they are in full-time education.

| Child's full name | Date of birth | | | PPS No. | Relationship to you | Is this child living with you? |
|-------------------|---------------|-------|------|---------|---------------------|--------------------------------|
| | Day | Month | Year | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

57. Please state Child Benefit Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Attach Birth Certificates for each child if you are not getting Child Benefit for them.

58. Does each child normally live with you?

Yes

No

If 'No', please state:

Name and Address of the person(s) with whom the child(ren) reside:

| |
|---------|
| Name |
| Address |
| |

| |
|---------|
| Name |
| Address |
| |

Amount of maintenance paid by you (if any)

| | |
|---|--------|
| 2 | a week |
|---|--------|

| | |
|---|--------|
| 2 | a week |
|---|--------|

59. Apart from Child Benefit are any of the children listed getting any payment from this department or from the HSE?

Yes

No

If 'Yes', please state:

Type of payment

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Amount

| | |
|---|--------|
| 2 | a week |
|---|--------|

| | |
|---|--------|
| 2 | a week |
|---|--------|

Reference Number

| |
|--|
| |
|--|

| |
|--|
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Part 6

Living Alone Increase

Living Alone Increase is a weekly payment for people who are getting certain payments from this Department and who live either entirely alone or mainly alone. See information booklet SW36 for more information.

60. Do you live alone?

Yes

No

Do you wish to claim a Living Alone Increase?

Yes

No

Please state date you started living alone

Day

Month

Year

Fuel Allowance is a payment made to households who depend on a long-term social welfare or Health Service Executive payment to help with their heating needs. Only one Fuel Allowance is payable per household. See information booklet SW17 for more information.

Part 7

Other allowances

61. Do you wish to claim a Fuel Allowance?

Yes

No

62. Are there any other people not already mentioned living with you?

Yes

No

63. Do you need full-time care and attention because of incapacity or illness?

Yes

No

If YES, someone could apply for a Carer's Allowance or Carer's Benefit for looking after you. (The carer must be caring for you on a full-time basis.)

Part 8

Late Claim

If you have not claimed within 6 months of becoming eligible for pension, state reason:

| |
|--|
| |
| |
| |

I am applying for a Blind Pension. My details are true and complete. I will tell the Department of Social and Family Affairs if there is any change in my details while I am getting this pension.

Your signature

(not block letters)

Date

If you cannot sign, make your mark and have it witnessed. The witness should sign below.

Signature of
witness

(not block letters)

Date

Address of witness

Note: If you withhold any information or fail to tell us of any increases in means, you may have to repay any money overpaid.

Warning: If you make a false statement or withhold information, you may face a fine, a prison sentence or both.

Have you enclosed the following certificates with your application?

- **Your Birth Certificate** Yes No
- **Your Marriage Certificate** Yes No
if applying for an increase for your spouse
- **Your spouse's or partner's Birth Certificate** Yes No
if applying for an increase for your spouse or partner
- **Your dependent child(ren's) Birth Certificates** Yes No
if applying for Child Dependant Increase(s) and not getting Child Benefit for the child(ren)

All certificates will be returned.

Note: We cannot accept photocopies. If you do not have all the certificates at the moment, send in your application anyway and have the certificate(s) ready when the Social Welfare Inspector interviews you.

Send this completed application form to:

Blind Pension Section
Pension Services Office
Department of Social and Family Affairs
College Road
Sligo
Telephone: 1890 500 000
Dublin (01) 704 3000

A Social Welfare Inspector will interview you shortly and may ask to see documents about your means.

Part 11

To be completed when a Social Welfare Inspector interviews you

I declare that all the information I have given is true and complete. I have given details of my means and other relevant information to the Social Welfare Inspector.

Your signature or mark

(Not block letters)

Date

Witnessed by

(Not block letters)

Date

If you feel that your income is not enough while you are waiting for your application to be processed, contact your local Health Centre about Supplementary Welfare Allowance.

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, will treat all information and personal data which you give as confidential. We will only disclose it to other bodies in accordance with law. We are responsible for your information under the Data Protection Act and Freedom of Information Act.