



Application form for One-Parent Family Payment

Remember, you must have at least one dependent child living with you to qualify for One-Parent Family Payment.

How to complete this application form.

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

You should complete **Parts 1 to 5** and **Part 7 A** as they apply to you. Your employer (if any) should fill in **Part 7 B**. When the form is completed, read **Part 6** 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 in first page of 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												
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:	0	8	6	1	2	3	4	5	6	7										
	MOBILE																			
	0	1	7	0	4	3	0	0	0											
	LANDLINE																			
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE

12. What country were you born in?

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13. Are you?

<input type="checkbox"/> Single	<input type="checkbox"/> Cohabiting
<input type="checkbox"/> Married	<input type="checkbox"/> In a Civil Partnership
<input type="checkbox"/> Separated	<input type="checkbox"/> A surviving Civil Partner
<input type="checkbox"/> Divorced	<input type="checkbox"/> A former Civil Partner
<input type="checkbox"/> Widowed	(you were in a Civil Partnership that has since been dissolved)

14. If you are married, in a civil partnership or a civil union or cohabiting, from what date?

D	D	M	M	Y	Y	Y	Y

Please attach your marriage certificate or civil partnership or civil union registration certificate if you married or entered into a civil partnership or civil union outside the Republic of Ireland (we do not accept photocopies).

15. If you are divorced or your civil partnership or civil union has dissolved, when did this happen?

D	D	M	M	Y	Y	Y	Y

Please attach your Decree Absolute Certificate or Decree of Dissolution (we do not accept photocopies).

16. How long have you lived at the address filled in at question 9?

		years			months
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17. What address did you live at before the one given in question 9?

18. Did you apply for One-Parent Family Payment in the past?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
D	D
M	M
Y	Y
Y	Y

If 'Yes', please state date you applied:

19. Are you employed at present (including part-time or temporary work)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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You are employed when you work for another person or company and you get paid for the work.

If 'Yes', please state:

Your occupation:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employers name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employers address:



Your gross weekly pay: € , . a week

Please attach three recent payslip or a copy of a tax deduction card for this year to date from your employer, or latest P60.

*Tax deduction card is record card showing earnings breakdown weekly available from your employer(s).

20. If you are self-employed, please state:

Your occupation:

Your gross weekly pay: € , . a week

Please attach a statement from your accountant.

21. Before applying for One-Parent Family Payment, were you?

Working: Yes No

At school: Yes No

Getting a social welfare or Health Service Executive payment: Yes No

22. If you are getting any payment from this Department or the Health Service Executive (for example, Supplementary Welfare Allowance), please state:

Name of payment:

Name of payment:

Name of payment:

23. Is anyone claiming an increase for you as a dependant on their social welfare or Health Service Executive payment?

Yes No

If 'Yes' please give their details here:

Name:

Address:

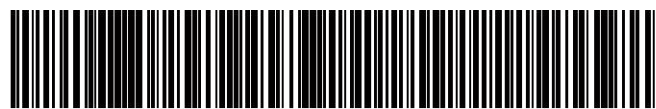
Name of payment they get:

24. Are you getting maintenance? Yes No

'Maintenance' is money from your spouse, civil partner or other parent of your child(ren).

If 'Yes', how much do you get? € , . a week

Please attach a copy of a Maintenance Order or Separation Agreement if you have one.



25. Do you own the property that you currently live in?

Yes No

If 'Yes' please submit proof of your mortgage payments for the current year.

26. Do you rent the property you currently live in?

Yes No

If 'Yes' please submit a recent receipt from your landlord or a statement from your letting agency,

27. If you are not getting maintenance, what efforts are you taking to get maintenance?

Please attach a copy of Maintenance Summons/order if you have one.

28. Are you taking or have you taken part in any of the following courses or schemes?

Type of course or scheme	If 'Yes' insert (X)	Date you started course or scheme				Amount you get paid for scheme or course
		D D	M M	Y Y Y Y	€ [] , [] [] [] . [] [] a week	
Community Employment	<input type="checkbox"/>	[] []	[] []	[] [] [] []	€ [] , [] [] [] . [] [] a week	
Rural Social Scheme	<input type="checkbox"/>	[] []	[] []	[] [] [] []	€ [] , [] [] [] . [] [] a week	
Back to Work Enterprise Allowance	<input type="checkbox"/>	[] []	[] []	[] [] [] []	€ [] , [] [] [] . [] [] a week	
Back to Work Allowance (Employees)	<input type="checkbox"/>	[] []	[] []	[] [] [] []	€ [] , [] [] [] . [] [] a week	
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	[] []	[] []	[] [] [] []	€ [] , [] [] [] . [] [] a week	
Back to Education Allowance	<input type="checkbox"/>	[] []	[] []	[] [] [] []	€ [] , [] [] [] . [] [] a week	
Community Services Programme	<input type="checkbox"/>	[] []	[] []	[] [] [] []	€ [] , [] [] [] . [] [] a week	
Job Initiative	<input type="checkbox"/>	[] []	[] []	[] [] [] []	€ [] , [] [] [] . [] [] a week	



Part 2 continued

Details of your spouse, civil partner, former cohabitant or other parent of your child

58. Are they taking or have they taken part in any of the following courses or schemes?

Type of course or scheme	If 'Yes' insert (X)	Date you started course or scheme			Amount you get paid for scheme or course
Community Employment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> a week
Rural Social Scheme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> a week
Back to Work Enterprise Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> a week
Back to Work Allowance (Employees)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> a week
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> a week
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> a week
Community Services Programme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> a week
Job Initiative	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> a week

Part 3

Details of your qualified child(ren)

59a. How many children do you wish to claim for?

under age 14

age 14 or older

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.:



This section must be completed by all applicants.
 Habitual residence is a condition that you must satisfy to qualify for One Parent Family.
 For more information, log on to www.welfare.ie.

60. What country were you born in?

61. What is your nationality?

62. When did you come to live in the Republic of Ireland?
 DD MM YYYY

63. Have you lived in the *common travel area all of your life including the last 2 years?
 Yes No

If 'No', please complete questions 61 to 64.
 If 'Yes', please give details of where you lived.

Country 1

Country:

From: DD MM YYYY

To: DD MM YYYY

Why you lived there:

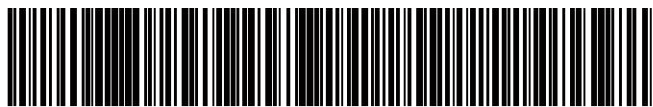
Country 2

Country:

From: DD MM YYYY

To: DD MM YYYY

Why you lived there:



Person 3

Their surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Their first name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Their address:

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Their date of birth:

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D D M M Y Y Y Y

Their relationship to you:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

When they came to Ireland:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D D M M Y Y Y Y

Person 4

Their surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Their first name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Their address:

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Their date of birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D D M M Y Y Y Y

Their relationship to you:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

When they came to Ireland:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D D M M Y Y Y Y



Have you enclosed the following?

- **Bank statements, P60 or statement from accountant if self-employed**
- **Tax deduction card or three recent payslips**
- **Proof of mortgage payments or rent receipts**
- **Letter from school or college**
(if you have child(ren) aged between 18 and 22 who are in full-time education)
- **Separation Agreement**
- **Maintenance summons/order**
- **Decree absolute certificate**
- **Decree of dissolution of civil partnership or civil union certificate**

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**
- **Divorce decree (decree absolute)**
- **Your late spouse's, civil partner's or cohabitant's death certificate. If you do not yet have a death certificate for them, attache a press cutting showing their date of death, a Corner's report is also acceptable.**
- **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.

If you have any difficulty in filling in this form, please contact your local Social Welfare Office or Citizens Information Centre.

Send this completed application form to:

When you have completed this form, hand it in to your nearest local Social Welfare Office.

If you are widowed or are a surviving civil partner send this completed form to:

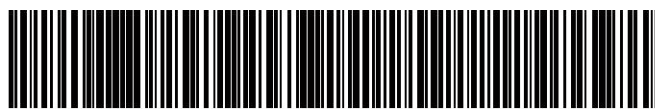
Social Welfare Services
College Road
Sligo

LoCall: 1890 500 000 (from the Republic of Ireland only)

Telephone: + 353 71 9157100 (from Northern Ireland or overseas)

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

Important: If you do not apply within 3 months of becoming eligible you may lose some payment.



Part 7

Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Give this to your employer so that they can complete Part B. You may first detach it if you do not wish them to see your details.

1. What is your Personal Public Service Number (PPS No.)?

2. Are you getting any of the following social welfare payments? Please insert an 'X' in the relevant box.
- Maternity Benefit
 - Illness Benefit
 - Adoptive Benefit
 - Health and Safety Benefit
 - Occupational Injury Benefit

- You complete Part A.
- Your employer completes Part B.

Part A - To be completed by you (applicant)

Please insert an 'X' in the relevant box.

- I do not intend to return to work.**
Please give your P45 or a statement from your employer that your employment has ended and have your employer complete Part B over the page.
- I do not yet know if I will return to work and I will inform you as quickly as possible.**
We cannot process your application until you confirm whether or not you are returning to work.
- I intend to return to work on**
D D M M Y Y Y Y

If you intend to resume work, have your employer complete Part B.

A Social Welfare Inspector may interview you about your application. You must give them any details or documents (for example, bank statements or wage slips) that they may need.

Signature (not block letters)

Date:
D D M M Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Part B - Employer declaration

1. I confirm that employee's name is/was* receiving gross earnings € , . a week while receiving *Maternity Benefit, Adoptive Benefit, Illness Benefit, Occupational Injury Benefit or Health and Safety Benefit (*delete as appropriate)

or

I confirm that employee's name was not paid/will not be paid* earnings by this company while they are receiving *Maternity Benefit, Illness Benefit or Health and Safety Benefit (*delete as appropriate)

2. They stopped working with this company on:
D D M M Y Y Y Y

They have returned/will return to work* with this company on:
D D M M Y Y Y Y

Their gross earnings are/will be* (*delete as appropriate):

€ , . a week

Employer's name:

Employer's address:

Employer's telephone number: MOBILE
 LANDLINE

Employer's registered number:

Signature (not block letters)

Date:
D D M M Y Y Y Y

Official stamp

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.

