

Application form for State Pension (Non-Contributory)



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.	<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	1	7	0	4	3	0	0	0												
	LANDLINE																				
	0	8	6	1	2	3	4	5	6	7											
	MOBILE																				
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			

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.



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



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.



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.

