Application form for

Fuel Allowance for people aged 70 years or over



What is Fuel Allowance?

Fuel Allowance is a means tested payment to help those in qualified households with their winter heating costs. The payment is available to those aged 70 or over who meet the qualifying conditions. Those aged 70 or over do not need to be in receipt of a social protection payment to qualify.

Fuel Allowance is a seasonal payment which normally begins in late September and ends in April the following year.

How do I qualify for Fuel Allowance?

To get Fuel Allowance you must be:

- legally and habitually resident in the State;
- aged 70 years or over;
- satisfy a means test;
- unable to provide for the full cost of your heating needs from your household resources; and
- living alone or only with other qualified persons.

What do I need to complete this form?

You will need to provide your Public Personal Service (PPS) Number, the PPS Number of others in your household and information about;

- your and your partner's work and claim details;
- · any income you or your partner receive from all sources in Ireland and abroad; and
- other persons living in your household.

How do I complete this form?

There are examples on the back of this page that can be used as a guide to fill in this form. Please:

- write with a black ballpoint pen and use capital letters;
- answer all questions and place an X in the relevant boxes; and
- fill in Parts 1 to 7 as they apply to you and your household.

Where do I send this form?

Send this completed application form to:

Fuel Allowance Section

Department of Social Protection

College Road

Sligo

F91 T384

How can I get help and further information?

If you need any help to complete this form, please contact the Fuel Allowance section by calling **0818 200 400** or **071 915 7100**.

You can also get help at your local Intreo Centre or Social Welfare Office or any Citizens Information Centre. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting www.gov.ie/intreocentres.

For more information, visit www.gov.ie/fuel.

How to fill in this form

To help us process your application, write letters and numbers clearly and use one box for each. Please see examples below.

Part 1	Your details
1. PPS Number:	1 2 3 4 5 6 7 T
2. Title, insert an X or specify:	Mr Mrs X Ms Other
3. Surname:	M U R P H Y
4. First names:	M A U R E E N M A R Y
5. Birth surname:	M C D E R M O T T
6. Date of birth:	2 8 0 2 1 9 5 0
	D D M M Y Y Y Y
7. Address:	1 NEW STREET
	O L D T O W N
	DONEGAL TOWN
Coun	ty D O N E G A L Eircode C 1 5 A 9 6 V
8. Telephone number:	0 8 8 1 2 3 4 5 6 7
9. Email address:	M M U R P H Y @ W E L F A R E . I E

SAMPLE

Application form for Fuel Allowance for people aged 70 years or over



Part 1	Your details
1. PPS Number:	
2. Title, insert an X or specify:	Mr Mrs Ms Other
3. Surname:	
4. First names:	
5. Birth surname:	
6. Date of birth:	D D M M Y Y Y Y
7. Address:	
Cou	nty Eircode
8. Telephone number:	
9. Email address:	
10. Are you?	Single Cohabiting
	☐ Married ☐ In a Civil Partnership
	Separated A surviving Civil Partner
	Divorced A former Civil Partner
	Widowed (you were in a Civil Partnership that has since been dissolved)

Part 2

Your partner's details

Note: If you have a spouse, civil partner or cohabitant, they will be referred to as your partner for the rest of this form to make it easier for you to fill out.

11. PPS Number:																		
12. Title, insert an X or specify:		Mr			Mrs]	Ms				(Oth	er				
13. Surname:																		
14. First names:																		
15. Date of birth:		D	D		M	M		Y	Υ	Y	Y							
16. Address:	County											Eiı	COC	de				
- 46										_							 	

Part 3

Your and your partner's work and claim details

If you answer **Yes** to any questions in **Part 3** for you and your partner (if applicable), please state the required information in the box provided for each question.

17. Are you or your partner employed?

	,	Y ou	Partner				
	Yes	☐ No	Yes	☐ No			
Gross weekly income:	€		€				

18. Are you or your partner self-employed?

	Υ	⁄ou	Partner					
	Yes	☐ No	Yes	☐ No				
Net yearly income:	€		€					

Net yearly income is income you or your partner have made from all self-employment after deducting operating expenses.

Part 3 continued

Your and your partner's work and claim details

You	Partner

	Υ	⁄ou	Partner						
	Yes	☐ No	Yes	☐ No					
Gross weekly amount:	€		€						

20. Are you or your partner in receipt of a social protection payment, pension or allowance from Ireland or any other country?

	\	Y ou	Partner					
	Yes	☐ No	Yes	☐ No				
Name of payment:								
Name of country:								
Weekly amount	€		€					

21. Do you or your partner own or rent a farm or land, or any other properties, other than your own home?

	,	⁄ou	Partner					
	Yes	☐ No	Yes	☐ No				
Current market value:	€		€					
If rented, net yearly income:	€		€					

Net yearly income is money you or your partner have made from the farm, land or properties after deducting operating expenses.

22. Do you or your partner own stocks, shares or investments in Ireland or any other country?

	`	You	Partner					
	Yes	☐ No	Yes	☐ No				
Total value:	€		€					

Part 3 continued Your and your partner's work and claim details

		-	•					
23. Do you, or your pa		•	•					ı
		You			Pai	rtner		
	Yes		No		Yes		No	
Total amount of savings:	€	•		€				
24. Do you or your pa from any other co	•	other incor	me, not previo	usly me	ntioned abo	ove, in	Ireland o	r
		You			Pai	rtner		
	Yes		No		Yes		No	
Gross weekly amount:	€			€				
Part 4	House	ehold de	etails					
25. Do other people li detailed above?	ve in your hous	se with you,	other than a	partner	Yes			No
If yes , provide de	tails of all the p	eople living	ı with you.					
	Perso	on 1						
Surname:								
First names:								
PPS Number:								
Is this person:								
70 years of age or	r over?				Yes			No
Receiving a socia country?	l protection pay	ment from	Ireland or any	other	Yes			No
In full-time educat	ion?				Yes			No
Part of an employ	ment scheme?				Yes			No
In paid employme	nt or self-empl	oyment?			Yes			No

Part 4 continued	Household	details												
	Person 2													
Surname:														
First names:														
PPS Number:														
Is this person:														
70 years of age or ove	er?						Yes	3				No		
Receiving a social protection payment from Ireland or any other country?							Yes	3				No		
In full-time education?	•							Yes						
Part of an employmer	it scheme?					Yes N						No		
In paid employment o	r self-employment?	•					Yes	S				No		
Note: A separate she	et of paper can be	used for d	etails c	of an	y ad	lditio	onal p	eop	le liv	/ing	with	you.		
Part 5	How often	do you	wan	t to	o g	et	you	r p	ay	m	ent	?		
uel Allowance is paid we eason and the second is	=	lments. Th	e first	insta	alme	ent is	s paid	at t	he s	start	of th	ie		
f you choose the two insteayments until the next in											ve we	ekly		
low would you like to get	your Fuel Allowand	ce paymer	nt? Put	an 2	X in	one	of the	e bo	xes	bel	ow:			
Weekly				Two	o ins	taln	nents							
Part 6	Your payr	ment d	etail	S										
you are already getting	a payment from this	s departme	ent, yo	ur Fı	uel A	Allov	vance	will	be	paid	d with	your		

If you are already getting a payment from this department, your Fuel Allowance will be paid with your current payment. If you are not already getting a payment, you can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. The account must be in your name or jointly held by you.

Please complete **one** of the payment options on the next page.

Part 6 continued	Your payment details
Post Office	
Name:	
Address:	
Coun	ty Eircode
Financial Institution	
Name of financial institutio	n:
Bank Identifier Code (BIC):	
International Bank Accoun Number (IBAN):	t
Account holder name 1:	
Account holder name 2:	
Part 7	Declaration
I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any payment I receive from the Department of Social Protection and that I may be prosecuted. I understand that the department may carry out control checks of my entitlement to Fuel Allowance and a Social Welfare Inspector may ask to see documents about my household means. I undertake to immediately inform the department of any change in my circumstances which may affect my continued entitlement. Date: Date	

Signature, not capital letters.

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

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. 0K 12-22

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