Application form for Fuel Allowance under the National Fuel Scheme



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

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.
- Please do not strikethrough any of the boxes. Leave boxes blank if they do not apply to you.

Applicant:

Please fill in all parts as they apply to you. When the form is completed, sign declaration in **Part 1.**

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Branch Office.

For more information, visit www.gov.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	Т		
2.	Title: (insert an 'X' or			1	. A 4		· · · ·			7	

- specify)
- 3. Surname:
- 4. First name(s):
- 5. Your first name as it appears on your birth certificate:
- 6. Birth surname:
- 7. Your mother's birth surname:
- 8. Your date of birth:

Mr.	Mrs. X Ms.	Other		
M U R	PHY			
MAU	REEN			
M A R	V			

- M C D E R M O T T
- K E L L Y
- 2 8 0 2 1 9 7 0 D D M M Y Y Y Y

Contact Details

9. Your address:

1		N	Е	W		S	Т	R	E	E	T				
0	L	D		Т	0	W	N								
D	0	Ν	Ε	G	Α	L		Т	0	W	N				
D	0	Ν	Ε	G	Α	L									

County

Postcode A 6 5 F 4 E 2

10. Your telephone number:

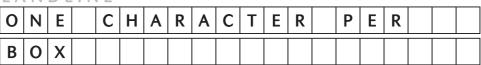
O N E N U M B E R P E R B O X

MOBILE

O N E N U M B E R P E R B O X

LANDLINE

11. Your email address:



SAMPLE

Application form for

Social Welfare Services NFS 1 Data Classification R



Fuel Allowance under the National Fuel Scheme

Part 1	Your own details
1. Your PPS No.:	
2. Title: (insert an 'X' or specify)	Mr. Mrs. Other
3. Surname:	
4. First name(s):	
Your first name as it appears on your birth certificate:	
6. Birth surname:	
7. Your mother's birth surname:	
8. Your date of birth:	
	D D M M Y Y Y Y Contact Details
0. Varin address.	
9. Your address:	
County	
Postcode	
10.Your telephone number:	MOBILE
	LANDLINE
11.Your email address:	
11.10ul elliali audiess.	
	Declaration
any of the information I provide that I will be required to repay a	ven by me on this form is truthful and complete. I understand that if is untrue or misleading or if I fail to disclose any relevant information, any payment I receive from the Department and that I may be ediately advise the Department of any change in my circumstances entitlement.
	Date: D D M M Y Y Y Y
Signature (not block letters)	

Part 1 continued	Your o	wn	det	ai	ls											
12. Are you?	Single Married Separated Divorced Widowed						- 5	In a A s A fo	a Ci urv orn vere	vivin ner (e in	Part g C Civi a C	ivil Pa ivil	ship Part Irtne Part Olved	ner er ner		tha
Part 2	Your w	ork	an	d	claiı	n	de	tail	ls							
13. Are you getting a paymen	t from this I	Depai	r tme] No		?											
14. If 'Yes', please state name	of payment															
15. If you are getting a pension	n or allowa	nce fr	om a	an	other	cou	ntry	y, pl	ea	se s	tat	e:				
Name of country:																
Name of payment:																
Claim or reference number:																
How long have you been getting this payment?	1	month	าร													
16. If you are employed or se Gross income: €		, plea	se st	tat	e: a wee	·k										
17. If you have income from a pension from another could Gross income: €	-			oc	-		al po	ensi	on	and	d in	clu	ding	g ar	ny	
C		- - - 	loos		a wee	!K										
18. If you own stocks, shares Their value: €	, ,	, [neas	e s												
19. If you have savings in a fir Amount of savings: €	nancial instit	utior	n, ple	eas	e state	e: 										
20. If you own property, othe Market value of property: €	r than your	home	e, ple	eas	e state	e:										
21. If this property is rented of Rental income: €	out, please s	tate:			a wee	k										
22. If you have a business, ple Yearly profit: €	ease state:				—											

rari 3	I	σι	IL .	pa,	yII	lei	au	ue	lai	15										
If your claim is awarded, how below)	do y	you	l W	ant	to {	get	yoι	ır p	ayn	nen	it? (Inse	ert a	an '>	〈' in	on	e o	f the	e bo	es
☐ Two payments for the Fue	l Sea	aso	n*		(OR					We	ekl	y d	urin	g tl	he I	Fue	l Se	easo	'n
* If you opt to get your Fuel Allo Fuel Allowance season. If the Futhen you will receive weekly payment will changeover. The typus Season.	iel A ymer	llov nts	van unt	ce s	eas e n	on ext	has pay	alre me	eady nt p	sta eric	rteo	d wl	hen e ar	you nd th	ır cl nen	aim you	is a ur w	awa veek	rde kly	
Note: The lump sum option is not at to date information, visit www.						the	scl	nen	nes	tha	ıt pa	ay t	he	fue	l all	ow	anc	e. F	-or	up
If you are already getting a pawith your current payment. If you can get your payment at a savings account in a financial you. Please complete one opto Department.	you a po inst	ı ar st d itul	e n offi tior	ot a ce c n. A	alre of yo n a	ady our cco	ge cho	ttir oice mı	ng a e or ust l	pa dir be i	yme ect n y	ent to our	fro you na	m tl ır cı me	his urre or j	De _l ent, join	oart de tly	tme pos hel	ent, sit o d by	r
		F	in	and	cial	l Ir	sti	itu	tio	n										
You will find the following detail	s pri	nte	d o	n st	ateı	mer	nts f	ron	ı vo	ur fi	inar	ncia	lins	titu	tion	١.				
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Name(s) of account holder(s):							I				I	I				ı	ı			
Name 1:	Ш																	<u> </u>		
Name 2 (if any):																				
				P	ost	O	ffi	ce												
Please enter below the name payment.	and	ad	dre	ess (of tl	he p	oosi	t of	fice	wł	nere	e yo	u v	vish	to	col	lect	t yo	ur	
Post office name and address:																				
	\Box																	\vdash	\sqsubseteq	
	Ш																			

Your spouse's, civil partner's or cohabitant's details

23. Their PPS No.:																		
24. Title: (insert an 'X' or specify)	Mr	·. 🔲		Mı	s.		М	s. [ı	(Oth	er					
25. Their surname:																		
26. Their first name(s):																		
27. Their birth surname:																		
28. Their date of birth:																		
	D	D		М	M		Y	Υ	Υ	Υ								
29. Their mother's birth surname:																		
30. Their address:																		
Only answer this question if you are married or in a																		
civil partnership and do not live together.																		
not live together.																		
31. Their gross weekly income	e:																	
€		,																
	Thi	s in	clu	des	all	ea	rnin	igs :	and	l pe	nsi	ons,	, if a	any	•			
32. Their total savings / inves	tme	ents	:						_		_							
€		,																
33. Value of their property: (c	the	r tha	an f	ami	ly h	om	e)		.[
34. Rent from their property: €	(oth	ner t	har	far	mily	ho	me)		wee	ek								
35. Profit from their business: €				,[ау	ear							

Part 5

Household details

36. List all people living with you and give the following information for each.

	Person 1
Name:	
PPS No.:	
Gross weekly income:	€ ,
This includes all earning. Total savings/ investments:	s and pensions, if any. €
Value of property: (other than family home) Rent from this	€
property: (other than family home)	€ , a week
Profit from business:	€
	Person 2
Name:	
PPS No.:	
Gross weekly income:	€
This includes all earning	s and pensions, if any.
Total savings/ investments:	€
Value of property:	
(other than family home)	€
(other than family	€

Part 5 continued	Household details
	Person 3
Name:	
PPS No.:	
Gross weekly income: €	
This includes all earnings and	d pensions, if any.
Total savings/ €[investments:	, , , , , , , , , , , , , , , , , , , ,
Value of property: €[(other than family home)	
Rent from this property: (other than family home)	, a week
Profit from business: $oldsymbol{\epsilon}[$	a year
37. If you need constant care a	and attention please state name of person providing this:
Surname:	
First name(s):	
Their PPS No.:	
A Social Welfare Ins	pector may call on you to examine your application and

A Social Welfare Inspector may call on you to examine your application and may ask to see documents about your household means.

Send this completed application form to:

Send this completed application form to the section of the Department of Social Protection that pays you. If you are receiving a payment from another country, or if you are over 70 years of age, you should send your application form to:

Department of Social Protection

College Road

Sligo

F91 T384

Please remember to sign the Declaration in Part 1.

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

Data Protection Statement

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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.

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