



# Application form for Invalidity Pension

**You need a Personal Public Service Number (PPS Number) 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 answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.

## **If you do not have a spouse, civil partner or cohabitant:**

Please fill in **Parts 1 to 4** and **Part 7** as they apply to you. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

## **If you have a spouse, civil partner or cohabitant:**

Please fill in **Parts 1 to 7** as they apply to you. You must complete **Part 6** fully if you wish to claim an increase for your spouse, civil partner or cohabitant or if you wish to claim an increase for a qualified child. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

Your spouse, civil partner or cohabitant must also sign the declaration in **Part 1** if you are claiming an increase for them and/or your child(ren).

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

Telephone: (043) 334 0000 or 0818 92 77 70

If you are calling from outside of Ireland please call  
+ 353 43 334 0000

For more information, log on to **[www.gov.ie](http://www.gov.ie)**

## How to fill 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 Number:	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>T</td><td></td><td></td></tr></table>	1	2	3	4	5	6	7	T																																
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## Contact Details

9. Your address:	<table border="1"><tr><td>1</td><td></td><td>N</td><td>E</td><td>W</td><td></td><td>S</td><td>T</td><td>R</td><td>E</td><td>E</td><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>O</td><td>L</td><td>D</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>County</td><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td>Post Code</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1		N	E	W		S	T	R	E	E	T											O	L	D		T	O	W	N													D	O	N	E	G	A	L		T	O	W	N								County	D	O	N	E	G	A	L		Post Code									
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# SAMPLE

# Application form for Invalidity Pension



## Part 1

## Your own details

1. Your PPS Number:
2. Title: (insert an 'X' or specify) Mr.  Mrs.  Ms.  Other
3. Surname:
4. First name(s):
5. Your first name(s) as appears on your birth certificate:
6. Birth surname:
7. Your date of birth:      
D D M M Y Y Y Y
8. Your mother's birth surname:

## Contact Details

9. Your address:   
  
  
County  Post Code
10. Your telephone number:  MOBILE  
 LANDLINE
11. Your email address:

## Declaration

I/We declare that the information given by me/us on this form is truthful and complete. I/We understand that if any of the information I/We provide is untrue or misleading or if I/We fail to disclose any relevant information, that I/We will be required to repay any payment I/We receive from the department and that I/We may be prosecuted. I/We undertake to immediately advise the department of any change in my/our circumstances which may affect my/our continued entitlement.

Date:        
D D M M Y Y Y Y

Signature (not block letters)

Date:        
D D M M Y Y Y Y

Signature from your spouse or civil partner or cohabitant (not block letters)

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



## Part 1 continued

## Your own details

12. Are you?

- Single  
 Married  
 Separated  
 Divorced  
 Widowed

- Cohabiting  
 In a Civil Partnership  
 A surviving Civil Partner  
 A former Civil Partner  
 (you were in a Civil Partnership  
 that has since been dissolved)

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

D	D	M	M	Y	Y	Y	Y

14. What country were you born in?


15. Do you live on an island off the coast of Ireland?

- Yes       No

If **Yes**, please state:

Name of this island:


Date you started living on the island:

D	D	M	M	Y	Y	Y	Y

**For more** information and a list of islands, log on to [www.gov.ie](http://www.gov.ie).

16. What is your illness or incapacity?


17. What date did this illness or incapacity start?

D	D	M	M	Y	Y	Y	Y

## Part 2

## Your work and claim details

18. Are you employed at present?

- Yes       No

If **Yes**, please state:

Employer's name:

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

Employer's address:

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County

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Post Code

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Type of work:

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







**25.** Are you taking part in any of the following courses or schemes, insert an X in the box as it applies to you and give the date you started if you insert an X in the Yes box.

			<b>Date you started:</b>			
Community employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D D	M M	Y Y	Y Y
Rural Social Scheme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D D	M M	Y Y	Y Y
Area-Based Initiative:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D D	M M	Y Y	Y Y
Back to Work Scheme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D D	M M	Y Y	Y Y
Vocational Training Opportunities Scheme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D D	M M	Y Y	Y Y
Back to Education Allowance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D D	M M	Y Y	Y Y
Community Services Programme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D D	M M	Y Y	Y Y
SOLAS course or schemes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D D	M M	Y Y	Y Y
School or college:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D D	M M	Y Y	Y Y
Other course or scheme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

If **Yes**, please state:

Name of course or scheme:

Date you started: From:

To:

D D M M Y Y Y Y

How much you get paid for doing this scheme or course:

€ ,      a week







**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. An account must be in your name or jointly held by you. Please complete one option below.

**Financial Institution**

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Address of financial institution:

County  Post Code

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

**Post Office**

Post office name and address:

County  Post Code

**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, please complete the following:**

Your agent's name:

Your agent's address:

County  Post Code

Date:

D D M M Y Y Y Y

**Your Signature** (not block letters)

**I agree** to act as agent for the person named in Part 1 and I am aware of my obligations. For more information, log on to [www.gov.ie](http://www.gov.ie).

Date:

D D M M Y Y Y Y

**Signature of agent** (not block letters)





## Part 5

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

31. Their PPS Number:

32. Title: (insert an 'X' or specify) Mr.  Mrs.  Ms.  Other

33. Their surname:

34. Their first name(s):

35. Their birth surname:

36. Their date of birth:

D D      M M      Y Y Y Y

37. Their mother's birth surname:

38. Their address:   
  
  
  
 County  Post Code

Only answer this question if you are married or in a civil partnership and do not live together.

## Part 6

## Your spouse's, civil partner's or cohabitant's work and claim details

**Part 6 MUST be completed in full** if you are claiming an increase for your spouse, civil partner, cohabitant and/or child(ren). This information is required to decide if you have an entitlement and if so, the rate payable. If you are not claiming any increase, proceed to Part 8.

39. Do you wish to claim an increase for your, spouse, civil partner or cohabitant?  
 Yes       No

40. Are they employed at present?  
 Yes       No  
 If **Yes**, please state:  
 Their employer's name:   
 Their employer's address:   
  
  
 County  Post Code

Type of work:

Gross income: € , .  year to date  
**Please attach 4 of their most recent payslips.**

Number of weeks worked:  year to date



41. Are they currently self-employed?  Yes  No

If **Yes**, please state:

Type of work they do/did:

Date self-employment started:

D D M M Y Y Y Y

Net weekly earnings: € ,     a week

This is the money they have made from self-employment after deducting operating expenses. **Please provide** documentary evidence such as the last available copy of accounts.

42. Are they getting or have they applied for any payment(s) from this department or the Health Service Executive?

Yes  No

If **Yes**, please state:

Who pays this pension:

Name of payment:

Amount: € ,     a week

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

Yes  No

If **Yes**, please state:

Type of pension:

Name of country:

Their claim or reference number:

Amount: € ,     a week

**Please attach** the most recent payslip or letter from the Social Security Agency confirming the above amount.

44(a). Are they getting any other pension (private or occupational) from Ireland?

Yes  No

If **Yes**, please state:

Type of pension:

Who pays this pension:

Their claim or reference number:

Amount: € ,     a week

**Please attach** the most recent payslip or letter from the people who pay them confirming the above amount.





46. Do they own, rent or share in the ownership of a farm or land?

Yes  No

If **Yes**, please state:

Is this farm or land jointly owned  Yes  No

Size of farm or land:    acres

Net yearly income from farm or land: €    ,    .

**Net yearly income** is money you have made from the farm or land after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts.

47. Do they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in Ireland or another country?

Yes  No

If **Yes**, please state:

Name of company:

Number of shares held:    ,

Total value per share: €    ,    .

Are the stocks/shares jointly owned?  Yes  No

**Please attach** a statement to show details and current market value.

Do they own any other shares?  Yes  No

If **Yes**, please give details on a separate sheet of paper.

48. If their farm or land is let, please state net yearly income from letting:

Net yearly income: €    ,    .

**Note:** Please provide a written declaration confirming amount of yearly rental income.

49. Do they have savings or accounts in a bank, post office, building society, credit union or any other financial institution in Ireland or another country?

Yes  No

If **Yes**, please state:

**Financial Institution 1**

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: €    ,    .

Is this account a joint account?  Yes  No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):



**Financial Institution 2**

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account?  Yes  No

Name(s) of account holder(s):  
Name 1:

Name 2 (if any):

**Please attach** an original statement for each account, showing transactions for the last 6 months.

Do you have any other accounts?  Yes  No

If **Yes**, please give details on a separate sheet of paper.

**50.** Do they own or share in the ownership of property apart from their home?

Yes  No

If **Yes**, please state:  
Type of property:

Is this property jointly owned?  Yes  No

Name(s) of property owner(s):  
Name 1:

Name 2 (if any):

Address of property:

**Property** would be an apartment, business property, another house or land other than that mentioned at question 46. **County**  **Post Code**

Is this property rented out?  Yes  No

If 'Yes', please state:  
Rent from this property: € , .  a week

Current market value: € , , .

Outstanding mortgage on property: € , , .

If mortgaged please attach a recent statement from lending institution.







## Living Alone Increase

You may get a Living Alone Increase if you are getting an **Invalidity Pension** and live alone or mainly alone. For more information, log on to **www.gov.ie**.

**56.** Do you wish to claim a Living Alone Increase?

Yes  No

If **Yes**, please state date you started living alone or mainly alone:

D D M M Y Y Y Y

## Household Benefits Package

You may qualify for the Household Benefits Package, which is made up of 2 allowances:

- Electricity or Gas Allowance
- Free Television Licence

For more information on extra benefits available to pensioners, log on to **www.gov.ie**.

## Fuel Allowance

This allowance is means tested and is subject to your household composition.

**57.** Do you wish to apply for a Fuel Allowance?

Yes  No

If **No**, please go to Part 8.

If **Yes**, please complete fully the remainder of this section. Do not leave any question blank. If no income, please enter 0 in each box.

**58.** Your details:

Gross weekly income: € ,. a week

Please provide documentary evidence from all sources of income.

Total savings/  
investments: € ,.

Please provide documentary evidence of all of these savings and investments.

Value of property:  
(other than family home) € ,,.

Please provide documentary evidence of all other properties you have including address and valuation.

Rent from all property:  
(other than family home) € ,. a week

Please provide documentary evidence of all rents from other property.

Farm Income (net  
yearly income from  
farm/land) € ,.

'Net yearly income' is money you have made from the farm or land after deducting operating expenses.

Please provide documentary evidence such as the last available copy of accounts.

Have you any other income  
such as maintenance:  Yes  No

If **Yes**, please provide documentary evidence.



You must also complete Q 59 about ALL the people living with you including your spouse, civil partner or cohabitant if you haven't completed Part 6 fully. If they have no income please put a 0 in the amount boxes.

59. The following people live with me:

**Person 1 living with me**

Name:

PPS Number:

Gross weekly income: € , .  a week

Total savings/  
investments/property  
value: (not family home) € , .

Profit from business: € , .  a year

**Person 2 living with me**

Name:

PPS Number:

Gross weekly income: € , .  a week

Total savings/  
investments/property  
value: (not family home) € , .

Profit from business: € , .  a year

**Person 3 living with me**

Name:

PPS Number:

Gross weekly income: € , .  a week

Total savings/  
investments/property  
value: (not family home) € , .

Profit from business: € , .  a year

**Note:** You may be asked to supply documentary evidence of all income.



**Have you enclosed the following?**

- Your P60.  
(if you worked in the last full tax year).
- A letter from your last employer confirming your last date of employment **or** a P45 if you have ceased employment.
- If you have been in self employment, a letter from Revenue confirming the date that self-employment ceased.
- If you are claiming fuel allowance please provide statements from all financial institutions showing the last 6 months transactions and the name and address of the account holder(s).  
(if you or your spouse, civil partner or cohabitant have money or investments in a financial institution).
- Advice slips from any pensions you or your spouse, civil partner or cohabitant are receiving.
- Letter from school or college.  
(if you are claiming for child(ren) aged between 18 and 22 who are in full-time education).
- If you are claiming an increase for your spouse, civil partner or cohabitant and/or children please provide statements from all financial institutions in their name or jointly held.

If you were born, married or entered into a civil partnership or a civil union outside of Ireland:

- Your birth certificate.
- Your marriage certificate or civil partnership or civil union registration certificate.
- Your spouse's, civil partner's or cohabitant'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.

Remember to send in all the certificates and documents with this application, or say that you will send them later.

Make sure that you supply all information required in this form.

## **Please remember to sign the Declaration in Part 1.**

**Your spouse, civil partner or cohabitant must also sign the declaration in Part 1 if you are claiming an increase for them and/or your child(ren).**

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



Send this completed application form to:

Department of Social Protection  
**Invalidity Pension Claims Section**  
Social Welfare Services  
Government Buildings  
Ballinalee Road  
Longford

Telephone: (043) 334 0000 or 0818 92 77 70  
If you are calling from outside of Ireland please call + 353 43 334 0000

### 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](http://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.

