



# 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**

## 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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2. Title: (insert an 'X' or specify)	Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
3. Surname:	<table border="1"><tr><td>M</td><td>U</td><td>R</td><td>P</td><td>H</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	U	R	P	H	Y														
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5. Your first name(s) as appears on your birth certificate:	<table border="1"><tr><td>M</td><td>A</td><td>R</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	A	R	Y																
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7. Your date of birth:	<table border="1"><tr><td>2</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>1</td><td>9</td><td>7</td><td>0</td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	2	8		0	2		1	9	7	0	D	D		M	M		Y	Y	Y	Y
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8. Your mother's birth surname:	<table border="1"><tr><td>K</td><td>E</td><td>L</td><td>L</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	K	E	L	L	Y															
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## Contact Details

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# SAMPLE









**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)**









44(b). Are they getting any other pension (private or occupational) from another country?

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.

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

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

If **Yes**, please state:

Name of course or scheme:

Date they started: From:

To:

D D M M Y Y Y Y

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

€ ,  .  a week





**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.

