

# Back to School Clothing and Footwear Allowance 2015



- Please write in BLOCK LETTERS and use a BLACK ball point pen.
- Please answer **all questions** that apply to you.

## Part 1

### Your own details

1. Your PPS No.:

2. Your name:

3. Your address:

4. Your mobile number:  MOBILE

5. Your date of birth:  D D  M M  Y Y Y Y

## Part 2

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

6. Their PPS No.:

7. Their name:

8. Their address:

9. Their mobile number:  MOBILE

10. Their date of birth:  D D  M M  Y Y Y Y

## Declaration

I declare that all the information I have given on this form is accurate.

Signature (not block letters)

Date:  D D  M M  2  0  Y Y Y Y

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

# Part 3

# Your means details

Please state weekly income for yourself and your spouse, civil partner or cohabitant from the following:

Source	Your weekly income €	Spouse, civil partner or cohabitant: weekly income €	Details
Wages/Salary (payslip required)	□, □□□□. □□	□, □□□□. □□	
Self Employment (including farming)	□, □□□□. □□	□, □□□□. □□	
Social Welfare Payments	□, □□□□. □□	□, □□□□. □□	
SOLAS Scheme	□, □□□□. □□	□, □□□□. □□	
Community Employment/ Rural Social Scheme/TÚS	□, □□□□. □□	□, □□□□. □□	
Family Income Supplement (FIS)	□, □□□□. □□	□, □□□□. □□	
Foster Care Allowance	□, □□□□. □□	□, □□□□. □□	
Maintenance Payments	□, □□□□. □□	□, □□□□. □□	
Occupational/Private Pensions	□, □□□□. □□	□, □□□□. □□	
Sick Pay/Income Protection Schemes	□, □□□□. □□	□, □□□□. □□	
Social Security Payments from another State	□, □□□□. □□	□, □□□□. □□	
Rental Income	□, □□□□. □□	□, □□□□. □□	
Other (specify) e.g. capital, property, savings and investments, shares etc.	□, □□□□. □□	□, □□□□. □□	

## Part 4

## Details of all child(ren) living with you

Child's Name	Child's PPS Number	Date of Birth	Relationship to you	(For office use only) Amount €

Note: A separate sheet of paper can be used for details of other children you have.

## Part 5

## Your payment details

You can be paid directly to your bank account or at the Post Office where you collect your social welfare payment. Please choose only one option below.

### Financial Institution

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

Name of financial institution:

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 address:

**Closing date for this scheme is 30<sup>th</sup> September 2015.  
No application received after that date will be accepted.**

**Have you enclosed the following?**

- **If your child is aged between 18 and 22, you must provide evidence that they are still in secondary level education.**
- **Your and your spouse's, civil partner's or cohabitant's most recent payslips.**  
(if you or your spouse, civil partner or cohabitant were employed during the last 12 months)
- **If you or your spouse, civil partner or cohabitant are in receipt of Community Employment, Rural Social Scheme, Back to Work Scheme, SOLAS or income from employment, you should attach a recent payslip.**
- **If you are in receipt of maintenance, a copy of your maintenance order, separation agreement or other verifying evidence must be provided.**
- **If you are in receipt of income from any other source, e.g. self-employment, investments, property, etc., verification of this income must be provided.**

**Incomplete application forms will be returned and this may result in a delay in processing payment.**

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

**Send this completed application form and other documents to:**

**Back to School Clothing and Footwear Allowance**

Social Welfare Services  
Department of Social Protection  
College Road  
Sligo

Telephone: (071) 91 93302

LoCall: 1890 66 22 44

If you are calling from outside the Republic of Ireland please call + 353 71 91 93302

**Note**

**The rates charged for using 1890 (LoCall) numbers may vary among different service providers.**

**For official use only**

Household Income: €  ,    .

Income Limit: €  ,    .

Recommended:  Yes  No

Amount of Payment: €  ,    .

Claim Category Code:

Child Code:

GROF Code:

Signed \_\_\_\_\_

Date:

**Data Protection Statement**

**The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.**

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.