## Application form for

# Living Alone Increase

Social Welfare Services

LA 1

Data Classification Confidential



- Please use BLOCK LETTERS
- Please use BLACK INK and complete all questions.
- If a question does not apply to you, please leave the answer area blank.
- For more information, log on to www.welfare.ie.

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):			
5. Your date of birth:			
	D D M M Y Y Y Y		
	Contact Details		
6. Your address:			
7. Your telephone number:			
Trodi telephone namber.	LANDLINE		
	MOBILE		
8. Your email address:			
Declaration			
I declare that all the information I have given on this form is accurate.			
I will tell the Department when my means or circumstances change.			
con and 2 oparament when	Date: 2 0		
	D D M M Y Y Y Y		
Signature (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	
9. Please state the name of the payment you are getting from this Department?		
10.Please state the date you started living alone or mainly alone:	D D M M Y Y Y Y	
11.Please give details of any changes in your household that have resulted in you living completely or mainly alone.		
Complete this Section ONLY if you live OUTSIDE the Republic of Ireland		

This section must be completed by one of the following:

- Civil Servant/Police Officer/Doctor/Solicitor/Magistrate/Minister of Religion.
- Post Office Official/Health Service Official/Bank Official.
- Notary/Peace Commissioner/Irish Diplomatic or Consular Officer.

I certify that the person named overleaf is living alone. The applicant signed the form in my presence and I am not a relative of the applicant.

**Signature of witness (not** block letters) D

Official stamp

### Send the completed application form to:

#### If you are getting:

- State Pension (Contributory)
- State Pension (Non-Contributory)
- **Blind Pension**
- Widow's, Widower's or Surviving Civil Partner's Contributory Pension LoCall: 1890 500 000
- Deserted Wife's Benefit

#### If you are getting:

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- **Invalidity Pension**
- Disability Allowance
- **Incapacity Supplement**
- Widow's, Widower's or Surviving Civil Partner's Pension under the Occupational Injuries Benefit Scheme

#### Send your application to:

Social Welfare Services College Road Sligo

#### Send your application to:

Social Welfare Services **Government Buildings Ballinalee Road** Longford

LoCall: 1890 92 77 70

#### **Data Protection Statement**

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection 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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