



Application form for

Supplementary Welfare Allowance Mortgage Interest Supplement

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

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

If you do not have a spouse, civil partner or cohabitant fill in **Parts 1, 2, 4, 8, 9** and **10** as they apply to you. When form is completed, read **Part 11** and sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant:

If you have a spouse, civil partner or cohabitant fill in **Parts 1, 2, 4, 5, 6, 8, 9** and **10** as they apply to you and your spouse, civil partner or cohabitant. When form is completed, read **Part 11** and sign declaration in **Part 1**.

Employer or former employer:

If you are an **employer or former employer** for the applicant fill in **Part 3**. If you are an **employer or former employer** for the spouse, civil partner or cohabitant fill in **Part 7**. Please make sure you sign and stamp these parts of the form.

Lending agency:

Please fill in **Part 12**. Please make sure you sign and stamp this part of the form.

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

For more information, log on to www.welfare.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 No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8	0	2	1	9	7	0											
	D	D	M	M	Y	Y	Y	Y											

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D			T	O	W	N											
	C	O		D	O	N	E	G	A	L										
10. Your telephone number:	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X	
	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X	
11. Your email address:	O	N	E			C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																	

SAMPLE



Supplementary Welfare Allowance Mortgage Interest Supplement

Part 1

Your own details

1. Your PPS No.:

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

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:

D D M M Y Y Y Y

Contact Details

9. Your address:

10. Your telephone number:

MOBILE

LANDLINE

11. 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. I authorise the Department to make all enquiries necessary to establish my current eligibility status and/or that of my spouse, civil partner or cohabitant and to make any enquiries necessary for review purposes, on an ongoing basis. I also authorise that the requested information be provided to the Department.

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 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?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

14. Do you have a social security number from another country?

- Yes
- No

If 'Yes', please state:

Social security number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part 2

Your work and claim details

15. Are you employed at present?

- Yes
- No

If 'Yes', please state:

You are 'employed' when you work for another person or company and you get paid for this work.

Your usual occupation:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your current or last employer's name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your current or last employer's address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your employer must also complete Part 3.

16. If you are employed or self-employed (including farming) at present, please state:

Type of business or trade:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your profit over the last year:

€ , .

Please attach your profit and loss account for the last 12 months.

17. Are you?

- In full-time education
- Involved in an industrial dispute

18. If you are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount:

€ , . a week



19. If you are getting or have applied for any other pension or allowance from another country, please state:

Name of country:

Your claim or reference number:

Amount: € , . a week

Please attach the most recent payslip or letter confirming the above amount.

20. If you are getting or have applied for any other source(s) of income such as maintenance, please state:

Type of payment:

Amount: € , . a week

Note: A separate sheet of paper can be used for more details if needed.

21. If you have savings or accounts in a bank, post office, building society, credit union or any other financial institution, please state:

Financial Institution 1

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 2

Name of financial institution:

Account number:

Current balance: € , .

Note: A separate sheet of paper can be used for more details if needed.

Please attach six months bank statements for each account

22. If you own stocks, shares or investments, please state:

Their value: € , .

Please attach a statement to show details.

23. Do you own or share in the ownership of any property (including land) other than the house you occupy?

Yes No

If 'Yes', please state:

Property/land address:

Use of property/land:

24. How much are you paying weekly on the following?

Cost of travel to work: € , . a week



THIS PART MUST BE COMPLETED BY YOUR EMPLOYER OR FORMER EMPLOYER

25. What is your employee's/ former employee's full name?

26. Please confirm their PPS No.:

27. Their address:

Current employee

28. Please confirm the date employee first started working for you:

 D D M M Y Y Y Y

29. Is above employee participating in a Department of Social Protection Employment Incentive Scheme?
 Yes No

30. Numbers of hours normally worked per week?
 a week

31. Gross basic wage per hour: € , . per hour

32. Gross income since January 1st last: € , .

33. Number of weeks of insurable employment:

34. PRSI contributions deducted since January 1st last:
 € , .

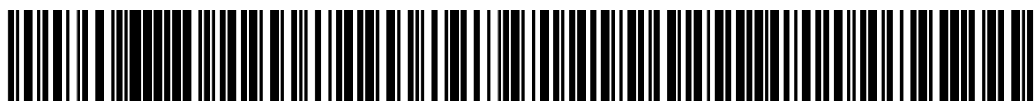
35. Total Tax (PAYE) paid since January 1st last:
 € , .

Employee on sick leave

36. Is the above employee on sick leave from your firm?
 Yes No

37. If 'Yes', what date did sick leave start?

 D D M M Y Y Y Y



Part 3 continued

Details from your employer or former employer

- 38. Gross weekly amount of sick pay less PRSI: € [] , [] [] [] . [] [] a week
- 39. Date last payment made: [] [] [] [] [] [] [] []
D D M M Y Y Y Y
- 40. Amount of last payment made: € [] , [] [] [] . [] []

Former employee

- 41. Is above former employee in receipt of a pension from your company?
 Yes No
- 42. Gross pension per year: € [] [] , [] [] [] [] . [] [] per year
- 43. Gross pension since January 1st last: € [] [] , [] [] [] [] . [] []
- 44. PRSI contributions deducted since January 1st last: € [] , [] [] [] . [] []
- 45. Total Tax (PAYE) paid since January 1st last: € [] , [] [] [] . [] []
- 46. Amount and date of redundancy payment made?
€ [] [] , [] [] [] [] . [] [] [] [] [] [] []
D D M M Y Y Y Y
- 47. Amount and date of redundancy payment due?
€ [] [] , [] [] [] [] . [] [] [] [] [] [] []
D D M M Y Y Y Y

Signature of employer or former employer

Signed by or for current or former employer

Signature (not block letters)

Position in company or organisation

Employer's or former employer's official stamp

Date: [] [] [] [] [] [] [] [] [] [] [] []
D D M M Y Y Y Y

Current or former employer's registered number:

Current or former employer's telephone number:

MOBILE

LANDLINE

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



48. How many children do you have?

Please state child's:

Surname:

First name(s):

PPS No.:

Does this child live with you?

 Yes No

Surname:

First name(s):

PPS No.:

Does this child live with you?

 Yes No

Surname:

First name(s):

PPS No.:

Does this child live with you?

 Yes No

Surname:

First name(s):

PPS No.:

Does this child live with you?

 Yes No

Surname:

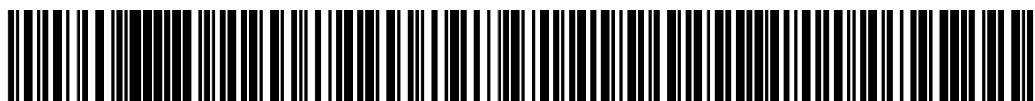
First name(s):

PPS No.:

Does this child live with you?

 Yes No

Note: A separate sheet of paper can be used for more details if needed.



Part 5

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

49. Their PPS No.:

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50. Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

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51. Their surname:

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52. Their first name(s):

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53. Their birth surname:

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54. Their mother's birth surname:

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

55. Their date of birth:

D	D	M	M	Y	Y	Y	Y												

(Y/N) Verified

56. Their address:

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

57. Country they were born in:

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58. Their nationality:

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59. Do they have a social security number from another country?

Yes No

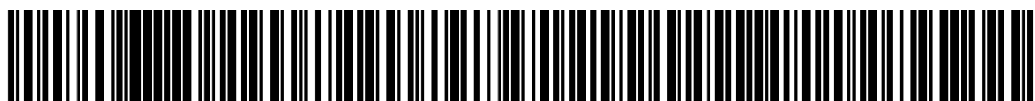
If 'Yes', please state:

Social security number:

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

Country:

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Part 6

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

60. Are they employed at present? Yes No

If 'Yes', please state:

They are 'employed' when they work for another person or company and they get paid for this work.

Their usual occupation:

Their current or last employer's name:

Their current or last employer's address:

Their employer must complete Part 7.

61. If they are employed or self-employed (including farming) at present, please state:

Type of business or trade:

Their profit over the last year: €

Please attach their profit and loss account for the last 12 months. Their employer must complete Part 7.

62. Are they? In full-time education
 Involved in an industrial dispute

63. If they are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

Amount: €

 a week

64. If they are getting or have applied for any other pension or allowance from another country, please state:

Name of country:

Their claim or reference number:

Amount: €

 a week

65. If they are getting or have applied for any other source(s) of income such as maintenance, please state:

Type of payment:

Amount: €

 a week

Note: A separate sheet of paper can be used for more details if needed.



66. If they have savings or accounts in a bank, post office, building society, credit union or any other financial institution, please state:

Financial Institution 1

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 2

Name of financial institution:

Account number:

Current balance: € , .

Note: A separate sheet of paper can be used for more details if needed.

Please attach six months bank statements for each account.

67. If they own stocks, shares or investments, please state:

Their value: € , .

Please attach a statement to show details.

68. Do they own or share in the ownership of any property (including land) other than the house they occupy?

Yes No

If 'Yes', please state:

Property/land address:

Use of property/land:

69. How much are they paying weekly on the following?

Cost of travel to work: € , . a week



Part 7

**Details from your spouse's, civil partner's or
cohabitant's employer or former employer**

**TO BE COMPLETED BY YOUR SPOUSE'S, CIVIL PARTNER'S OR
COHABITANT'S EMPLOYER OR FORMER EMPLOYER**

70. What is your employee's/
former employee's
full name?

71. Please confirm their PPS
No.:

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72. Their address:

Current employee

73. Please confirm the date employee first started working for you:

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D D M M Y Y Y Y

74. Is the above employee participating in a Department of Social Protection Employment
Incentive Scheme? Yes No

75. Numbers of hours normally worked per week?

--	--

 a week

76. Gross basic wage per
hour: €

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,

--	--	--

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--	--

 per hour

77. Gross income since
January 1st last: €

--	--

,

--	--	--

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--	--

78. Number of weeks of
insurable employment:

--	--

79. PRSI contributions deducted since January 1st last:
€

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,

--	--	--

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80. Total Tax (PAYE) paid since January 1st last:
€

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,

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Employee on sick leave

81. Is the above employee on sick leave from your firm?
 Yes No

82. What date did sick leave commence?

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D D M M Y Y Y Y



93. Apart from your spouse/civil partner or cohabitant and qualified child(ren) listed in Part 4, please state who else lives with you:

Surname:

First name(s):

PPS No.:

Relationship to you:

Gross income: € , . a week

Surname:

First name(s):

PPS No.:

Relationship to you:

Gross income: € , . a week

Surname:

First name(s):

PPS No.:

Relationship to you:

Gross income: € , . a week

Note: A separate sheet of paper can be used for more details if needed.



94. What country were you born in?

95. What is your nationality?

96. When did you come to live in the Republic of Ireland?

 D D M M Y Y Y Y

97. Have you lived outside the Republic of Ireland for any period longer than three months within the last five years?

Yes No

If 'Yes', please give details of where you lived in the space provided.

Country 1

Country:

From:

To:
 D D M M Y Y Y Y

Why you lived there:

Country 2

Country:

From:

To:
 D D M M Y Y Y Y

Why you lived there:

For official use only

HRC satisfied HRC not satisfied HRC1 issued



98.Mortgage Account number/Loan Reference number:

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

99.Is this mortgage in respect of the purchase, repair or essential improvement of your principal primary residence?

Yes No

100.Do you have a mortgage/unemployment/income/sickness protection policy?

Yes No

If 'Yes', please attach a copy of policy.

101.Are you in receipt of a Mortgage Subsidy or Mortgage Allowance from your Local Authority?

Yes No

Note: Please attach a copy of the Tax Relief at Source (TRS) Certificate if the amount of TRS is paid into an account other than this mortgage account.

If you are not availing of, or not entitled to, Tax Relief at Source (TRS), please provide evidence.

Declaration

I request and authorise _____(Lending Agency) to complete **Part 12** of this form in relation to the Housing Loan(s) for my residence and to furnish copy/copies of my loan application(s) and evidence of income(s) supplied at the time of the application(s).

I declare that the information given by me is true and accurate, that I reside at the above address and that my residence is not for sale.

--

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.



Have you answered all questions?

Have you enclosed the following?

- Six months bank statements/proof of saving and investments.
- Written confirmation from the school or college the child(ren) aged 18 - 22.
- Copy of unemployment/income/sickness protection policy if applicable.
- Copy of the Tax Relief at Source (TRS) Certificate if applicable, or proof that TRS is not being paid to you.
- Copy of photographic ID.
- Proof of your income and that of your spouse, civil partner or cohabitant if applicable (if working include four most recent payslips).

Mortgage Interest Supplement is now not payable until such time as applicants have complied with an alternative payment arrangement agreed with their lender for a cumulative period of not less than 12 months prior to the application.

Typically an alternative payment arrangement would include:

- An interest-only arrangement for a specified period.
- An arrangement to pay interest and part of the normal capital element for a specified period.
- Deferring payment of all or part of the instalment repayment for a period.
- Extending the term of the mortgage.
- Changing the type of the mortgage, except in the case of tracker mortgages.
- Capitalising the arrears and interest and
- Any voluntary scheme to which the lender has signed up to for example Deferred Interest Scheme.

Please remember to sign the declaration in Part 1.



Please attach copies of all:

- Loan application(s)
- Loan approval(s)
- Evidence of the income(s) supplied at time of application(s)

1. Has the applicant a house loan(s) from your organisation in respect of their principal residence?

Yes No

2. Is/are the loan(s) in joint names?

Yes No

Loan 1

Name(s) of account holder(s):

Surname:

First name:

Surname:

First name:

Loan Reference no.:

Date when this loan was advanced:

D D M M Y Y Y Y

Purpose of the loan:

Date this loan agreement was signed:

D D M M Y Y Y Y

Amount advanced under loan: € , .

Term of loan: years

Type of loan (for example annuity):

Balance outstanding (exclusive of arrears and interest):

€ , .

Arrears (if any): € , .

Current monthly repayments: € , .

Current gross interest content of monthly repayment: € , .

Current interest content of monthly repayments after Tax Relief at Source (TRS) has been applied:

€ , .



Current annual percentage rate of interest:

% .

Gross interest paid in the last calendar year (January to December) was:

€ , .

Interest paid in the last calendar year (January to December) after Tax Relief at Source (TRS) has been applied:

€ , .

Note: A separate sheet of paper can be used for more details if needed.

3. Is the loan covered by an unemployment, income or sickness protection policy?

Yes No

4. Has the borrower entered into an agreed alternative payment arrangement(s), such as those outlined in the Mortgage Arrears Resolution Process, for a cumulative period of not less than 12 months in respect of this loan?

Yes No

If 'Yes', please specify:

Dates:

From:

To:

D D M M Y Y Y Y

Does a second alternative payment arrangement exist?

Yes No

If 'Yes', please specify details of this second alternative payment agreement:

Dates:

From:

To:

D D M M Y Y Y Y

Note: A separate sheet of paper can be used if more alternative payments plans have been or are in place.

5. Have the mortgage arrears been re-capitalised on the loan?

Yes No

If 'Yes', please specify details:



6. Have any penalties been applied to the loan?

Yes No

If 'Yes', please give details:

Note: A separate sheet of paper can be used for more details if needed.

7. Please give details of legal actions (if any) instituted to recover the loan:

Note: A separate sheet of paper can be used for more details if needed.

Surname:

First name:

Telephone number:

Signature (not block letters)

Date:

D D

M M

2 0

Y Y Y Y

Lending Agency Stamp

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



Loan 2

Name(s) of account holder(s):

Surname:

First name:

PPS No.:

Surname:

First name:

PPS No.:

Loan Reference no.:

Date this loan was agreed:

D D M M Y Y Y Y

Purpose of the loan:

Date this loan agreement was signed:

D D M M Y Y Y Y

Amount advanced under loan: € , .

Term of loan(s): years

Type of loan (for example annuity):

Balance outstanding (exclusive of arrears and interest): € , .

Arrears (if any) € , .

Current monthly repayments: € , .

Current gross interest content of monthly repayment is: € , .

Current interest content of monthly repayments after Tax Relief at Source (TRS) has been applied: € , .

Current annual percentage rate of interest: % .

Gross interest paid in the last calendar year (January to December) was: € , .

Interest paid in the last calendar year (January to December) after Tax Relief at Source (TRS) has been applied: € , .

Note: A separate sheet of paper can be used for more details if needed.



8. Is the loan covered by an unemployment, income or sickness protection policy?

Yes No

9. Has the borrower entered into an agreed alternative payment arrangement(s), such as those outlined in the Mortgage Arrears Resolution Process, for a cumulative period of not less than 12 months in respect of this loan?

Yes No

If 'Yes', please specify:

Dates:

From:

To:

D D M M Y Y Y Y

Does a second alternative payment arrangement exist?

Yes No

If 'Yes', please specify details of this second alternative payment agreement:

Dates:

From:

To:

D D M M Y Y Y Y

Note: A separate sheet of paper can be used if more alternative payments plans have been or are in place.

10. Have the mortgage arrears been re-capitalised on the loan?

Yes No

If 'Yes', please specify details:



11. Have any penalties been applied to the loan?

Yes No

If 'Yes', please give details:

[Empty box for details]

Note: A separate sheet of paper can be used for more details if needed.

12. Please give details of legal actions (if any) instituted to recover the loan:

[Empty box for details]

Note: A separate sheet of paper can be used for more details if needed.

Surname:

[Surname grid]

First name:

[First name grid]

Telephone number:

[Telephone number grid]

[Signature box]

Signature (not block letters)

Date:

[Date grid: DD MM YY YY, with 20 in first two year boxes]

Lending Agency Stamp

[Lending Agency Stamp box]

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



Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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

60K 07-12

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