



Application form for Fuel Allowance under the National Fuel Scheme

- Please read information booklet SW17 before completing this application form.
- Please use BLOCK LETTERS. Answer **all** questions and place a tick (✓) in the boxes as appropriate.

Part 1

Your own details

Please state:

Mr. Mrs. Ms. Other

1. What is your full name?

Last name
First name(s)

2. Where do you live?

3. What is your telephone number, if any?

Landline	Mobile
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4. What is your date of birth?

<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Year
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5. What is your Personal Public Service Number (PPS No.)?

Figures						Letter(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Are you....?

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Cohabiting

Part 2

Claim details

7. Are you getting a payment from this Department?

Yes No

If 'Yes', what is your claim 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"/>	<input type="text"/>	<input type="text"/>
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This number is shown on the cover of your pension book.

8. Are you getting a pension or benefit or similar payment from another country?

Yes No

If 'Yes', please state:

Country that pays you:

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Type of payment:

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Your reference number:

--

Amount you get (use currency of payment):

	a week/fortnight/month
--	------------------------

Delete whichever does not apply

How long you have been getting this payment?

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Full details of office that pays you:

Name
Address

9. Give name of post office where you would like to get your Fuel Allowance:

Name
Address

Please attach written confirmation of amount and length of payment

10. Do you live alone? Yes No

If 'No', list all people living with you and give the following information for each. If there is no income under a heading write 'NONE'. Please do not leave blank.

Name	Relationship to you	Age	Social welfare or Health Service Executive payments			Other income		Total savings (cash, money in bank, building society, post office and investments)
			Type	Pension number or other reference no.	Amount	Sources	Amount	
					€		€	€
					€		€	€
					€		€	€
					€		€	€
					€		€	€
					€		€	€

11. Are your heating needs covered under a Deed of Transfer? Yes No

12. If you need constant care and attention please give name of person providing this:

This person should be included in the list in question 10.

13. Has any other person living with you applied for Fuel Allowance? Yes No

If 'Yes', please give name:

When did they apply?

 Day Month Year

14. Have you or any other member of your household ever been refused Fuel Allowance? Yes No

If 'Yes', please say why:

15. Have you ever claimed an Electricity, Natural Gas or Telephone Allowance, Free TV Licence or Free Travel Pass from this Department? Yes No

If 'Yes', please state your reference number:

16. Do you or any other member of your household have any other income besides your Irish social welfare payment?

Yes No

This includes earnings, pension from previous employment or spouse's or partner's employment or occupational pension.

If 'Yes', give details:

17. Do you have any savings or investments?

Yes No

If 'Yes', please give total amounts:

€	€
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(Savings include cash, and money in building society, bank or post office)

18. Do you or anyone living with you own a business or any property or land other than your own home?

Yes No

If 'Yes', give details:

19. Have you or anyone living with you transferred property, land or business in the last few years?

Yes No

If 'Yes', please attach a copy of the Deed of Transfer.

