

VERY IMPORTANT

*If candidate/parents were in receipt of any type of Social Welfare Payment between 1st January, 2010 and 31st December, 2010 this form **MUST** be fully completed by the Department of Social, Community & Family Affairs - no other type of statement will be accepted.*

STATEMENT OF SOCIAL WELFARE INCOME FOR PERIOD _____ TO _____

SECTION A: Social Welfare Income of Father/Guardian

Name: _____ P.P.S. No. _____

Address: _____

This is to certify that, for the period indicated below the above named was in receipt of the following payments at the stated weekly rates:

Payment Type	Personal Rate	Qualified Adult Allowance	Child Dependant Allowance	From	To
	€	€	€		

NB (a) Child Dependant Allowance paid for _____ (number of) Children

(b) Social Welfare Payment is long-term (tick as appropriate) Yes No

Is the person above currently in receipt of social welfare? Yes No

If yes, type of current payment is _____

SECTION B: Social Welfare Income of Mother/Guardian

Name: _____ P.P.S. No. _____

Address: _____

This is to certify that, for the period indicated below the above named was in receipt of the following payments at the stated weekly rates:

Payment Type	Personal Rate	Qualified Adult Allowance	Child Dependant Allowance	From	To
	€	€	€		

NB (a) Child Dependant Allowance paid for _____ (number of) Children

(b) Social Welfare Payment is long-term (tick as appropriate) Yes No

Is the person above currently in receipt of social welfare? Yes No

If yes, type of current payment is _____

NB This statement must be signed and stamped by the Department of Social, Community & Family Affairs - See Overleaf.

SECTION C: Social Welfare Income of Candidate

Name: _____

P.P.S. No. _____

Address: _____

This is to certify that, for the period indicated below the above named was in receipt of the following payments at the stated weekly rates:

Payment Type	Personal Rate	Qualified Adult Allowance	Child Dependant Allowance	From	To
	€	€	€		

NB (a) Child Dependant Allowance paid for _____(number of) Children(b) Social Welfare Payment is long-term (tick as appropriate) Yes No Is the person above currently in receipt of social welfare? Yes No

If yes, type of current payment is _____

SECTION D: Social Welfare Income of Candidate's Spouse

Name: _____

P.P.S. No. _____

Address: _____

This is to certify that, for the period indicated below the above named was in receipt of the following payments at the stated weekly rates:

Payment Type	Personal Rate	Qualified Adult Allowance	Child Dependant Allowance	From	To
	€	€	€		

NB (a) Child Dependant Allowance paid for _____(number of) Children(b) Social Welfare Payment is long-term (tick as appropriate) Yes No Is the person above currently in receipt of social welfare? Yes No

If yes, type of current payment is _____

Name of Social Welfare Official (Block Capitals) _____

Signature _____

Date: _____

SOCIAL WELFARE STAMP**VERY IMPORTANT** ⇒⇒