

# **VERY IMPORTANT**

*If candidate/parents were in receipt of any type of Social Welfare Payment between 1st January, 2009 and 31st December, 2009 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** ⇒⇒