Application form for



Jobseeker's Allowance or Benefit

What is Jobseeker's Allowance or Benefit?

Jobseeker's Benefit (JB) offers income support to people who become unemployed and are available for and genuinely seeking full-time work. Jobseeker's Benefit is based on a person's PRSI contribution record.

Jobseeker's Allowance (JA) offers income support to people who become unemployed and are available for and genuinely seeking work. Jobseeker's Allowance is a means tested payment.

Who can get Jobseeker's Allowance or Benefit?

You may be eligible for Jobseeker's Benefit if you are aged over 18 and under 66 and:

- Have paid at least 104 PRSI employment contributions at Class A or H
- Or
 - Have paid at least 156 PRSI self-employment contributions at Class S

And

• Have paid at least 39 PRSI employment contributions at Class A and H or have credited contributions in the governing tax year. (**Governing Tax Year** is the second last complete tax year. For example for a claim in 2019 the second last complete tax year is 2017).

And

• You are genuinely seeking work and are available for full-time work

You may be eligible for Jobseeker's Allowance if you are over 18 and under 66 and:

- You satisfy a means test
- You are genuinely seeking work and are available for full-time work

How will I be paid?

Jobseeker's Benefit or Allowance will be paid in to your local post office or bank account. The rate will be based on your earnings in the governing tax year. You may also qualify for increases for your:

- Spouse
- Civil partner
- Partner
- Co-habitant, or
- Your children

How long will the payment last?

Jobseeker's Benefit will last for a total of 6 or 9 months. The number of months depends on the total amount of PRSI employment contributions you have paid during your working life.

To be eligible for this scheme for 9 months you must be aged over 18 and under 66 and:

• Have paid at least 260 PRSI employment contributions at Class A or H

To be eligible for this scheme for 6 months you must be aged over 18 and under 66 and:

• Have paid less than 260 PRSI employment contributions at Class A or H

Jobseeker's Allowance will last for as long as you continue to meet the conditions of the scheme. You must be available for and genuinely seeking full-time work and satisfy a means test.

Where can I find out more information and how do I apply?

If you want to find out more about Jobseeker's Benefit or Allowance, you should contact your local Intreo Centre or Branch Office. They will explain how the process works and give you an application form. The form is also available to download from **www.gov.ie/deasp.**

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.

| | | Applicant | Spouse, Civil Partner or Cohabitant |
|---------|--|---|---|
| 1. • | Please state: Personal Public Service Number (PPS number) same as RSI/Tax Number: | FIGURES LETTER(S) 1 2 3 4 5 6 7 A | FIGURES LETTER(S) 1 2 3 4 5 6 7 B |
| • | First name(s): | MAUREEN | SEAN |
| • | Surname: | MURPHY | MURPHY |
| • | Birth Surname if different: | LYNCH | |
| • | Mother's Birth Surname: | MCDERMOTT | FITZPATRICK |
| • | Address (If you and your spouse,civil partner or cohabitant are not living together give both Addresses): | 1 NEW STREET, OLD TOWN, DONEGAL TOWN, DONEGAL | 1 NEW STREET, OLD TOWN, DONEGAL TOWN, DONEGAL |
| • | Postcode: | A65F4E2 | A65F4E2 |
| • | Telephone/Mobile Number: | 0871234567 | |
| • | Email address: | EXAMPLE@mail.com | |
| • | Nationality: | IRISH | IRISH |
| • | Normal occupation: | BUILDER | |
| • | Date of Birth: | 2 8 0 2 1 9 7 0 D D M M Y Y Y Y | |

Application form for



Jobseeker's Allowance or Benefit



| Please complete in Black Pen.Please use BLOCK LETTERS. | | |
|--|---|--|
| | PERSONAL DETAILS about you and you cohabitant: (If you do not wish to claim for a spinot need to list his/her details below or complete Benefit). | oouse, civil partner or cohabitant you do |
| | Applicant | Spouse, Civil partner or Cohabitant |
| Please state: Personal Public Service Number (PPS number) same as RSI/Tax Numb | FIGURES LETTER(S) Control Control Control Control | FIGURES LETTER(S) |
| First name(s): | | |
| • Surname: | | |
| Birth Surname if differen | t: | |
| Mother's Birth Surname: | | |
| Address (If you and your spouse,civil partner or cohabitant are not living together give both Addresses): | | |
| Postcode: | | |
| Telephone/Mobile Numb | er: | |
| Email address: | | |
| Nationality: | | |
| Normal occupation: | | |
| Date of Birth: | | |
| 2. Are you? | Separated Dive In a Civil a fo Partnership Civi | nabiting Married orced Widowed rmer a surviving I Civil tner(A civil Partner |

partnership since dissolved)

| Pa | Part 2 Habitual Residence Condition | | | | | | | | | | | | | | | |
|----|---|--|--------------|-------|-------------|---------|--------|--------|---------------|------|-------|------|------|------------------|------|------|
| | Habitual Residence is a Log on to <u>www.gov.ie/d</u> | | | | | | | | | | | | ''S | Allo | wan | ice. |
| 3. | In what country were you | born? | | | | | | | | | | | | | | |
| 4. | What is your nationality? | | | | | | | | | | | | | | | |
| | Note: The Common Trav | el Area i | s Ireland, G | Great | Brita | ain, th | e Isle | of N | Man | and | the | Cha | ann | nel Is | land | ls. |
| 5. | Common Travel Area a Have you lived in the Com | You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here. Have you lived in the Common Travel Area all of your life? If Yes, please complete question 10 and 11 If No, please go to question 6 to 8 | | | | | | | | | | | | | | |
| 6. | Have you lived in the Com Travel Area for the last two If No , please give details I have lived. | o years? | | ountr | YES y ou | | he C | | NO non | Trav | vel A | rea | wh | here | you | |
| | | | | | | | | | | | | | | | | |
| | Country | | Date from | | Dato | ate | | | V | Vhy | you | live | d t | there |) | |
| | Country | | | | | | | | V | Vhy | you | live | d t | there | 9 | |
| | Country | | | | | | | | | Vhy | you | live | d t | thero | • | |
| | Country | | | | | | | | | Vhy | you | live | d t | there | • | |
| 7. | Country When did you come to Ire | | | | | | | | | Vhy | you | live | ed t | there | > | |
| 7. | | land? | | _ | | | | Y | | | | | ed t | there | • | |
| 7. | When did you come to Ire Have you lived continuous | land? sly in arrived? mily, for | | _ | D | | M | - ! | Y | | | live | ed t | there | • | |
| | When did you come to Ire Have you lived continuous Ireland since the day you Does any of your close fat example parent, brother, s | land? sly in arrived? mily, for sister or | | _ | b VES | | | - ! | Y | | | | ed t | there | • | |
| 8. | When did you come to Ire Have you lived continuous Ireland since the day you Does any of your close fai example parent, brother, s child, live in Ireland? | land? sly in arrived? mily, for sister or | irom | _ | b VES | | EOF | | Y NO NO | Y | | | | there /hen ti | ney | and |

| Part | 2 (continued) | Habitual F | Residence (| Condition | |
|------|--|------------|---------------------------|--|----|
| 9. | Have you ever made an application for Refugee Status? | | YES | NO | |
| | If YES , please answer questions from the Department of Justice a | | elow and give | e copies of all relevant documen | ts |
| 9a. | Are you awaiting a decision on an application for Refugee Status? | | YES | NO | |
| 9b. | Have you been granted Refugee Status, or Leave to Remain in the State on other grounds? | | YES | NO | |
| 10. | Please state where you lived in the Common Travel Area: | | Ireland Isle of Man | Great Britain Channel Islands | |
| 11. | Have you lived at the same address for the last two years? | | YES | NO | |
| | If NO , please give details of previous addresses: | | | | |
| La | ast address | | Previous | address | |
| Fr | om | | From | | |
| Тс |) | | То | | |
| | | | | | |

HRC Satisfied

HRC Not Satisfied

HRC1 issued

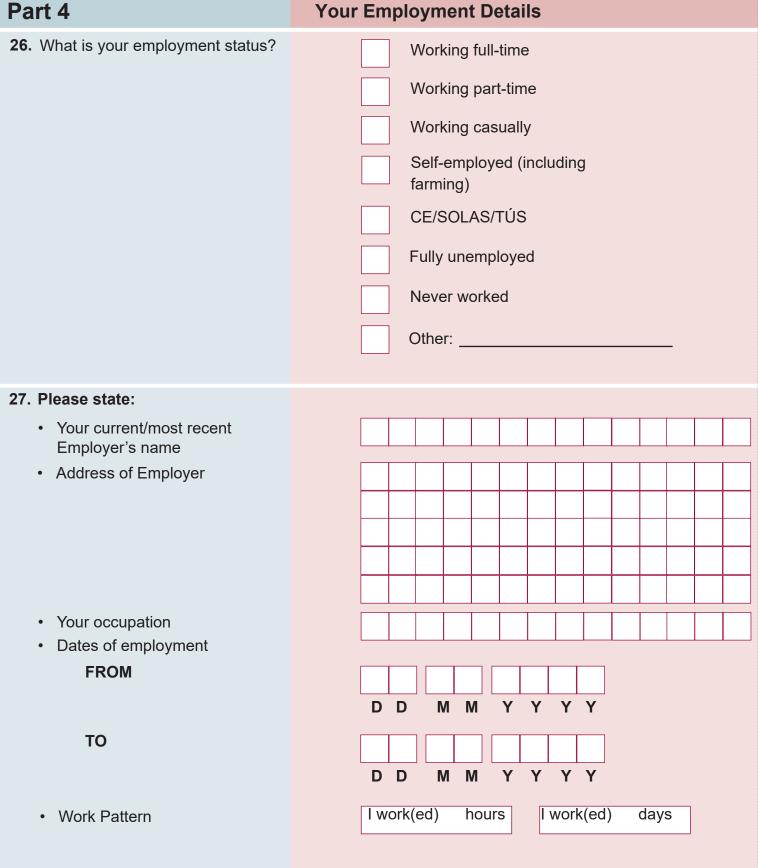
Jobseeker's Claim

Some of the following questions may appear similar but they are necessary to complete your application and to tailor our employment support services to your individual needs.

| 12. Have you made an unemployment claim in the last five years? | YES NO If Yes , please complete question 12(a) If No , please go to question 13 |
|---|---|
| 12a. Were you signing on for twelve months or more? | YES NO |
| 13. Have you been on a Community Employment (CE) Scheme in the last five years?13a. Were you on this Scheme for twelve months or more? | YES NO If Yes , please complete question 13(a) If No , please go to question 14 YES NO |
| 14. Which of the following categories best describes the highest level of education you have completed? | No education beyond primary/national school or left school at or before age 15 Junior/Intermediate or Group Certificate (or equivalent) or left school at 16 or 17 Leaving Certificate/Matriculation (or equivalent) or left education at 18 or 19 Third Level Award (Certificate, Diploma or Degree) or left education at 20 or older |
| 15. Have you ever completed an apprenticeship training programme (i.e. qualified or got your papers)? | YES |
| 16. What is the size of the location where you live? Is it a: | Rural area Village (up to 2,000 inhabitants) Town (2,000 - 10,000 inhabitants) Large town or city (more than 10,000 inhabitants) |
| 17. When were you last in paid employment or self-employed? | Still in employment (go to 17a) In the last month (go to 17b) In the last year (go to 17b) In the last 5 years (go to 17b) Over 5 years ago (go to 17b) Never (go to 19) |

| Part 3 (continued) | Jobseeker's Claim |
|--|--|
| 17a. If you are still in employment how long are you in your current job? 17b. If you are no longer in employment, how long did your last job last? | Less than 1 month1 - 2 years1 - 6 months2 years or more6 - 12 months1 - 2 yearsLess than 1 month1 - 2 years1 - 6 months2 years or more |
| | 6 - 12 months |
| 18. If you are still in employment, what are your gross weekly earnings? | € Gross weekly earnings are your weekly earnings before tax, PRSI, union dues or other deduction. |
| If you are no longer in employment, what were your gross weekly earnings? | € |
| 19. Do you have the use of a car, van or motorcycle? | YES NO |
| 20. Do you live within usable distance of public transport? | YES NO |
| 21. Have you ever thought about moving location to take up a job? | YES NO |
| 22. Have you any difficulty with reading or writing or numbers? | YES NO |
| 23. In general, how would you describe your health? | Would you say it is? Very Good Bad Good Very Bad Fair |
| 24. How well do you speak English? | Very Well Not Well Well Not at all |
| 25. In which country were you born? | |

Your Employment Details



28. Why did your employment end/ working hours get reduced?

Part 4 (continued)

Your Employment Details

29a. Did you get a redundancy payment?

If **YES** please state:

- Amount received
- Date received
- **29b.** Did you get a redundancy form RP50?

If **YES** please supply a copy of same.

30a. Have you had any other employment in Ireland in the last 2 years?

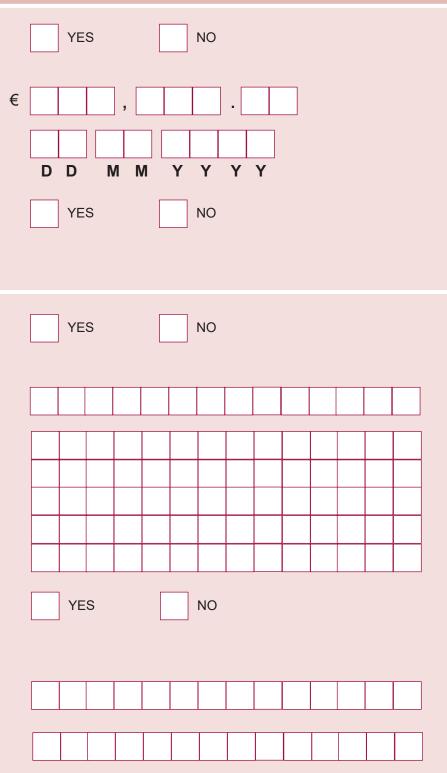
If Yes, please state:

- Name of employer
- Address of employer

30b. Have you had other employment in another EU country in the last 2 years?

If Yes, please state:

- EU country
- Social Security Number/ European Number



Details of Availability/Efforts to Find Work

| 32. Please State: | |
|---|----------------------------|
| Type of work you are looking for? | |
| Are you available for full-time work? | YES NO |
| Are you looking for full-time work? | YES NO |
| Would you accept any other type of work? | YES |
| If No , please give details | |
| 33. Are you currently registered with any school, college or university? | YES NO |
| If Yes, please state: | |
| Name of college | |
| Course name | |
| What type of student are you registered as? | Full-time Part-time Online |
| Hours of attendance (evenings included) | |
| When will the course end? | |
| | |
| Do you intend to resume college education in the coming academic year? | YES NO |
| college education in the coming | |
| college education in the coming academic year? 34. Are you receiving or have you recently applied for any Social Welfare (including Working Family Payment)/Social Security payments from this Department or from any | |
| college education in the coming academic year? 34. Are you receiving or have you recently applied for any Social Welfare (including Working Family Payment)/Social Security payments from this Department or from any other EU member state? | |
| college education in the coming academic year? 34. Are you receiving or have you recently applied for any Social Welfare (including Working Family Payment)/Social Security payments from this Department or from any other EU member state? If Yes , please state: | |
| college education in the coming academic year? 34. Are you receiving or have you recently applied for any Social Welfare (including Working Family Payment)/Social Security payments from this Department or from any other EU member state? If Yes , please state: • Type of payment | |
| college education in the coming academic year? 34. Are you receiving or have you recently applied for any Social Welfare (including Working Family Payment)/Social Security payments from this Department or from any other EU member state? If Yes, please state: Type of payment Claim number | |
| college education in the coming academic year? 34. Are you receiving or have you recently applied for any Social Welfare (including Working Family Payment)/Social Security payments from this Department or from any other EU member state? If Yes, please state: • Type of payment • Claim number • Weekly amount | |

35. Do you wish to claim for a spouse/civil partner or cohabitant?

self-employed.

slips

Please attach the latest pay

Your Spouse/Civil Partner or Cohabitant's Income Details

YES NO

If **Yes**, please answer questions 36 to 43. If **No**, please go to question 44.

36. Is anyone claiming for **you** as a Qualified Adult on their Social YES NO Welfare payment? If Yes, please state: Type of payment • Their name Weekly amount € Their PPS number • **37.** Does your spouse/civil partner or cohabitant have any account(s) in a Bank, Building YES NO Society, Post Office, Credit Union or any other financial institution in Ireland or any other country or any cash savings? If Yes, please state the total € amount of savings: **38.** Does your spouse/civil partner or cohabitant have any investment accounts including YES NO stocks, bonds or shares in Ireland or any other country? If **Yes**, please state the total € value of investments: **39.** Does your spouse/civil partner or cohabitant have earnings from full-time or part-time YES NO employment or self-employment (including farming) in Ireland or any other country? If Yes, please state: How often is s/he paid? Monthly Weekly Fortnightly Gross weekly income: € Gross weekly income is your weekly income before tax, PRSI, union dues or other deduction. Please complete form UP1(f) if

Your Spouse/Civil Partner or Cohabitant's Income Details

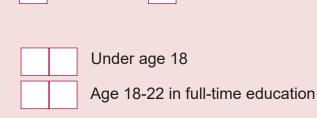
| 40. | Does your spouse/civil partner or cohabitant receive any payment under a Maintenance Grant or a Deed of Covenant? If Yes , please state total weekly amount: | YES NO € , |
|-----|--|---------------|
| 41. | Does your spouse/civil partner or cohabitant have other income from any other source? (Compensation, redundancy, rental income, private pension, etc.) If Yes, please state: | YES NO |
| | Source of any other income | |
| | Weekly amount | € |
| | Total amount (Redundancy/Compensation) | €, |
| 42. | Does your spouse/civil partner or cohabitant have a social welfare payment from any other country? | YES NO |
| | If Yes , please state: | |
| | Country of payment Type of payment | |
| | | |
| | Weekly amount | € |
| | Address of issuing office | |
| | | |
| | | |
| | Social Security Number | |
| 43. | Does your spouse/civil partner | |
| | or cohabitant have any house, property or land not occupied by you, in Ireland or any other country? | YES NO |
| | If Yes, please give details | |

Details of your Children

YES

44. Do you wish to claim an increase for children who normally live with you and who are being supported by you?

If **Yes**, how many children do you wish to claim for?



Please state:

Child 1

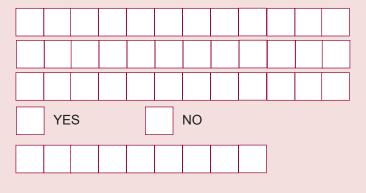
Surname

First name(s)

Relationship to you

Does the child live with you?

PPS Number



NO

Child 2

Surname

First name(s)

Relationship to you

Does the child live with you?

PPS Number

Child 3

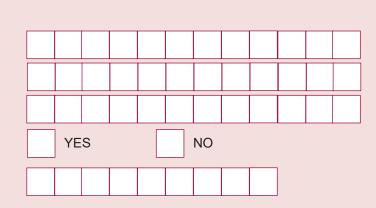
Surname

First name(s)

Relationship to you

Does the child live with you?

PPS Number



NO

You **must** attach written confirmation from the school or college for the child(ren) aged 18-22. **Note:** A separate sheet of paper can be used for details of additional children, if any.

YES

45. If you did not claim as soon as you became unemployed, please state the reason why:



Please state the date from which you wish to claim



Optional Jobseeker's Allowance

46. Do you wish to apply for Optional Jobseeker's Allowance if you do not qualify for the full rate of Jobseeker's Benefit?

| YES | NO |
|-----|----|
| | |

Payment Method

Payment can be made at your local Post Office or direct to your current, deposit or savings account in a financial institution. Please list below the name and address of the Post Office **OR** the financial institution. An account must be in your name or jointly held by you.

| | | | | | | | | | | | | | | |
|---|---------------|-------|------|-----|-----|------|------|------|-----|------|-----|------|---|------|
| Post Office Name and Address: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Please give details of the financial | institution a | at wr | hich | you | WIS | h to | rece | eive | you | r pa | yme | ent. | | |
| Please give details of the financial Name of financial institution: | institution a | at wh | hich | you | WIS | h to | rece | eive | you | r pa | yme | ent. | | |
| | institution a | at wh | | you | WIS | h to | rece | | you | r pa | yme | ent. | | |
| Name of financial institution: Bank Identifier Code (BIC): | institution a | | | you | WIS | h to | | | you | r pa | yme | ent. |] | |
| Name of financial institution: Bank Identifier Code (BIC): International Bank | institution a | | | you | WIS | h to | | | you | r pa | yme | |] | |
| Name of financial institution: Bank Identifier Code (BIC): | institution a | | | you | WIS | h to | | | you | r pa | yme | | | |
| Name of financial institution: Bank Identifier Code (BIC): International Bank | institution a | | | you | WIS | | | | you | r pa | | | | |

I declare that,

- a) I am unemployed and unable to get suitable full-time work.
- b) I am capable of, available for and genuinely seeking work.
- c) I have not claimed nor am I getting any other benefit, pension or allowance from any source apart from those shown in this form.
- d) I will notify the Department if I get work.

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances (commence employment/self-employment, family circumstances etc.) which may affect my continued entitlement.

| OUR SIGNATURE | | DATE |
|---------------|--|------|
|---------------|--|------|

(NOT block letters)

If you are not able to sign, your mark should be made and witnessed. The witness should sign below.

| WITNESS SIGNATURE | DATE |
|-----------------------|------|
| NAME OF WITNESS | |
| ADDRESS OF WITNESS | |
| | |

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

Please bring this completed application form to your local Intreo Centre or Branch Office when you attend to make your claim.

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.gov.ie/deasp/dataprotection or in hard copy.

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

Between: The Department of Employment Affairs and Social Protection and

| PPS Number | | | | | |
|------------|--|--|--|--|--|

The Department of Employment Affairs and Social Protection is committed to providing comprehensive employment support and income support services to our clients. Our goal is to help our clients in two ways: firstly by providing income support during periods of unemployment; secondly by helping clients to find work.

In return we would like you, our client, to commit yourself to work with us as we work to help you. This document records our mutual obligations to each other.

| Our Promise to You | Your Promise to Us |
|--|--|
| We will do all we can to process claims as quickly and as efficiently as possible. | I will work to secure employment at the earliest possible opportunity. I will work with the Department to agree |
| We will pay income support payment(s) as provided for in legislation in an efficient and timely manner. We will work to identify suitable employment, work experience | my Personal Progression Plan. I will attend meetings to which I am invited by the Department. I will follow up all suggestions and take up any work placement, work experience |
| or training/education/personal development opportunities for you. | and/or training/personal development places notified to me by the Department. |
| We will work with you to help you prepare your Personal Progression Plan to assist you to take the right steps to employment. | I will inform the Department immediately if I find work, or if I am no longer available for work. |
| We will monitor and review progress against this plan with you. | I will treat the staff of the Department with dignity and respect and honour the confidentiality of my relationship with the |
| We will meet with you normally by appointment and give you fair notice of all such appointments. We will treat you with dignity and | Department. I will provide the Department with all information requested to assess any claim for income support. |
| respect and honour the confidentiality of our relationship. | I will abide by the Declaration in my Jobseeker's Allowance or Benefit Application Form. |
| For and on behalf of the Department of Employment Affairs and Social Protection. | I understand that failure to adhere to my promises above may result in the reduction or withdrawal of any income support payments which would otherwise be due to me and that I could be prosecuted for making a false declaration or withholding |

Signed:

Signed:

information in relation to my claim.

Checklist

- Have you answered all questions in the Parts that are relevant to you
- Have you completed Part 2 (if necessary)
- Have you completed Part 3
- Have you attached your spouse/civil partner/co-habitant payslip (if necessary)
- Have you provided your payment details at Section 10
- Have you signed the Declaration in Part 11
- Have you signed the Record of Mutual Commitments (Part 12)
- Letter from school or college (if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)

Note: Taxation

Jobseeker's Benefit

Depending on your circumstances, some or all of your Jobseeker's Benefit payment may be liable to income tax. Tax is not charged on increases paid for any dependent children. Tax is also not charged on the first €13 per week of your payment. The Department pays Jobseeker's Benefit without deducting tax. The Department does, however, notify Revenue of the taxable amount of Jobseeker's Benefit to be taken into account for income tax purposes. This means you do not have to do anything for the correct tax to be paid. Information about the taxation of social welfare payments is available from Revenue and on the Jobs and Pensions page of the Revenue website www.revenue.ie PRSI and USC are not charged on Jobseekers Benefit payments.

Jobseeker's Allowance

Jobseeker's Allowance payments, including increases for dependent adults or children and other Allowances paid with the payment, are fully exempt from income tax, PRSI and USC.

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.gov.ie/deasp/privacystatement or in hard copy.

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