



An Roinn Coimirce Sóisialaí Department of Social Protection

Application for Jobseeker's Allowance Means Test

Name: _____ PPS No. _____ Phone No. _____

Address: _____

How long have you lived at the above address? _____.

If less than 2 years at this address, please state your previous address

Previous Address: _____

If you had more than one previous address in the last 2 years, please attach details on a separate sheet of paper.

Household Profile

1. Do you live alone? Yes ☐ No ☐

If 'No', please supply details of everyone who lives in your household

Name	Age	Relationship to you	Weekly Earnings	Social Welfare or Health Service payment	Type of payment
			€	€	
			€	€	
			€	€	
			€	€	
			€	€	

2. Do you or your spouse/civil partner/cohabitant own the property in which you live? Yes ☐ No ☐

3. Are you paying rent on the property you are living in? Yes ☐ No ☐

If "Yes" how much do you pay per month? € _____

4. Do you or your spouse, civil partner or co-habitant receive rental income from the property you are living in? Yes ☐ No ☐

If "Yes" Is the property owned by you? Yes ☐ No ☐

If "No" does your spouse, civil partner or co-habitant own this property? Yes ☐ No ☐

If "No" who owns the property? _____

Is the person renting the room an immediate family member or employee? Yes ☐ No ☐

Please tick as appropriate: Family Member ☐ Employee ☐

From what date did the person start renting a room in your home? _____

How much rent do you or your spouse, civil partner, co-habitant receive per week € _____

5. Do you or your spouse/civil partner/cohabitant have earnings from full-time/part-time employment?

Yes ☐ No ☐

If 'Yes', please supply details

Earnings Details	Amount	
	Self	Spouse/Civil Partner/Cohabitant
Gross Earnings	€	€
PRSI Paid	€	€
Superannuation, Additional Voluntary Contributions	€	€
PRSA (Personal Retirement Savings Account)	€	€
Public Service Pension Levy	€	€
Union Subscription	€	€
Gross Earnings Year to Date	€	€
Date of payslip or week number		
Name of Employer		

6. Do you and/or your spouse/civil partner/cohabitant have an account in a Bank, Building Society, Post Office, Credit Union or in any other financial institution either in Ireland or any other country?

Yes ☐ No ☐

If 'Yes', please state:

ACCOUNT 1	
Name of financial institution and branch	
Bank Identifier Code (BIC)	
International Bank Account Number (IBAN)	
Account Name	
Current Balance	

ACCOUNT 2	
Name of financial institution and branch	
Bank Identifier Code (BIC)	
International Bank Account Number (IBAN)	
Account Name	
Current Balance	

ACCOUNT 3	
Name of financial institution and branch	
Bank Identifier Code (BIC)	
International Bank Account Number (IBAN)	
Account Name	
Current Balance	

7. Do you or your spouse/civil partner/cohabitant have any of the following:

	You		Your Spouse/Civil Partner/Cohabitant	
	Yes	No	Yes	No
Income from self-employment including farming, in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in any house, property or land not personally occupied by you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Maintenance Grant or a Deed of Covenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from any pension(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money received from compensation, redundancy or lump sum in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any claim for a compensation payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from any other source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answered 'Yes' to any of the questions above, please supply details/statements etc.				

8. Do you or your spouse/civil partner/cohabitant have any stocks, bonds or shares in Ireland or any other country? Yes ☐ No ☐
If 'Yes', please state:

Name of <u>Shares</u>	Value and Currency of <u>Shares</u>	Value and Currency of <u>Stock</u> held	Value and Currency of <u>Bonds</u> held

9. Do you or your spouse/civil partner/cohabitant have any investments in Ireland or any other country? Yes ☐ No ☐

If 'Yes' please state:

Type of Investment	Account Number	Institution	Value & Currency

Questions 10 and 11 should be completed by claimants under age 25 living with their parents

10. Are your parents:

	Yes	No
In receipt of a Social Welfare/Health Service Executive payment or similar payment?	<input type="checkbox"/>	<input type="checkbox"/>
In receipt of a private pension or a pension from their job?	<input type="checkbox"/>	<input type="checkbox"/>
Working or Self-employed?	<input type="checkbox"/>	<input type="checkbox"/>
Owners of land or property (apart from house they live in)?	<input type="checkbox"/>	<input type="checkbox"/>
Receiving income from any other source?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered 'Yes' to any of the questions above please supply details/payslips/statements etc. If your parents are paying Health Insurance e.g. VHI, Union dues etc. please supply details		

11. Parents Rent/Mortgage €_____ a week/month (attach confirmation of rent/mortgage payment)

DECLARATION BY CLAIMANT

I state that:

- I am unemployed and wish to claim Jobseeker's Allowance.
- I am available for full-time work, I am capable of work and I am genuinely looking for work.
- The information I have provided is true/correct to the best of my knowledge/belief. I have provided full details about my means.
- I will inform my Intreo Centre/Branch Office if there are any changes in my circumstances or those of my spouse/civil partner/cohabitant that could affect my claim.
- I know that it is an offence to provide false information or to withhold information to qualify for Jobseeker's Allowance. 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.

Signed _____ Date _____
Claimant's Signature

Data Protection Statement

The Department of 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 policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

For Official Use

To: Inspector: _____

- ☐ New JA *Attach completed UP 1*
- ☐ JA Review *Attach UP 1 (and UP 7, UP 8, if necessary)*
- ☐ JA following JB *Claimant should complete the "Habitual Residence" section of the UP 1 completed when the JB claim was made. If necessary, complete HRC 1 also*

Additional information

Signed _____ Date _____
Deciding Officer