

# Application form for Fuel Allowance under the National Fuel Scheme

Social Welfare Services

**NFS 1**

Data Classification R



**You need a Personal Public Service Number (PPS No.) before you apply.**

## **How to complete this application form.**

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- Please do not strikethrough any of the boxes. Leave boxes blank if they do not apply to you.

## **Applicant:**

Please fill in all parts as they apply to you. When the form is completed, sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Branch Office.

For more information, visit **[www.gov.ie](http://www.gov.ie)**.

## How to fill in first page of 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.

1. Your PPS No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8	0	2	1	9	7	0											
	D	D	M	M	Y	Y	Y	Y											

## Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D		T	O	W	N												
	D	O	N	E	G	A	L		T	O	W	N								
County	D	O	N	E	G	A	L													
Postcode	A	6	5	F	4	E	2													
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
	MOBILE																			
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
	LANDLINE																			
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R			
	B	O	X																	

# SAMPLE





## Part 3

## Your payment details

If your claim is awarded, how do you want to get your payment? (Insert an 'X' in one of the boxes below)

**Two payments for the Fuel Season\***      OR       **Weekly during the Fuel Season**

\* If you opt to get your Fuel Allowance in two payments, these will issue at two intervals during the Fuel Allowance season. If the Fuel Allowance season has already started when your claim is awarded, then you will receive weekly payments until the next payment period is due and then your weekly payment will changeover. The two payments are generally made at the start and midway through the Fuel Season.

### Note:

The lump sum option is not available on all of the schemes that pay the fuel allowance. For up to date information, visit [www.gov.ie/fuel](http://www.gov.ie/fuel).

If you are already getting a payment from this Department, your Fuel Allowance will be paid with your current payment. If you are not already getting a payment from this Department, you can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below if you are not already getting a payment from this Department.

### Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:	<input type="text"/>
Bank Identifier Code (BIC):	<input type="text"/>
International Bank Account Number (IBAN):	<input type="text"/>
Name(s) of account holder(s):	<input type="text"/>
Name 1:	<input type="text"/>
Name 2 (if any):	<input type="text"/>

### Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

## Part 4

## Your spouse's, civil partner's or cohabitant's details

23. Their PPS No.:

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24. Title: (insert an 'X' or specify)

Mr.  Mrs.  Ms.  Other 

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25. Their surname:

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26. Their first name(s):

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27. Their birth surname:

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28. Their date of birth:

D	D	M	M	Y	Y	Y	Y												

29. Their mother's birth surname:

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30. Their address:

Only answer this question if you are married or in a civil partnership and do not live together.


31. Their gross weekly income:

€ 

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This includes all earnings and pensions, if any.

32. Their total savings / investments:

€ 

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33. Value of their property: (other than family home)

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34. Rent from their property: (other than family home)

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 a week

35. Profit from their business:

€ 

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 a year

36. List all people living with you and give the following information for each.

Person 1

Name:

PPS No.:

Gross weekly income: €  ,    .

This includes all earnings and pensions, if any.

Total savings/  
investments: €  ,    ,    .

Value of property:  
(other than family  
home) €  ,    ,    .

Rent from this  
property: (other than  
family home) €  ,    .   a week

Profit from business: €    ,    .   a year

Person 2

Name:

PPS No.:

Gross weekly income: €  ,    .

This includes all earnings and pensions, if any.

Total savings/  
investments: €  ,    ,    .

Value of property:  
(other than family  
home) €  ,    ,    .

Rent from this  
property: (other than  
family home) €  ,    .   a week

Profit from business: €    ,    .   a year

**Part 5 continued**

**Household details**

**Person 3**

Name:

PPS No.:

Gross weekly income: € ,  .

This includes all earnings and pensions, if any.

Total savings/  
investments: € , ,  .

Value of property:  
(other than family  
home) € , ,  .

Rent from this  
property: (other than  
family home) € ,  .  a week

Profit from business: € ,  .  a year

**37. If you need constant care and attention please state name of person providing this:**

Surname:

First name(s):

Their PPS No.:

**A Social Welfare Inspector may call on you to examine your application and may ask to see documents about your household means.**

**Send this completed application form to:**

Send this completed application form to the section of the Department of Social Protection that pays you. If you are receiving a payment from another country, or if you are over 70 years of age, you should send your application form to:

Department of Social Protection  
College Road  
Sligo  
F91 T384

**Please remember to sign the Declaration in Part 1.**

**If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Branch Office.**

**Data Protection Statement**

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The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at [www.gov.ie/dsp/privacystatement](http://www.gov.ie/dsp/privacystatement) or in hard copy.

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