



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 renting the property in which you live? Yes No

If 'Yes', please state the amount of rent paid weekly/fortnightly/monthly € _____

4. 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		

5. Do you and/or your spouse/civil partner/cohabitant have any money in a Bank, Building Society, Post Office, Credit Union or 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	

6. 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.				

7. 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 Shares	Value and Currency of Shares	Value and Currency of Stock held	Value and Currency of Bonds held

8. 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 9 and 10 should be completed by claimants under age 25 living with their parents

9. 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		

10. 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

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/ Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or 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