Statement of Social Welfare Payments from January to December 2011

SUSI GRANT APPLICANT'S NAME: _____ **SUSI APPLICATION NUMBER:** ☐☐☐☐☐☐☐☐☐☐☐☐☐

SECTION A: PERSONAL DETAILS Applicant ☐ **(Relationship to Applicant)** Father ☐ Mother ☐ Spouse/Civil Partner/Co-habitant ☐ Guardian ☐

TO BE COMPLETED BY SOCIAL WELFARE RECIPIENT

Name of Social Welfare Recipient _____ Address _____

Date of Birth _____ _____

P.P.S. Number. _____ _____

SECTION B: DETAILS OF PAYMENTS MADE IN 2011 **(OFFICIAL USE ONLY - TO BE COMPLETED BY DEPARTMENT OF SOCIAL PROTECTION)**

Type of Payment/s:	Weekly Rates:	If payment/s include/s O.A.A. please state amount:	If payment/s include/s C.D.A. please state amount:	Is this payment means tested?	Period of time in receipt of Social Welfare in 2011:	Was the claim long term (in excess of 390 consecutive days) at 31/12/2011?
A: _____	€ _____	€ _____	€ _____	Yes ☐ No ☐	From _____ To _____	Yes ☐ No ☐
B: _____	€ _____	€ _____	€ _____	Yes ☐ No ☐	From _____ To _____	Yes ☐ No ☐
C: _____	€ _____	€ _____	€ _____	Yes ☐ No ☐	From _____ To _____	Yes ☐ No ☐

Was this person in reciept of Free Fuel Allowance in 2011? Yes ☐ No ☐

Was this person in receipt of any other Social Welfare payment in 2011 e.g. Cost of Education Allowance? *Yes ☐ No ☐

*If Yes, please give details of payment: _____

Was this person in receipt of a Rent Allowance or Mortgage Supplement in 2011 *Yes ☐ No ☐

If the answer is Yes to the question above a letter from Health Service Executive is required giving details of all payments you received in 2011

N.B: Has the person made an application for BTEA for the 2012/2013 academic year? Yes ☐ No ☐

Social Protection Official Stamp:

Signed (Social Protection Official) _____

Date _____

Contact Number _____