



Coiste Gairm Oideachais Chontae Chill Chainnigh
County Kilkenny Vocational Education Committee

STATEMENT OF SOCIAL WELFARE INCOME FOR TAX YEAR 2009

Form must be completed by Department of Social Welfare and stamped on back page

[] SECTION A: Social Welfare Income of Candidate

Name: _____ PPS No. _____

This is to certify that in the **2009** tax year the above named was in receipt of the following payment at the stated weekly rates:

Payment Type	Personal Rate	Qualified Adult Allowance	Child Dependant Allowance	From	To
TOTAL:					

- (1) Is the recipients Social Welfare claim long term (i.e. in excess of 390 days): Yes No
(2) Is the person currently in receipt of a Social Welfare payment: Yes No
(3) Was this person in receipt of Rent Allowance in 2009: Yes No
(if yes, a letter from the HSE is required giving details of all payments received in 2009)

[] SECTION B: Social Welfare Income of Candidate's Spouse

Name: _____ PPS No. _____

This is to certify that in the **2009** tax year the above named was in receipt of the following payment at the stated weekly rates:

Payment Type	Personal Rate	Qualified Adult Allowance	Child Dependant Allowance	From	To
TOTAL:					

- (1) Is the recipients Social Welfare claim long term (i.e. in excess of 390 days): Yes No
(2) Is the person currently in receipt of a Social Welfare payment: Yes No
(3) Was this person in receipt of Rent Allowance in 2009: Yes No
(if yes, a letter from the HSE is required giving details of all payments received in 2009)

[] SECTION C: Social Welfare Income of Father/Guardian

Name: _____ PPS No. _____

This is to certify that in the **2009** tax year the above named was in receipt of the following payment at the stated weekly rates:

Payment Type	Personal Rate	Qualified Adult Allowance	Child Dependant Allowance	From	To
TOTAL:					

- (1) Is the recipients Social Welfare claim long term (i.e. in excess of 390 days): Yes No
- (2) Is the person currently in receipt of a Social Welfare payment: Yes No
- (3) Was this person in receipt of Rent Allowance in 2009: Yes No
- (if yes, a letter from the HSE is required giving details of all payments received in 2009)

[] SECTION D: Social Welfare Income of Mother/Guardian

Name: _____ PPS No. _____

This is to certify that in the **2009** tax year the above named was in receipt of the following payment at the stated weekly rates:

Payment Type	Personal Rate	Qualified Adult Allowance	Child Dependant Allowance	From	To
TOTAL:					

- (1) Is the recipients Social Welfare claim long term (i.e. in excess of 390 days): Yes No
- (2) Is the person currently in receipt of a Social Welfare payment: Yes No
- (3) Was this person in receipt of Rent Allowance in 2009: Yes No
- (if yes, a letter from the HSE is required giving details of all payments received in 2009)

Signed: _____ Date: _____

SOCIAL WELFARE STAMP