



**Coiste Gairm Oideachais Chontae Chill Chainnigh
County Kilkenny Vocational Education Committee**

STATEMENT OF SOCIAL WELFARE INCOME FOR TAX YEAR 2010

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 **2010** 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 2010: Yes No
- (if yes, a letter from the HSE is required giving details of all payments received in 2010)

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

Name: _____ PPS No. _____

This is to certify that in the **2010** 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 2010: Yes No
- (if yes, a letter from the HSE is required giving details of all payments received in 2010)

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

Name: _____ PPS No. _____

This is to certify that in the **2010** 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 2010: Yes No
- (if yes, a letter from the HSE is required giving details of all payments received in 2010)

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

Name: _____ PPS No. _____

This is to certify that in the **2010** 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 2010: Yes No
- (if yes, a letter from the HSE is required giving details of all payments received in 2010)

Signed: _____ Date: _____

SOCIAL WELFARE STAMP