



SEGURANÇA SOCIAL

SOCIAL INTEGRATION INCOME (RSI)

APPLICATION CONTINUATION SHEET

APPLICANT'S PERSONAL DATA

Full name												
Birth date	Year month day			Social Security Identification Number								

HOUSEHOLD COMPOSITION ⁽¹⁾

Order No.	Full name	Social Security ID Number ⁽²⁾	Taxpayer no.	Birth date			Family relationship ⁽³⁾
				Year	month	day	
7							
8							
9							
10							
11							
12							

⁽¹⁾ It is mandatory to complete all the fields.

⁽²⁾ If you do not have this information, please complete form Mod. RV 1017-DGSS and attach the supporting documents requested in it.

⁽³⁾ E.g.: Spouse, father, mother, son, daughter, grandfather, grandmother, son-in-law, daughter-in-law, brother, sister, etc.

INCOME OF THE APPLICANT AND HOUSEHOLD MEMBERS ⁽¹⁾

Gross income in the month prior to that in which the application is submitted ⁽²⁾

Household order no. ⁽³⁾	Work income in Portugal		Work income abroad		Amount of the allowances for the performance of occupational activities of social interest within the scope of employment programmes	Value of housing supports	
	Employment	Self-employment ⁽⁴⁾	Employment	Self-employment ⁽⁴⁾		Allowance to support Rent Payments	Housing allowance and other housing supports
7							
8							
9							
10							
11							
12							

⁽¹⁾ In accordance with the legislation in force, the income relevant for this benefit granting, whether covered by the interconnection of data between the Tax and Customs Authority services and the Social Security institutions, or the social benefits granted by the Social Security, shall be obtained ex officio for the purposes of deciding on this application.

⁽²⁾ If the income of each of the three months prior to the date of the application submission is different, indicate the average amount of the last 3 months.

⁽³⁾ Please indicate the order number by which the household member was referenced in the Table "HOUSEHOLD COMPOSITION".

⁽⁴⁾ Indicate the total value. The social security services will calculate the proportion of the income value to be taken into account for the social benefit granting.

False statements are punished according to the law

INCOME OF THE APPLICANT AND HOUSEHOLD MEMBERS (continuation)

Gross income in the month prior to that in which the application is submitted (continuation)				
Household order no. (1)	Value of benefits paid by other entities (2)		Value of alimony	Value of benefits paid by the Child Support Guarantee Fund (Fundo de Garantia de Alimentos a Menores)
	Pensions (3)	Social benefits (4)		
7				
8				
9				
10				
11				
12				

(1) Please indicate the order number by which the household member was referenced in the Table "HOUSEHOLD COMPOSITION".
(2) **Do not indicate social benefits paid by the Social Security Institute, P.I. (ISS, I.P). Indicate** benefits from the Civil Servants Pension Fund (CGA), GALP, Santander Totta bank, EPAL, EDP, Banking Union, Pensions funds, banking institutions, insurance companies and foreign bodies, among others.
(3) **Do not indicate pensions paid by the Social Security Institute, P.I. (ISS, I.P). Indicate** Survivor's, Old-age and invalidity pensions, Retirement or other benefits of similar nature and temporary or lifetime annuities, pensions payable by insurance companies or pension funds, paid by national or foreign bodies.
(4) **Do not indicate** benefits for family expenses and benefits within the scope of disability and dependency.

VALUE OF MOVABLE ASSETS HELD BY THE APPLICANT AND HIS/HER HOUSEHOLD MEMBERS ON 31 DECEMBER OF THE YEAR PRECEDING THE ONE IN WHICH THE APPLICATION IS SUBMITTED

Household Order no. (1)	Bank deposits value	Shares value	Bonds value	Postal savings certificates value	Value of participation securities and units in collective investment institutions	Value of other financial assets
7						
8						
9						
10						
11						
12						

(1) Please indicate the order number by which the household member was referenced in the Table "HOUSEHOLD COMPOSITION".

EMPLOYMENT SITUATION OF THE APPLICANT AND THE HOUSEHOLD MEMBERS

PEOPLE AGED BETWEEN 16 AND THE LEGAL AGE OF ACCESS TO THE OLD-AGE PENSION							
Household order no. (1)	Full name	Unemployed (2)		Registered at the Employment Centre (2)		In temporary incapacity for Work (2)	Pensioner Total Invalidity Pension (2) (3)
		Yes	No	Yes	No		
7	Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT SITUATION OF THE APPLICANT AND THE HOUSEHOLD MEMBERS (continuation)

PEOPLE AGED BETWEEN 16 AND THE LEGAL AGE OF ACCESS TO THE OLD-AGE PENSION			
Household order no. ⁽¹⁾	Full name	Providing essential care to Member(s) of his/her Household ⁽²⁾	Students aged up to 27 ⁽⁴⁾
7	_____ Applicant _____	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>
PEOPLE AGED UNDER 18			
Household order no. ⁽¹⁾	Full name	Pregnant ⁽²⁾	With a disabled child under his/her care ⁽²⁾
7	_____ Applicant _____	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>

(1) Please indicate the order number by which the household member was referenced in the Table "HOUSEHOLD COMPOSITION".
(2) Please tick the corresponding situation.
(3) Also applicable to pensioners with permanent invalidity due to occupational risks and persons with a disability or incapacity equal to or higher than 80%.
(4) To tick only if you are not receiving the Family Benefit for Children and Young People.