

# APPLICATION

# **SOCIAL INTEGRATION INCOME (RSI)**

# Important:

- To be entitled to the Social Integration Income (RSI) benefit, the value of the movable assets of your household cannot exceed EUR 26.592,00.

- False statements on the conditions for the benefit granting or the use of threats or coercion against an official determines the cessation of the RSI payment and the inhibition of access to the benefit for a period of 24 months.

Read the INFORMATION and INSTRUCTIONS carefully before completing form, Mod. RSI 1-2-DGSS

1 APPLICANT'S PERSONAL DATA
1.1 Identification
Full name
Birth date     Image: Market and Market
Taxpayer no.
Address (1)
Postal code
Mobile phone / Phone no E-mail
1.2 Other information
Do you live in social housing? O Yes O No
Are you in pre-trial detention or serving a prison sentence? O Yes O No
- If yes, are you expected to be released within 45 days of the date of the application submission?
Are you accommodated in a state-funded establishment?
- If yes, are you expected to leave/be discharged within 45 days of the date of the application submission? O Yes No
Are you receiving social support under the asylum or refugee status scheme?
(1) If you do not have a permanent residence, please provide another address for the purposes of the RSI benefit granting.

VALUE OF MOVABLE ASSETS HELD BY THE APPLICANT AND HIS/HER HOUSEHOLD MEMBERS AT THE DATE OF THE APPLICATION SUBMISSION

Does your household currently hold bank deposits, shares, bonds, postal savings certificates, participation securities and units in collective investment institutions or other financial assets whose total amount exceeds EUR 26.592,00?

🔵 Yes 🔵 No

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The personal data provided in this application will be processed by the competent Social Security services (Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection. For more information on data protection, please consult the Social Security website at www.seg-social.pt

#### False statements are punished according to the law

# 3 HOUSEHOLD COMPOSITION <sup>(1)</sup> (If your household has more than 6 members, please complete the Continuation sheet)

Order No.	Full name	Social Security ID Number <sup>(2)</sup>	Taxpayer no.	Birth date year month day	Family relationship <sup>(3)</sup>		
1	Applicant						
2							
3							
4							
5							
6							
(1) It is mandatory to complete all the fields.							

 (2) If you do not have this mornauon, please complete form wide, RV 1017-DGSS and attach the supporting documents requested in (3) E.g.: Spouse, father, mother, son, daughter, grandfather, grandmother, son-in-law, daughter-in-law, brother, sister, etc.

# 4 INCOME OF THE APPLICANT AND HOUSEHOLD MEMBERS (1)

# Gross income in the month prior to that in which the application is submitted <sup>(2)</sup>

		Work income in Portugal		income	Amount of the allowances for the performance of	s Value of housing supports		
Household order no. (3)	Employment	Self- employment		Self- employment <sup>(4)</sup>	occupational activities of social interest within the scope of employment programmes	Allowance to support rent payments	Housing allowances and other housing supports	
1								
2								
3								
4								
5								
6								
Household order no. (3)	Value of benefits paid by other entities (5) Pensions (6) Social benefits (7)			Value of alimony	Value of benefits paid by the Child Support Guarantee Fund (Fundo de Garantia de Alimentos a Menores)			
1								
2								
3								
4								
5								
6								
and Cus purpose (2) If the ind (3) Please in (4) Indicate (5) Do not compan (6) Do not benefit:	toms Authority s s of deciding on come of each of t ndicate the orde the total value. T <b>indicate socia</b> ies unions, the Pe <b>indicate pensi</b> of similar nature	ervices and the S this application. he three months r number by whii The social security I benefits paid ension Fund for La ons paid by the and temporary of	ocial Security ins orior to the date of the household services will calc by the Social Se wyers and Solicit Social Security or lifetime annuiti	titutions, or the sc of the application of d member was ref culate the proporti ecurity Institute tors, Pension fund: Institute, P.I. (Is es, pensions payat	fit granting, whether covered b ficial benefits granted by the So submission is different, please in renced in <b>Table 4</b> . on of the income value to be ta , <b>P.I. (ISS, I.P). Indicate</b> bene s, banking institutions, insurance <b>SS, I.P).</b> Indicate Survivor's, Old- ole by insurance companies or p of disability or dependency.	Cial Security, shall be obta dicate the average amour ken into account for the so fits from the Civil Servants e companies and foreign b age and Invalidity pensior	ined ex officio for the t of the last 3 months. ocial benefit granting. Pension Fund (CGA), odies, among others s, retirement or other	

# VALUE OF MOVABLE ASSETS HELD BY THE APLLICANT 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
1						
2						
3						
4						
5						
6						
(1) Please in	dicate the order numb	ber by which the house	nold member was refer	enced in <b>Table 4</b> .	I	

# EMPLOYMENT SITUATION OF THE APPLICANT AND THE HOUSEHOLD MEMBERS

	PEOPLE AGED BETWEEN 16 AND TH	E LEGA	L AGE	OF ACC	ESS TO	THE OLD-AGE P	ENSION
House- hold order no. (1)	Full name	(2)		the Emp	ered at bloyment tre <sup>(2)</sup>	In temporary incapacity for Work <sup>(2)</sup>	Pensioner Total Invalidity Pension
		Yes	No	Yes	No		(2) (3)
1	Applicant	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
2		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
3		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
4		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		
5		$\bigcirc$	$\bigcirc$	$\overline{O}$	$\bigcirc$		
6		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		

	PEOPLE AGED BETWEEN 16 AND THE	L AGE (	OF ACC	ESS TO	THE OLD-AGE P	ENSION	
-							

House- hold order no. (1)	Full name	Providing essential care to Member(s) of his/her Household (2)	Students aged up to 27 <sup>(4)</sup>			
1	Applicant					
2						
3						
4						
5						
6						
<ol> <li>Please indicate the order number by which the household member was referenced in Table 4.</li> <li>Please tick the corresponding situation.</li> <li>Also applicable to pensioners with total permanent invalidity due to occupational risks and persons with a disability or incapacity equal to or higher than</li> </ol>						

80%.

(4) To tick only if you are not receiving the Family Benefit for Children and Young People.

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

	PEOPLE AGED UNDER 18		
House- hold order no. (1)	Full name	Pregnant <sup>(2)</sup>	With a disabled child under his/hei care <sup>(2)</sup>
1	Applicant		
2			
3			
4			
5			
6			

# PAYMENT METHOD

The benefit should preferably be paid by deposit into a bank account. For this purpose, you must indicate the International Bank Account Number (IBAN), which will be registered or amended in the Social Security Information System. The IBAN now indicated will be used for the payment of all social security benefits.

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If you do not indicate an IBAN or if it is incorrect, it will be used the payment method registered in the Social Security Information System.

# 8 CERTIFICATION

I hereby **declare** that:

• the information I have provided is complete and true;

- I am informed that the Social Security services may consult my tax information to confirm the declared income (Decree-Law no. 92/2004 of 20 April).
- I authorize the Social Security services to obtain from external entities all the information necessary to prove my statements.

#### I undertake:

- to submit the supporting documents necessary for the granting and/or maintenance of the benefit I have applied for.
- if requested, to submit to the Social Security services the authorisation statements to request information from Banco de Portugal (the Portuguese central bank) to prove the movable assets I am declaring (Article 14(1) of Decree-Law no 70/2010 of 16 June). This information may be, inter alia, the information on the banking and financial entities in which I have an account, account balances and equity securities. This commitment is also valid for statements to be submitted by the other household members.

#### I am aware that:

- if I do not submit the authorisation statement or the relevant banking documents, whenever required and within the time limit established for this purpose, the procedure for granting this allowance will be suspended until the documents concerned are submitted [Article 14(2) of Decree-Law no. 70/2010 of 16 June].
- all information and authorisations provided by me have an effect on the granting decision, calculation and maintenance the benefit I have applied for.
- the effects of the authorisations shall end on the date of the benefit entitlement cessation and cannot be revoked without the express consent of the social security services, failing that, the procedure for granting or payment of the current benefit will be suspended, with the consequent loss of entitlement to it and to other social benefits.



Signature of the applicant or other person on his/her behalf (signature of another person when the applicant could not or do not know how to sign) in accordance with a valid identification document

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# 9 INFORMATION

#### **Documents to submit**

- Documents concerning the applicant and the other household members:
- Valid identification document of the applicant (Citizen Card or ID card, Passport or other).
- Valid identification document of the person signing on behalf of the applicant (Citizen Card or ID document, Passport or other)
- Taxpayer card, if the person concerned does not have a Citizen Card.
- Document proving the refugee status, if applicable.
- Registration certificate of the residence in Portugal, issued by the Municipal Council of the residence area, or permanent residence card in the case of citizens of the European Union, European Economic Area and third countries that have an agreement on the free movement of persons within the European Union, **or**
- Document(s) proving legal residence in Portugal for at least one year, namely the temporary stay visa, temporary residence permit and permanent residence permit, in case of citizens of other countries.
- Document(s) supporting the applicant's earnings in the month prior to the date of the application submission, in case of regular income, or in the three months prior to the date of the application submission, in case of variable income.
- Income Tax return concerning the calendar year preceding the year of the application, in case the person concerned is not exempt
  from the income statement submission to the tax authorities, according to the Income Tax Code (IRS Code). The applicant is exempt from
  the submission of this document if the respective information is already available or updated in the social security information system.
- Certificate of temporary incapacity for work, concerning the persons indicated in **table 6**, proving that the person concerned is temporary unable to work due to health reasons, or that he/she is providing essential care to member(s) of his/her household.
- Proof of disability, if the disabled person is a member of the applicant's household and he/she is under the age of 18.
- Medical statement proving pregnancy, if the applicant is under the age of 18.
- Multipurpose certificate, in the case of a person with a disability or incapacity degree equal to or higher than 80%.
- Document issued by the Employment Centre, certifying that the applicant does not meet the necessary conditions to work.
- Proof of attendance issued by the educational or vocational training establishment, for the situation ticked in table 6 "Students aged up to 27".
- Form Mod. RV 1017-DGSS and the documents requested in it, concerning the persons indicated in table 3, who do not have a Social Security Identification Number (NISS).
- Bank certificate stating the IBAN and the applicant name as the current account holder, if you have indicated in the application that the payment must be made by deposit into a bank account.

#### Where to submit the documents

The application and respective documents must be submitted at the Social Security Customer Information Services.

PLEASE NOTE: Other documents may be requested by the Social Security Services.

SIGNATURE VALIDATION (to be completed by the Social Security services)

I confirm that the signature of the: <b>applicant or person on his/her b</b> ID document:	<b>ehalf</b> is in accordance with the following
Citizen Card Identity Card Passport Other	
Number	y Social Security signature and stamp