

APPLICATION FOR THE HOUSEHOLD ALLOWANCE OR THE SOCIAL SUPPORT BENEFIT

1 Personal details of the applicant

Full name

Social Security Identification Number

Birth date

year - month - day

Mobile phone/Phone no.

E-mail

Please indicate your situation

Active beneficiary

Pensioner

2 Household Allowance

Marital status of the applicant

1 - Married

2 - In a *de facto* relationship for more than two years

3 - Single, separated, divorced or widow/widower

Full name of the spouse or person treated as such

Social Security Identification Number

If you ticked **civil status 2**, please go to [table 4](#). If you ticked **civil status 3**, please indicate:

Full name of the dependent descendant(s)	Social Security Identification Number (NISS)	Birth date	Institution that grants the Family Benefit for Children and Young People
		- -	
		- -	
		- -	
		- -	
		- -	
		- -	

3 Social Support Benefit

3.1. Identification of the Applicant

(To be completed only if the application is not submitted by the beneficiary)

Full name

Mobile phone/Phone no.

E-mail

Please indicate your link with the applicant

Survivor's Pensioner

De facto relationship (If you ticked **de facto relationship** please go to [table 4](#).)

Locality

Postal Code

Parish

Municipality

District

Date _____

year month day

No.	Full name	Social Security Identification Number (NISS)	Family relationship	Net annual salary (€)	Monthly Pension Income (€) (Retirement, survivor's, social pension)	Other annual income (€) (Earned on a regular basis)
1	Applicant	_____	_____			
2						
3						
4						
5						
6						
Total income (€)						



You must ask the Parish Council of your residence area to complete [table 6](#), in order to confirm your *de facto* relationship status.

Personal details of the applicant's de facto partner.

Full name

Social Security Identification Number

Civil identification no.

(Citizen Card/Identity Card/Passport or valid Temporary/Permanent Residence Permit.)

Birth date

year month day

Valid until

year month day

Please state the period

From - - to - -
 year month day year month day

Mobile phone/Phone no.

E-mail

4

De facto relationship status (continuation)

Address

Locality

Postal Code

Parish

Municipality

District

5

Statements

I am aware that false statements are punished according to the law.

I authorise the Social Security services to obtain from external bodies all the information necessary to prove my statements.

I declare that the information I have provided is complete and true.

Date

year - -
month day

Signature of the applicant

Signature of the applicant or of another person on his/her behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

Date

year - -
month day

Signature of the applicant's de facto partner

Signature of the applicant's de facto partner or of another person on his/her behalf (signature of another person when the applicant's de facto partner cannot or does not know how to sign) according to a valid identification document.

6

Statement from the Parish Council of the applicant's residence area (article 2-A of Law no. 7/2001 of 11 May)

I declare by:

direct knowledge of the facts

oral testimony from two registered voters in the parish

written testimony from two registered voters in the parish

verbal statement of the interested party

that the person stated in **table 4** lives has lived in this Parish in a de facto relationship with the person stated in **table 1** in the period(s) and address(es) stated in **table 4**.

Identification of the Parish Council

Date

year - -
month day

Signature and embossing stamp

Signature of the Parish Council President.

7

Information



Documents to submit

7.1. For both benefits

Valid civil identification document (applicant, household members, person(s) that signed on behalf of the person(s) concerned);

Information (continuation)

National citizen

- ▶ Valid civil identification document: Citizen Card, Identity Card, Residence Permit or Passport.

Foreign citizen

- ▶ Temporary/Permanent Residence Permit.
- ▶ Taxpayer card of all the household members.

7.2. For the Household Allowance

- ▶ Complete narrative birth certificate of the applicant.
- ▶ Complete narrative birth certificate of the applicant's *de facto* partner.

7.3. For the Social Support Benefit

Documents proving:

- ▶ The social risk situation invoked.
- ▶ Housing expenses.
- ▶ Expenses incurred and which gave rise to the application.
- ▶ Income.

Bank account

The payment of all your current or future benefits/allowances or pensions will be made by bank transfer to the IBAN (International Bank Account Number) registered in the Social Security Information System.

If you have not registered your IBAN yet or if you want to update it, you can do so:

- ▶ via the Internet, through the Social Security Online Service (Segurança Social Direta) at www.seg-social.pt.
- ▶ at the Social Security Customer Information Services, by submitting the Application form IBAN Registration or Change – MG14, which is available at www.seg-social.pt.

If the IBAN registered is incorrect or if you do not have an IBAN registered in the system, the payment of all your current or future benefits/allowances or pensions will be made using the payment method that is registered in the Social Security information system.

Forms

The form(s) is(are) available on the Social Security Online Service (Segurança Social Direta) at www.seg-social.pt and in the Social Security Customer Information Services.

Where to submit the documents

The application may be:

- ▶ Submitted in person at the Social Security Customer Information Services.
- ▶ Sent by post.

To be completed by the Social Security services

I confirm that the signature of the

applicant

person that signed on his/her behalf

applicant's *de facto* partner

is in accordance with the following identification document:

Passport

Citizen Card

Identity Card

Other

Number

Valid until

Signature and stamp

year - month - day

Data protection



The collected personal data 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) and will be kept for the period necessary to fulfil their intended purpose.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For further information on data protection, please consult the Social Security Online Service (Segurança Social Direta) at www.seg-social.pt.

Social Service Report

(To be completed by the Social Security services in the case of application for the Social Support Benefit)

Technical opinion

Monthly capitation value = $\frac{R - H}{F \times 12} = \frac{-}{x 12} =$ €

Benefit value

€

Benefit payment period

From - - to - - =
year month day year month day no. of days

Type of benefit payment

Lump sum payment

Payment in instalments

Date

year - month - day

Signature of the Social Service technician