



SEGURANÇA SOCIAL

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 30.555,60.
- 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 RSI 1-2

1 APPLICANT'S PERSONAL DATA

1.1 Identification

Full name		
Birth date	<div>year month day</div>	Social Security Identification Number
Taxpayer no.		
Address ⁽¹⁾		
Locality		
Postal code		
Mobile phone / Phone no.	E-mail	

1.2 Other information

- Do you live in social housing? ☐ Yes ☐ No
- Are you in pre-trial detention or serving a prison sentence? ☐ Yes ☐ No
- If yes, are you expected to be released within 45 days of the date of the application submission? ☐ Yes ☐ No
- Are you accommodated in a state-funded establishment? ☐ Yes ☐ No
- If yes, are you expected to leave/be discharged within 45 days of the date of the application submission? ☐ Yes ☐ No
- Are you receiving social support under the asylum or refugee status scheme? ☐ Yes ☐ No

(1) If you do not have a permanent residence, please provide another address for the purposes of the RSI benefit granting.

2 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 30.555,60?

☐ Yes ☐ No

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 ⁽¹⁾ (If your household has more than 6 members, please complete the Continuation sheet)

Order No.	Full name	Social Security ID Number ⁽²⁾	Taxpayer no.	Birth date			Family relationship ⁽³⁾
				year	month	day	
1	Applicant						
2							
3							
4							
5							
6							

(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.

4

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 allowances and other housing supports
1							
2							
3							
4							
5							
6							

Household order no. ⁽³⁾	Value of benefits paid by other entities ⁽⁵⁾		Value of alimony	Value of benefits paid by the Child Support Guarantee Fund (Fundo de Garantia de Alimentos a Menores)
	Pensions ⁽⁶⁾	Social benefits ⁽⁷⁾		
1				
2				
3				
4				
5				
6				

(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, please indicate the average amount of the last 3 months.

(3) Please indicate the order number by which the household member was referenced in **Table 4**.

(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.

(5) 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), companies unions, the Pension Fund for Lawyers and Solicitors, Pension funds, banking institutions, insurance companies and foreign bodies, among others..

(6) 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

(7) Do not indicate benefits for family expenses and benefits within the scope of disability or dependency.

5

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
1						
2						
3						
4						
5						
6						

(1) Please indicate the order number by which the household member was referenced in **Table 4**.

6

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		
1	_____ Applicant _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
1	_____ Applicant _____	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>

(1) Please indicate the order number by which the household member was referenced in **Table 4**.

(2) Please tick the corresponding situation.

(3) Also applicable to pensioners with total 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.

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

PEOPLE AGED UNDER 18

Household order no. (1)	Full name	Pregnant (2)	With a disabled child under his/her care (2)
1	_____ Applicant _____	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>

(1) Please indicate the order number by which the household member was referenced in **Table 4**.

(2) Please tick the corresponding situation.

7

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.**

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting the data from the frequency table.

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.

year month day

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

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)

is in accordance with the following

I confirm that the signature of the: ☐ **applicant** or ☐ **person on his/her behalf**
ID document:

☐ Citizen Card ☐ Identity Card ☐ Passport ☐ Other _____

Number Valid until year month day Social Security signature and stamp