

Details of Department of Social Protection (DSP) Income of a person who is not a party to a Grant Application Form

Applicant's Name		
SUSI Application Number	r	
Section A (To be completed by person applicant.)	who is not a party to the a	application and the
Name of Person (whose payment is to be considered)		
PPSN of Person		
Date of Birth of Person		
Address of Person		
Note to person whose ince Your information will be use grant by confirming if you listed under Schedule 2 of the payment on 31 December 2 will not be included as recked 2024. SUSI will verify this in Please sign your consent in notes below for further information	d to verify the eligibility for were in receipt of a speci ne Student Grant Scheme 2 2023. Any income you reconable income under the Stanformation by accessing a lathe box provided below. Pl	r the special rate of fall rate payment (as 2024) and you held this reive from the DSP tudent Grant Scheme link with the DSP.
Consent of Person		
I consent to providing SU process this information the Department of Social eligibility of the applican grant. I understand that	to verify details of pay Protection for the purp It named above to recei	ments I receive from loses of assessing the ve the special rate of
Signed Consent of Person (whose payment is to be considered)		Date



Signature of Applicant		Date
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Section B

(To be completed and stamped by DSP if CDA or ADA is paid)

Verification of Child Dependent Allowance (CDA) / Adult Dependent Allowance (ADA)

In order to verify the details of the person for whom CDA or ADA is paid in relation to (see important notes below for further explanation), SUSI requires the following details verified by the DSP.

Name of Person (whose income is to be considered) *			
PPSN of person for whom ADA is paid in relation to	DSP Stamp	Date	
PPSN of person for whom CDA is paid in relation to (must be the applicant)	DSP Stamp	Date	

If the eligible payment held is Working Family Payment, please confirm that the person ordinarily resides in the same household as the parent and/or applicant: Yes__ No__



Section C

(To be completed and stamped by DSP if Guardian's Payment is paid) Verification of Guardian's Payment

In order to verify the details of the person for whom Guardian's Payment is paid in relation to (see important notes below for further explanation), SUSI requires the following details verified by the DSP.

	ne of Person
٧h	ose income is
ı	be considered)
* *	

PPSN of person for whom Guardian's Payment is paid in relation to (must be the applicant)	•	Date

Important Notes

This form should be completed where you (the applicant) have indicated to SUSI that there is a person in your household who is <u>not</u> party to your grant application but who is in receipt of a payment from the Department of Social Protection that may make you eligible for the special rate of grant.

*Under Article 19(7)(b) of the Student Grant Scheme 2024 this person should be the spouse, civil partner, or cohabitant (not being your parent) of your parent (as named on your application) and must include an Adult Dependent Allowance in respect of your parent or a Child Dependent Allowance in respect of you

**Under Article 19(7)(c) of the Student Grant Scheme 2024 this person should be a person (not a legal guardian) of the applicant.

To enable SUSI to take account of this payment, we will access the Department of Social Protection records for this person. This form is required to be completed and returned to SUSI to allow us to do this. The name, address, date of birth, PPSN and signed consent of this person is required.

Please note that for this purpose ALL payments received by this person from the Department of Social Protection will be viewed. DSP payments made to such a person are not reckonable as income for the purposes of your application however the fact that they receive such payments may make you eligible for the special rate of grant.



Details of payments that may make you eligible for the special rate of grant are listed in Schedule 2 of the Student Grant Scheme 2024. Should you wish to withdraw your consent please email sar@susi.ie and mark for the attention of the Compliance Officer. Please include the SUSI application number, your name and detail that you wish to withdraw your consent.