

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

**Section A** (To be completed by Person who is not a Party to the Application and the Applicant)

| Name of Person  |                  |                     |                                       |
|---|------------------|---------------------|---------------------------------------|
| (whose payment is to be                                   |                  |                     |                                       |
| considered)   |                  |                     |                                       |
| PPSN of Person  |                  |                     |                                       |
| Date of Birth of Person                                   |                  |                     |                                       |
| Address of Person   |                  |                     |                                       |
|   |                  |                     |                                       |
|   |                  |                     |                                       |
|   | -                |                     |                                       |
| Note to person whose incom                                |                  |                     |                                       |
| Your information will be used                             |                  |                     |                                       |
| if you were in receipt of a sp                            |                  |                     |                                       |
| Grant Scheme 2022) and you                                |                  |                     | · · · · · · · · · · · · · · · · · · · |
| receive from the DSP will no Scheme 2022. SUSI will verif |                  |                     |                                       |
| your consent in the box prov                              | •                | ,                   | 9                                     |
| information.  | ided below. Flee | ise reier to import | ant notes below for further           |
| mornadon.   |                  |                     |                                       |
| Consent of Person   |                  |                     |                                       |
| I consent to providing SU                                 | SI with the abo  | ve information a    | and for SUSI to process               |
| this information to verify                                | details of payr  | nents I receive f   | from the Department of                |
| Social Protection for the                                 | purpose of as    | sessing the elig    | gibility of the applicant             |
| named above to receive                                    | the special ra   | ite of grant. I     | understand that I can                 |
| withdraw my consent at a                                  | ıny time.        |                     |                                       |
|   |                  |                     |                                       |
| Signed consent of   |                  | Da                  | ate                                   |
| Person  |                  |                     | ato                                   |
| (whose payment is to be                                   |                  |                     |                                       |
| considered)   |                  |                     |                                       |
|   |                  |                     |                                       |
| Signature of Applicant                                    |                  | Da                  | ate                                   |
| organical or Approach                                     |                  |                     |                                       |

**Section B** (to be completed and stamped by DSP)



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

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

| PPSN of person for whom ADA is paid in relation to:                                       | DSP stamp and Date |
|---|--------------------|
| PPSN of person for<br>whom CDA is paid in<br>relation to (in respect of<br>the applicant) | DSP Stamp and 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 \_\_

## 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 2022 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.

To enable SUSI to take account of this payment SUSI will access the Department of Social Protection records for this person, this form is required to be completed and returned to SUSI. It must include details of this person (Name, Address, DOB, PPSN). Signed consent of this person is also 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, 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 2022. 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 detailing that you wish to withdraw your consent.