

# APPLICATION

## for SOCIAL ASSISTANCE



38, Ordnance Street, Valletta VLT2000  
 Tel: 2590 3000 Fax: 2590 3001  
 e-mail: social.security@gov.mt  
 website: www.socialsecurity.gov.mt

SPIC (Social Policy Information Centre) Tel: 159

Application received at this office on:  
 (for Office purposes)

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### 1. PERSONAL DETAILS

Name: ..... Identity Card Number: | | | | | | | | | | | | | | | | | | | | | |

Surname: ..... E-Mail: .....

Address: .....

.....

Date of Birth: | | | | | | | | | | | | | | | | | | | | | | Nationality: .....

Status: single  widow / widower

          married  Date of Marriage: | | | | | | | | | | | | | | | | | | | | | |

          separated / maintains spouse  separated / does not maintain spouse

Name and Surname of applicant's father: .....

Name and Surname of applicant's mother before marriage: .....

Telephoen Number: | | | | | | | | | | | | | | | | | | | | | | Mobile Number: | | | | | | | | | | | | | | | | | | | | | |

Tick (✓) if you would like to receive an SMS notifying social benefit payment.       Tick (✓) if you would like to receive information and news by e-mail or SMS from the Department of Social Security.

### 2. DETAILS OF GROUND AND HOUSE RENTS

Annual House Rent paid is ..... €

Annual Ground rent paid in respect of residence is ..... €

House / Ground rent records are withheld for a period of .....

Confirm that the house / ground rent records are in the name of .....

District Officer's Initials

### 3. CAPITAL RESOURCES AND OTHER FAMILY INCOME DETAILS

**Money deposited in a bank.** (Quote Bank Account Numbers and other references)

BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	ACCOUNT BEARER	AMOUNT	RATE OF INTERST
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

**Money kept at home by other persons**

.....  
.....  
.....

**Property including buildings and land.** *(Include address, rent paid or a rent estimate, quality of land, dimensions and ground rent paid.)*

.....  
.....  
.....  
.....  
.....

**All property or items of value that are not mentioned above including those transferred or passed on to other persons.**

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.....

**Employment, business or profession.** *(Include National Insurance Number and details of last employment.)*

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**Pensions, benefits or privileges.** *(Give all details of income source/s.)*

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**Cultivated land.** *(Give details about the quality of land, dimensions and land registration book number.)*

**Livestock and Poultry.** *(Give details of the type of business being made.)*

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**8. CORROBORATION** (where applicable)

I declare under oath, today

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.....  
Name and Surname of the corroborant

.....  
Relation to Head of Household

.....  
Signature / mark of the corroborant

**9. SPINSTER / BACHELOR / WIDOWS WHO ARE TAKING CARE OF ANOTHER PERSON**

**Details of the person being taken care of:**

Identity Card Number:

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Name:

Surname:

Address:

Date of Birth:

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Relation to applicant?

Status: spinster

widow

separated maintains husband

separated does not maintain husband

**Details of the applicant:**

Does applicant work?

YES  NO

Is the applicant registering for work?

YES  NO

Is the applicant taking care regularly of this person alone?

YES  NO

**MEDICAL CERTIFICATE ISSUED BY A SPECIALIST IN THE MENTIONED CONDITION**

Does the person suffer from a physical or medical condition?

YES  NO

The mentioned person can take care of himself / herself all the time and regularly without help

YES  NO

Case history

.....  
Name of Specialist

.....  
Medical Council No.

.....  
Signature

.....  
Date

