



Department of Social Security
HM Government of Gibraltar

Claim No.
Stamp and date of receipt

Application form for Minimum Income Guarantee

1. Please produce your birth certificate and ID card together with this form.
2. If applying together with your spouse, civil partner or partner you are required to produce your marriage certificate or civil partnership certificate and your spouse's, civil partner's or partner's birth certificate and ID card.
3. If you have any savings please produce statements for the last six months.
4. This form, when completed, must be returned without delay, to the Department of Social Security, 14 Governor's Parade, Gibraltar.
5. If you do not have all the required documents readily available, please do not delay in submitting your application form duly signed and dated. Claims will only be considered from **the date the application form is received, signed and dated, by the Department of Social Security.** Please note that no payments will be effected prior to the date of submission of your signed and dated application form.
6. If any change of circumstances occur which may affect your entitlement to payments, you must notify the Department of Social Security immediately.

You must inform us at once:

- if you, your spouse/civil partner or partner commences employment (including self-employment)
 - if you receive an increase in your pension, benefit or allowance payments
 - if you become entitled to a pension or benefit from Gibraltar or any other country
 - if you are leaving Gibraltar (please tell us before you leave)
 - if there are any changes in your family circumstances that may affect your benefit
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Part 1 : Particulars of applicant

Full name

Maiden name (if applicable)

Date of birth

Place of birth

Nationality

Tax reference number

ID card number

E-mail address

Daytime phone number

Address

Name of Landlord (If private accommodation please produce the rental agreement)

Name of Tenant

Rent per month

Are you ordinarily resident in Gibraltar? No

Yes

Part 1 : Particulars of applicant (continued)

If you answered **Yes**,
have you lived in
Gibraltar for more
than 10 years during
the 20 years
immediately
preceding the date of
this application?

No

Yes

Are you in
employment?

No

Yes

If yes, please state
name of employer and
amount of earnings
per month

£

What is your current
marital or civil partnership
status?

Single

Please go to **Part 3**

Married or civil partner

Divorced or civil
partnership dissolved

Marriage or civil
partnership annulled

Separated

Widowed or surviving
civil partner

Living with partner

Part 2 : Particulars of spouse/civil partner/partner

Full name

Maiden name (if applicable)

Date of birth

Place of birth

Nationality

Tax reference number

ID card number

E-mail address

Daytime phone number

Date of marriage or civil partnership

Is he/she in employment? Yes

No

If yes, please state name of employer and amount of earnings per month

£

Part 3 : Details of other persons living with you

Do you live alone? Yes If 'yes' please go to **Part 4**

 No

Please give details of all persons living with you other than your spouse/civil partner/partner
(please tell us in order - children, relatives, lodgers, friends)

Full name	Date of birth	Relationship to you	If employed state earnings
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

Part 4 : Details of Financial Situation

Pensions, benefits or allowances

Are you or your spouse/civil partner/partner getting a pension, benefit or allowance from Gibraltar or any other country? Yes If 'yes' please give details
 No

	<u>Self</u>	<u>Spouse/Civil Partner/Partner</u>	
Old Age Pension	£	£	monthly
Elderly Persons Allowance	£	£	monthly
Disability Allowance	£	£	monthly
Community Officer Wage	£	£	monthly
Widows and Orphans Pension	£	£	monthly
Public Service Pension	£	£	monthly
Occupational Pension	£	£	monthly
U.K. Retirement Pension	£	£	monthly
Social Security Pension from another country	£	£	monthly
Community Care Payments	£	£	quarterly
Social Assistance Payments	£	£	weekly
Any other regular income not included above	£	£	wkly/mthly

You must inform us immediately if your pension, benefit or allowance is increased or you become entitled at any future date.

Part 4 : Details of Financial Situation (continued)

Money and savings

Do you or your spouse/civil partner/partner have any money or savings? (Count things like cash, any sort of account at banks, building societies or Post Office, capital and investment assest or any other money or savings)

Yes

If in excess of £10,000 please give further details below

No

Please state amount of money or savings

£

How much interest/income do you get and how often is it paid?

£

Monthly

Please tick(√) if monthly or quarterly

Quarterly

Do you or your spouse, civil partner or partner own any property or land (Do not count the place where you live)

Yes

If 'yes' please give details below

No

Address of property	Value	Income from Letting
	£	£ monthly
	£	£ monthly
	£	£ monthly
	£	£ monthly

Part 5 : Bank details

1. Bank account or building society account of applicant

Please provide details of the financial institution where you want your benefit payment to be made. You will find the account details on the chequebook, passbook or on the bank statements. If you do not have a bank account or building society account and you wish to have the benefit payment paid into someone else's bank account please go to **section 2** below.

Full name of bank or building society

Name of the account holder (The account must be in your name or held jointly)

Sort code

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Account number

More information if it is a building society account

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letter and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society account number

2. Bank details of third party

Bank account or building society account in which you have authorised payment of benefit to be made.

Please note that your benefit payment can be paid into someone else's account (third party). The account holder should be someone that you trust, usually a relative or close friend.

Please provide details of the third party account holder.

Full name of bank or building society

Name of the account holder

Sort code

 - -

Account number

Building society account number

Part 6 : Other information

Use this space to give more information about yourself and the reason for submitting this application and anything else you think we might need to know.

You can continue on a separate piece of paper if you need to.

If you continue on a separate piece of paper, make sure you;

- Write your full name, address and ID card number on it and attach it to this application form; and
- Sign and date it.

Part 7 : Declaration

Important Note:

Any person, who for the purpose of obtaining minimum income guarantee payments, wilfully gives a false name or makes any false statement, or withholds any information with regards to property, income or other means (including the weekly, part-time or other earnings of themselves, spouses, civil partners or partners), will render themselves liable to legal proceedings and punishment by imprisonment or a fine.

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

I understand that it is an offence to fail to notify the Department of Social Security of a change of circumstances promptly while I am in receipt of minimum income guarantee payments, and failure to do so may result in action being taken against me.

I understand that making a false declaration may disqualify me from receiving any minimum income guarantee payments and may render me liable to legal proceedings.

I declare that to the best of my knowledge and belief all the particulars given on this form are true. I claim assistance accordingly.

Signature of applicant

Date

How we collect and use information

The Department of Social Security collects information for the purposes of dealing with social security benefits and other non-contributory benefits. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department of Social Security is the data controller for the purposes of the Data Protection Act.

Important

Please complete and sign the attached Consent Form **and** if you have lived or worked abroad please also sign the Overseas Consent Form.



Department of Social Security

HM Government of Gibraltar

Consent Form

I (state name of person giving consent)

of (state address)

Date of birth

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hereby authorise the Department of Social Security to request from other government departments, authorities, agencies or private sector bodies such as banks or building societies any information that you may require in connection with my application to minimum income guarantee.

Signature (of person giving consent)

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Date

	/		/	
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Department of Social Security
HM Government of Gibraltar

Please complete this form if you have lived or worked abroad only.

Overseas Consent Form

I (state name of person giving consent)
of (state current address)

Date of birth

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National Insurance No.

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Address Abroad

hereby authorise the Department of Social Security (Gibraltar) to request as much information from your department as is required in order to enable them to assess my application for financial assistance.

Signature (of person giving consent)

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Date

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