



**MINISTRY OF LABOUR, WELFARE AND SOCIAL INSURANCE
WELFARE BENEFITS ADMINISTRATION SERVICE**

APPLICATION FOR CHILD BENEFIT AND SINGLE PARENT BENEFIT FOR THE YEAR 20 - -

Before completing the form, please carefully read the instructions in the relevant information leaflet

Please fill in the applicable details in BLOCK LETTERS

1. APPLICANT'S DETAILS (please fill in what is applicable)			
Identity Card No.	<input type="text"/>	Social Insurance No (SIN)	<input type="text"/>
Alien Registration No.(ARC)	<input type="text"/>	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Passport No.	<input type="text"/>	Country of Issue	<input type="text"/>
Name	<input type="text"/>		
Surname	<input type="text"/>		
Nationality	<input type="text"/>		
Date of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
E-mail	<input type="text"/>		
Home phone No	<input type="text"/>	Mobile Telephone No	<input type="text"/>
Single <input type="checkbox"/> Living together <input type="checkbox"/> Married <input type="checkbox"/> (Date of marriage:/...../.....) Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widower/widow <input type="checkbox"/> Spouse declared as missing <input type="checkbox"/> Spouse serving a sentence of imprisonment <input type="checkbox"/>			
STATUS OF THE APPLICANT			
Self employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Salaried	<input type="checkbox"/>	Pensioner	<input type="checkbox"/>
Profession during the year which precedes the year of application submission	Other		<input type="checkbox"/>

Indicate whether you are applying also for single parent benefit YES NO

**FOR OFFICIAL USE
(Not to be completed by the applicants)**

ET - Approved/ Rejected	EMO - Approved/ Rejected
Date:Signature:.....	Date:Signature:.....
Remarks:	Remarks:
.....



Ευρωπαϊκή Ένωση
Ευρωπαϊκό Κοινωνικό Ταμείο

The project is co-funded by the European Social Fund of the EU



Διαρθρωτικά Ταμεία
της Ευρωπαϊκής Ένωσης στην Κύπρο

A single parent family is a family where a lone parent is without a spouse / person living together, having at least one dependent child, either from marriage or outside marriage and lives by himself/herself because he/she is unmarried, widowed, divorced or because one of the parents has been declared as missing or is serving a sentence of imprisonment more than six months.

It should be noted that the beneficiary of the single parent benefit must inform in writing the Service in case he/she got married or lives together with someone, within one month of the change in the family situation or is absent abroad for a period exceeding one month.

2. DETAILS OF SPOUSE / PERSON LIVING TOGETHER (to be filled where applicable)

Identity Card No.	<input type="text"/>	Social Insurance No. (SIN)	<input type="text"/>
Alien Registration No (ARC)	<input type="text"/>	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Passport No.	<input type="text"/>	Country of issue	<input type="text"/>
Name	<input type="text"/>		
Surname	<input type="text"/>		
Nationality	<input type="text"/>		
Date of Birth	<input type="text"/>		
E-mail	<input type="text"/>		
Home Phone No	<input type="text"/>	Mobile Telephone No	<input type="text"/>

STATUS OF SPOUSE / PERSON LIVING TOGETHER

Self employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Salaried	<input type="checkbox"/>	Pensioner	<input type="checkbox"/>
Profession during the year which precedes the year of application submission		Other	<input type="checkbox"/>

Please indicate with if the spouse lives in the same house with you

3. HOME ADDRESS

Street	<input type="text"/>		
Number	<input type="text"/>	Flat	<input type="text"/>
		Name of Building	<input type="text"/>
Municipality/Community	<input type="text"/>		
Postal Code	<input type="text"/>	District	<input type="text"/>
P.O.Box	<input type="text"/>	Postal Code	<input type="text"/>

4. INFORMATION ON THE PLACE OF RESIDENCE

Indicate whether your family has its legal and continuous residence in the areas controlled by the Republic of Cyprus for at least five consecutive years prior to the year that this application refers to: **YES** **NO**

If the family lived abroad, for any period of time, during the last five years, please indicate **the country/ies of residence:** **and the date of arrival in Cyprus:**

5. DEPENDENT CHILDREN LIVING IN THE SAME HOUSE			
A/A	Identity Card No. or Alien Registration No (ARC)	Name / Surname	Date of Birth
1			/ /
			<u>Status</u> (minor, student, soldier or person with disability)
2			/ /
			<u>Status</u> (minor, student, soldier or person with disability)
3			/ /
			<u>Status</u> (minor, student, soldier or person with disability)
4			/ /
			<u>Status</u> (minor, student, soldier or person with disability)
5			/ /
			<u>Status</u> (minor, student, soldier or person with disability)
6			/ /
			<u>Status</u> (minor, student, soldier or person with disability)

The child allowance is granted to the family only for the number of unmarried and dependent children who live with the family under the same roof. The term "dependent children" is defined as children:

- (a) up to 18 years of age***
- (b) aged up to 20 years if they are attending a Secondary Education school***
- (c) aged up to 21 years if they serve in the National Guard,***
- (d) irrespective of age, children who permanently lack capacity to support themselves***

6. BANK ACCOUNT DETAILS	
Please give the bank account to which the benefit shall be deposited	
The payment of the benefit shall be made directly to a personal or a joint account of the applicant. Not to be completed by persons whose benefit is already transferred to a bank account, unless they wish to change it.	
Name of Licenced Credit Institution (LCI).....	
INTERNATIONAL BANK ACCOUNT NUMBER (IBAN)	
C	Y
<i>An appropriate certificate by the Licenced Credit Institution or copy of the bank statement must be attached</i>	

7. ANNUAL GROSS FAMILY INCOME FOR THE YEAR PRIOR TO THE YEAR OF APPLICATION SUBMISSION

Please declare the annual income earned in Cyprus and / or abroad in the year which precedes the year of application submission by the applicant, his/her spouse/person living together and the dependent children living in the same house.

DO NOT declare any income from pensions / allowances / benefits from the Welfare Benefits Administration Service, the Social Insurance Fund, the Holiday Fund, the Social Welfare Services, the Cyprus Organisation of Agricultural Payments and benefits received under the Relief of Afflicted Persons Law, which will be taken into account in the calculation of family income. The previously mentioned sources of income are obtained and will be included towards the calculation of the gross family income on the basis of the data held in the competent Departments and Services.

Annual Income *		Applicant	Spouse/Person living together	Children
1. Income from salaried employment (gross earnings) (incl. 13th and 14th salary)		€	€	
2. For the <u>self-employed</u> , please indicate the Accounting Profit for the year which precedes the year of application submission		€	€	
3. Gifts, gratuities, commissions and other		€	€	
4. Dividends from shares in public and / or private companies		€	€	€
5. Interest: deposits / bonds / securities		€	€	€
6. Alimony (if divorced)		€	€	€
7. Pensions from a Professional Pension Scheme (including the Treasury of the Republic)	Name of the professional pension scheme	€	€	
8. Pensions from Individual Insurance / Pension Plan (excluding the Social Insurance Fund)	Name of the Insurance Institution	€	€	
9. Pensions / benefits received from abroad	Foreign Countries	€	€	
10. Grant for Professional Training and / or Acquiring Work Experience		€	€	€
11. Income from immovable property (rent)		€	€	€
12. Rent allowance			€	
13. Annual income from any other source		€	€	€

*The following are not included in the calculation of family income: any income from the employment of a child receiving regular education, the child benefit, the student grant, student welfare and scholarships and allowances / grants to afflicted persons with disabilities or chronic diseases (excluding Minimum Guaranteed Income and Public Assistance which are included in the calculation of the family income).

NOTE

In case that no income has been declared, please state the financial sources of living of the family for the year which precedes the year of application submission

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8. ASSETS

The applicant, his/her spouse/person living together and dependent children must declare the assets they hold in Cyprus and/or abroad:

8a. DEPOSITS / FIXED-TERM DEPOSITS (Indicate the Licenced Credit Institutions in Cyprus and abroad)			
S/N	Credit Institution	Beneficiary	Current Account Balance €
1			
2			
3			
4			

8b. SHARES / SECURITIES / BONDS (The value of shares / bonds / securities to be reported as provided for in the Law)				
S/N	Company Name	Beneficiary	Number	Value €
1				
2				

8c. IMMOVABLE PROPERTY IN THE REPUBLIC (In the areas of the Republic of Cyprus under the control of the Government of the Republic of Cyprus)						
<u>INFORMATION ON THE PRIVATELY-OWNED RESIDENCE WHERE THE APPLICANT LIVES</u>						
S/N	Owner	Municipality / Community	Share	Reg. No	Plot no.	Folio/Sheet
1						
2						
Declaration of other Immovable Property (e.g. house, apartment, shop, block of flats, building plot, rural plot)						
1						
2						
3						
4						
5						
8d. <u>IMMOVABLE PROPERTY ABROAD</u>						
S/N	Description of Property (e.g. house, apartment, shop, block of flats, building plot, rural plot)	Owner	Country / Town	Share	Value €	
1						
2						
3						

IMPORATANT NOTE

The applicant / beneficiary must inform in writing the Service of any change in the status of the family or of the conditions and factors affecting the right to the payment of a benefit within one (1) month of the change, by completing the relevant data modification form.

SOLEMN DECLARATION

I hereby solemnly declare that the above is true. If I make a false declaration, I realize that I shall be guilty of an offence and on conviction I am liable to a fine not exceeding € 40.000 or to imprisonment not exceeding two years or to both such penalties. I also realize that if I am paid an allowance unduly, without being entitled to it, I shall be obliged to return it.

Provided that, concerning Part 8 of the form which refers to the assets of the family, their total value, to the best of my knowledge and the available information I have before me, I declare that it does not exceed the total amount of € 1.200.000, conforming to the Law provisions and includes any possible alienation according to the clause of article 4 (4) of the Law.

If I request the single parent benefit (part 1 of the form), I hereby declare that I live with a dependent / child / children, alone without a spouse or partner or person living together with me. In this regard I allow the Welfare Benefits Administration Service or in cooperation with competent authorities of the State to check my marital situation at any time and without notice.

I pledge that if my income, assets, family circumstances or any other element included in the application change, I shall inform accordingly the Welfare Benefits Administration Service within one month by completing the relevant data modification form.

I authorise the Welfare Benefits Administration Service of the Ministry of Labour, Welfare and Social Insurance, to verify in cooperation with other competent authorities of the Republic, or with corresponding competent bodies abroad as well as in cooperation with licenced credit institutions, any details contained in my application, which it deems necessary.

It should be noted that for the purpose of examining the application / declaration the Authorisation Form, which is part of this application, must be duly completed by the applicant, his/her spouse/person living together and dependent adult children. The Authorisation Form is not required to be completed by whoever has already completed and submitted it with their application for the child benefit in any previous year. In case that the composition of the family has been differentiated (ex. new husband/person living together and/or a dependent child has become an adult as defined by the law), then Authorisation Form has to be completed by the persons that differentiate the composition of the family.

I authorise the Welfare Benefits Administration Service of the Ministry of Labour, Welfare and Social Insurance, to use the Authorisation Form that I have completed and submitted with my application for the child benefit in any previous year for the purposes of the authorisation itself.

It is further noted that the information contained in this application and the Authorisation Form may be used for the creation of a Registry of the Guaranteed Minimum Income and / or other benefits and / social grants, and / or to record and / or keep it in this registry, in accordance with the provisions of the Guaranteed Minimum Income and generally the Social Benefits Law (N.109 (I) / 2014 with its amendments since then).

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Application date

Signature of the Applicant

Signature of the Spouse/person living together

Information given under Chapter III of the Regulation (EU) 2016/679 of the European Council and the 27th April 2016 Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (Data Protection Directive)

The personal data concerning my person and given by me shall be kept in a filing system and be subject to lawful processing in the meaning of the Regulation (EU) 2016/679 of the European Council and the 27th April 2016 Council , as applicable, by the Controller who is the Ministry of Labour, Welfare and Social Insurance/Welfare Benefits Administration Service, for the purpose of examining my application for child benefit.

The recipients of the data shall be the competent personnel of the Ministry of Labour, Welfare and Social Insurance/Welfare Benefits Administration Service. The personal data included in the file systems kept by the Ministry of Labour, Welfare and Social Insurance/Welfare Benefits Administration Service, may be communicated or transmitted between the government services concerned. The management and processing of my personal data shall be done securely and confidentially and shall be subject to the relevant provisions of the legislation in force.

I am also informed that I have the right to information, access, modification, deletion of personal data concerning my person as given under articles 13, 14, 15, 16, 17, 18 and 19 of the Regulation (EU) 2016/679 of the European Council and the 27th April 2016 Council in respect of which I can apply to the Controller (the Ministry of Labour, Welfare and Social Insurance/Welfare Benefits Administration Service).

CERTIFICATE OF DIVIDENDS

Details to be provided for each member of the family who is shareholder in a privately-owned company:

COMPANY NAME.....

It is hereby certified that during the year which precedes the year of application submission, the following **gross dividend** of the profits of the company irrespective of the financial year was paid or credited to the account of the following shareholders:

Name and surname of Shareholder	Identity card No.	Gross Dividend (€)

The Certifying Officer
(Seal and signature of the company's accountant/secretary/auditor)

Date

Full name of the company's accountant/secretary/auditor.....

EMPLOYER'S CERTIFICATE FOR THE APPLICANT

This is to certify that Mr/Mrswith Id. Card / Alien's Registration (ARC) No
was employed in the firm/company
for the period of the year, prior to the year of application submission, from to
and the total of his/her gross earnings, including 13th/14th salary and overtime was €

The Certifying Officer

.....

(Seal and signature)

Full name

Position Date

EMPLOYER'S CERTIFICATE FOR THE SPOUSE / PERSON LIVING TOGETHER WITH THE APPLICANT

This is to certify that Mr/Mrswith Id. Card / Alien's Registration (ARC) No
was employed in the firm/company
for the period of the year, prior to the year of application submission, from to
and the total of his/her gross earnings, including 13th/14th salary and overtime was €

The Certifying Officer

.....

(Seal and signature)

Full name

Position Date

SOCIAL INSURANCE DETAILS of a citizen that was employed/continues to be employed in a European Union (EU) Member State, the European Economic Area (EEA) or in Switzerland

Please state whether you or your spouse/person living together exercise or exercised any salaried or non- salaried activity in another Member State of the European Union (EU) or the European Economic Area (EEA) or Switzerland: YES NO

Please indicate the state and home address:

Applicant's insurance No.:..... Insurance period: From/...../..... to/...../.....

Insurance No of spouse/person living together:..... Insurance period: From/...../..... to/...../.....

Please state whether you or your spouse/person living together receive any of the benefits / pensions provided by any other member state of the EU, the EEA, or Switzerland: Child benefit , Sickness Benefit , Unemployment Benefit , Maternity Benefit , Old Age Pension , Widow's /Widowers' Pension , Disability Pension , Other

Give name of the State:.....

Please attach a copy of the national identity cards (both sides) and a copy of the passports of the applicant and the spouse/person living together.

To be completed ONLY by GREEK CITIZENS OR PERSONS THAT WERE EMPLOYED / CONTINUE TO BE EMPLOYED IN GREECE

Please complete the following and attach your Tax Return for the year which precedes the year of application submission :

	Applicant	Spouse/Person living together
Insurance Organisation
No. of Insurance Register *
Social Insurance Number
Tax Register No
Organisation of Agricultural Insurance No
Home Address in Greece

* In case the Insurance Number of the applicant and the spouse/person living together is the same then one of them should submit copy of their Insurance Booklet.



**MINISTRY OF LABOUR, WELFARE AND SOCIAL INSURANCE
WELFARE BENEFITS ADMINISTRATION SERVICE**

AUTHORISATION FORM

I / we the undersigned expressly authorise all licenced credit institutions (hereinafter to be referred to as "LCI") as defined in the Operations of Credit Institutions Laws of 1997, as amended from time, to provide to the Head of the Welfare Benefits Administration Service (hereinafter "WBAS"), the information as well as any other of my/our personal data held by each LCI, that are absolutely essential and relevant to the purpose of their collection regarding all accounts of any form I/we maintain with any LCI (e.g. deposit, current, term deposit accounts), as may be requested by the Head of WBAS for both of the undersigned and the minor children of the applicant and his/her spouse.

I / we the undersigned declare that:

1. We give this authorisation in the context of my/our application for the granting of benefits paid under the Child Benefit Laws of 2002-2017 and the Minimum Guaranteed Income and generally the Social Benefits Laws of 2014-2017.
2. I/we understand that the above information concerning me/us and the above information from the LCI to the WBAS is necessary to enable the assessment or confirmation of the details contained in the application regarding the financial assets I/we maintain in these LCIs and/or confirmation that I/we continue to be beneficiary/ies as defined in the Law.
3. In case of withdrawal of this authorisation I/we are obliged to inform immediately the Head of the WBAS.

Applicant	Spouse/Person living together
Name: _____	Name: _____
Surname: _____	Surname: _____
ID.C.No/ARC: _____	ID.C.No/ARC: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Dependent children (above 18 years) for which the payment of child benefit is requested*	
Name: _____	Name: _____
Surname: _____	Surname: _____
ID.C.No/ARC: _____	ID.C.No/ARC: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Name: _____	Name: _____
Surname: _____	Surname: _____
ID.C.No/ARC: _____	ID.C.No/ARC: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

*children aged from 18 to 20 years who continue to study in secondary schools and children of 18 to 21 years if they are doing their military service in the National Guard.

Note: The Authorisation Form is not required to be completed by whoever has already completed and submitted it with their application for the child benefit for any year prior to the year of submission of the present application. In case that the composition of the family has been differentiated (ex. new husband/person living together and/or a dependent child has become an adult as defined by the law), then the Authorisation Form has to be completed by the persons that differentiate the composition of the family.