

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

Applicant's Name

Signed Consent of

(whose payment is to be considered)

Signature of

Applicant

Person

SUSI Application Number	
Section A (To be completed by person vapplicant.)	who is not a party to the application and the
Name of Person	
(whose payment is to be	
considered)	
PPSN of Person	
Date of Birth of Person	
Address of Person	
confirming if you were in received Schedule 2 of the Student Grant December 2024. Any income yreckonable income under the Stinformation by accessing a link of the state of th	e is to be considered verify the eligibility for the special rate of grant by ipt of a special rate payment (as listed under Scheme 2025) and you held this payment on 31 you receive from the DSP will not be included as sudent Grant Scheme 2025. SUSI will verify this with the DSP. Please sign your consent in the box important notes below for further information.
Consent of Person	
process this information to the Department of Social P eligibility of the applicant i	with the above information and for SUSI to verify details of payments I receive from rotection for the purposes of assessing the named above to receive the special rate of an withdraw my consent at any time.

Date

Date



Section B

Name of person

(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.

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

the parent and/or applicant: Yes ____ No___

confirm that the person ordinarily resides in the same household as



Section C

(To be completed and stamped by DSP if Guardian's Payment is paid to a person who is not the Legal Guardian of the applicant)

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.

Name of person (whose income is to b	e considered**)	
PPSN of person whom is paid in relation to (n Guardian's Payment must be the applicant)	
Date:		
DSP Stamp		

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 2025 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 2025 this person should be a person (not a legal guardian) in receipt of a Guardian's Payment in respect 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 2025. 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.