

 Please use this form only if you are applying for the Primary Informal Carer Allowance through the Social Security Online Service (*Segurança Social Direta*) or at the request of the Social Security Services.

Personal details of the Carer

1.1. Identification

Full name

Social Security Identification Number

Birth date

 - -
year month day

1.2. Social housing

Do you live in social housing? ☐ Yes ☐ No

Carer's household composition¹

No.	Full name	Social Security Identification no. (NISS) ²	Family relationship/ Other ³	Reason for absence ⁴	Date of absence ⁴	Foreign country ⁴
1	Carer				- -	
2					- -	
3					- -	
4					- -	
5					- -	
6					- -	

¹ The household members are the persons living in common economy with the Carer.

² If the person concerned does not have a Social Security Identification Number, please complete form [RV 1017 - Identification of natural persons covered by the citizenship social protection system](#).

³ E.g.: Spouse or *de facto* partner, son/daughter, grandson/granddaughter, great-grandson/great-granddaughter, brother/sister, father/mother, uncle/aunt, grandfather/grandmother, great-grandfather/great-granddaughter, great-uncle/great-aunt, cousin, son-in-law/daughter-in-law, brother-in-law/sister-in-law, stepson/stepdaughter.

⁴ To be completed if the identified person is absent from the national territory due to sickness, work, studies or vocational training.

Income earned in Portugal by the Carer and household members

3.1. Employment income not stated to Social Security¹

(Please complete according to the social protection system you are covered by)

Household order no. ²	Civil Servants Pension Fund (<i>Caixa Geral de Aposentações</i>) (EUR)	Another social protection system (EUR)
1		
2		
3		
4		
5		
6		

¹ Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date**. Do not include arrears from previous months (e.g.: if you submit the application in October, you must consider the income earned in August).

² Please indicate the order number by which the household member was referenced in [table 2](#).

Income earned in Portugal by the Carer and household members (continuation)

3.2. Pensions not paid by Social Security^{1 2}

Household order no. ³	Old-age/ Retirement Pension (EUR)	Invalidity Pension (EUR)	Survivor's Pension (EUR) ⁴	Occupational Disease Pension (EUR)	Work Accident Pension (EUR)	Maintenance (EUR)	Taxpayer no. of the paying entity
1							
2							
3							
4							
5							
6							

¹ Please **include** pensions from the Civil Servants Pension Fund (*Caixa Geral de Aposentações*), companies, unions, the Pension Fund for Lawyers and Solicitors, pension funds, banking institutions, insurance companies, among others.

² Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date**. **Do not include** arrears from previous months.

³ Please indicate the order number by which the household member was referenced in [table 2](#).

⁴ Please **include** survivor's, widow's/widower's, orphan's pensions or other benefits of similar nature and temporary or lifetime annuities, pensions payable by insurance companies or pension funds.

3.3. Social benefits/allowances not paid by Social Security^{1 2}

Household order no. ³	Parenting (EUR)	Sickness (EUR)	Unemployment (EUR)	Housing Supports (EUR) ⁴	Other benefits (EUR)	Taxpayer no. of the paying entity
1						
2						
3						
4						
5						
6						

¹ Please **include** pensions from the Civil Servants Pension Fund (*Caixa Geral de Aposentações*), companies, unions, the Pension Fund for Lawyers and Solicitors, pension funds, banking institutions, insurance companies, among others.

² Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date**. **Do not include** benefits for family expenses within the scope of disability or dependency (e.g.: Prenatal Family Benefit, Family Benefit for Children and Young People, Scholarship, Disability Bonus, Special Education Allowance, Lifetime Monthly Allowance and Allowance for care provided by a third party).

³ Please indicate the order number by which the household member was referenced in [table 2](#).

⁴ Please **include** any House Rent and/or Residence Allowances or other Housing Public Supports.

Dependency benefits of the Person(s) Receiving Care, not paid by Social Security

Social Security Identification no. (NISS)	Benefit name	Amount (EUR)	Taxpayer no. of the paying entity

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Income earned abroad by the Carer and household members

Household order no. ¹	Work income (EUR)		
	Employment income ²	Self-employment income ³	
		Sales	Services
1			
2			
3			
4			
5			
6			

Household order no. ¹	Pensions (EUR) ⁵	Social benefits (EUR) ⁵	Capital income (EUR) ⁴	Property income (EUR) ³	Other income (EUR) ⁵
1					
2					
3					
4					
5					
6					

¹ Please indicate the order number by which the household member was referenced [table 2](#).

² Please **indicate** the gross monthly amounts earned in the **second month prior to the application submission date** (e.g.: if you submit the application in October, you must consider the income earned in August).

³ Please **indicate** the value on 31 December of the **year preceding the one in which the application is submitted**.

⁴ Income covered by *Article 58 of the Tax Benefits Statute* - non-exempt part.

⁵ Please **include** the gross monthly amounts earned in the **second month prior to the application submission date**. **Do not include** arrears from previous months.

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Value of movable assets held by the Carer and his/her household members on 31 December of the year preceding the one in which the application is submitted

Household order no. ¹	Bank accounts (EUR)	Shares (EUR)	Bonds (EUR)	Postal savings (EUR)	Participation securities and units in collective investment institutions (EUR)	Other financial assets (EUR)
1						
2						
3						
4						
5						
6						

¹ Please indicate the order number by which the household member was referenced in [table 2](#).

Statements

I am aware that:

- ▶ the authorisations and information provided by me will form the basis for the granting decision, calculation and maintenance of the allowance I have applied for and may change the amounts of the social benefits that are being paid;
- ▶ the Social Security services may consult my tax information to confirm the declared income (*Decree-Law no. 92/2004 of 20 April*);
- ▶ the effects of the authorisations shall end on the date of the benefit entitlement cessation and cannot be revoked without the express consent of the Social Security services; otherwise, the granting or payment of the current benefit will be suspended, with the consequent loss of entitlement to it and to other social benefits;
- ▶ if I do not submit the authorisation statement or the relevant banking documents, whenever required and within the time limit established for that purpose, the procedure for granting this allowance will be suspended until the documents concerned are submitted [*Decree-Law no. 70/2010, Article 14(2), of 16 June, updated version*];
- ▶ false statements are punished according to the law.

I undertake to:

- ▶ provide information about my income and assets;
- ▶ submit any supporting documents deemed necessary;
- ▶ keep the supporting documents during the allowance granting period and submit them whenever necessary;
- ▶ submit to the Social Security services, if requested, the authorisation statements so that they may request information from *Banco de Portugal* (the Portuguese central bank) to prove the movable assets I am declaring [*Decree-Law no. 70/2010 of 16 June, Article 14(1), updated version*]. This information may be, *inter alia*, the information on the banking and financial entities in which I have an account, account balances and equity securities. This commitment is also valid for statements to be submitted by the other household members.

I declare that the information I have provided is complete and true.

Date

- -
year month day

Signature

Signature of the Carer or of another person on his/her behalf (signature of another person when the Carer cannot or does not know how to sign) according to a valid identification document.

Data protection



The collected data will be processed by the competent Social Security Services (*Instituto da Segurança Social, I.P.*) and will be kept for the period necessary to fulfil their intended purpose.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For further information on data protection, please consult the Social Security website at www.seg-social.pt

To be completed by the Social Security services

I confirm that the signature of the ☐ Carer ☐ Person that signed on behalf of the Carer is in accordance with the following identification document:

☐ Citizen Card ☐ Identity Card ☐ Passport ☐ Other

Number

Valid until

- -
year month day

Signature and stamp