



SEGURANÇA SOCIAL

FAMILY ALLOWANCE FOR CHILDREN AND YOUNG PEOPLE

INCOME BRACKET REASSESSMENT REQUEST (*)

Important:

This request is applicable in situations where the household's income has decreased and may be examined only if at least 90 days have elapsed since the annual income test took place or a previous request for reassessment has taken effect.

Sections 1, 2, 3 and 7 must be completed.

1 APPLICANT'S PERSONAL DETAILS

Full name

Date of birth Social Security Identification Number

Tax Identification Number

Mobile / Phone no. Fax no. E-mail

2 MEMBERS OF THE HOUSEHOLD (*)

Order No.	Full name	Social Security Identification Number ⁽²⁾	Family relationship ⁽³⁾	Reason for absence ⁽⁴⁾	Date of absence ⁽⁴⁾ year month day	Name of the foreign country ⁽⁴⁾
1	Declarant					
2						
3						
4						
5						
6						

(1) Persons living together as a family unit are considered to be part of the same tax household.

(2) If not known, please fill in Form RV1017-DGSS and attach the proof requested.

(3) E.g. spouse, father, mother, son, grandfather, son-in-law, daughter-in-law, brother, etc.

(4) To be completed if the household member is outside of the country due to illness, work, study or professional training.

3 SOCIAL HOUSING

Do you live in social housing? Yes No

(*) For application of Portaria No. 344/2012 of 26 October.

The personal data provided in this application will be processed by the competent Social Security services (Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM) for the purposes of this form and will be kept for the period strictly necessary to fulfil such purposes.

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

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

False statements and omissions are punishable by law

4 CHANGES IN HOUSEHOLD INCOME EARNED IN PORTUGAL

4.1 Income from dependent employment not declared to Social Security at the date of submission of the request ⁽¹⁾ (Please fill in the column corresponding to the social welfare system under which you are covered)

Household order No. ⁽²⁾	Caixa Geral de Aposentações (General Pensions Fund)	Other social welfare system
1		
2		
3		
4		
5		
6		

(1) Indicate gross monthly amounts.

(2) Order number of the household member referenced in Table 2.

4.2 Pensions not paid by Social Security on the date the request is submitted ^{(1) (2)}

Household order No. ⁽³⁾	Old-age pension/retirement	Invalidity pension/retirement	Survivor's pension ⁽⁴⁾	Occupational illness pension	Pension for accident at work	Maintenance allowance	NIF (tax identification number) of paying entity
1							
2							
3							
4							
5							
6							

(1) Include pensions from the Caixa Geral de Aposentações [General Pensions Fund], companies, trade unions, the Caixa de Previdência dos Advogados e Solicitadores [Welfare Fund for Barristers and Solicitors], pension funds, banking institutions, insurance companies, etc.

(2) Indicate gross monthly amounts.

(3) Order number of the household member referenced in Table 2.

(4) Include survivors', widow's, orphans' and similar pensions and temporary or life annuities, pensions payable by insurance companies or pension funds.

4.3 Benefits/subsidies not paid by Social Security on the date the request is submitted ^{(1) (2)}

Household order No. ⁽³⁾	Parental	Sickness	Unemployment	Value of housing support ⁽⁴⁾	Other	NIF (tax identification number) of paying entity
1						
2						
3						
4						
5						
6						

(1) Include pensions from the Caixa Geral de Aposentações [General Pensions Fund], companies, trade unions, the Caixa de Previdência dos Advogados e Solicitadores [Welfare Fund for Barristers and Solicitors], pension funds, banking institutions, insurance companies, etc.

(2) Indicate gross monthly amounts.

(3) Order number of the household member referenced in Table 2.

(4) Include survivors', widow's, orphans' and similar pensions and temporary or life annuities, pensions payable by insurance companies or pension funds.

5 CHANGES IN INCOME EARNED ABROAD AT THE DATE OF SUBMISSION OF THE REQUEST ⁽¹⁾

Household order No. ⁽²⁾	Value of income from work			Value of pensions/social benefits	
	Employment	Self-employment		Pensions	Social benefits
		Sales	Services		
1					
2					
3					
4					
5					
6					

(1) Indicate gross monthly amounts.

(2) Order number of the household member referenced in Table 2.

6

CHANGE IN THE VALUE OF THE HOUSEHOLD'S EXISTING MOVABLE ASSETS ON 31 DECEMBER OF THE YEAR PRECEDING THAT IN WHICH THE APPLICATION IS SUBMITTED

Household Order No. ⁽¹⁾	Value of bank account deposits	Value of shares	Value of bonds	Value of savings certificates	Value of securities and units in collective investment undertakings	Value of other financial assets
1						
2						
3						
4						
5						
6						

(1) Order number of the household member referenced in **Table 2**.

7

STATEMENT BY THE APPLICANT

I hereby declare that the information provided is truthful and does not omit any relevant information.

I undertake to provide the evidence deemed necessary for the maintenance of the benefit sought, at any time and when requested, with a view to proving the declarations made pertaining to the value of the securities, pursuant to the provisions of Article 14⁽¹⁾ of Decreto-Lei No. 70/2010 of 16 June⁽¹⁾, in particular by providing the names of the banks or financial institutions with which I hold an account and obtaining from the respective entities all the relevant financial information, pertaining to balances of current accounts, fixed-term accounts or other securities which I hold or jointly hold or, alternatively, to submit the relevant bank documents that may be required by Social Security. This commitment shall also apply to declarations that are required to be submitted by other members of my household.

I am aware that failure to submit such documentation or to provide the relevant bank documents, where required and within the time limit permitted for that purpose, constitutes grounds for the suspension of the ongoing procedure to pay the social benefit, with loss of entitlement to that benefit until the required statement of authorisation has been submitted, in accordance with Article 14⁽¹⁾ of Decreto-Lei No. 70/2010 of 16 June⁽¹⁾.

I authorise the competent Social Security services to obtain, directly from the other entities holding the information relevant to the verification of the means test, all the information deemed necessary to prove the income statements provided herein.

All the information, which I hereby confirm, has been specifically, clearly and freely given, and is provided with regard to and for the purposes of Decreto-Lei No. 70/2010 of 16 June⁽¹⁾, laying down the rules for determining the status of resources to be taken into account in the continuation of benefits under the family protection and solidarity subsystems. The information so provided shall expire upon the rejection of the application or when the granting of the benefit ends. This information cannot be revoked without the express consent of the competent Social Security services, under penalty of the suspension of the granting or payment of the benefits, and the respective loss of entitlement to the benefits.

_____|_____|_____
year month day

Signature of the applicant or another person on his/her behalf, in accordance with a valid identification document

(1) In its current version.

VALIDATION OF SIGNATURE (to be completed by the Social Security services)

I confirm that the signature of the: **applicant or** **person on his/her behalf** matches that on the following identification document:

Citizen Card Identity card Passport Other _____

Number _____ valid until _____
year month day

Signature and stamp of Social Security