

# User Manual for Supplementary Allowance Application - Head of Household

Department of Social Security



This guide was developed by the Department of Social Security in order to help you fill your online application for Supplementary Allowance (Head of Household) in a complete and correct manner.

Note: This guide was written for information purposes and does not have any legal strength whatsoever.

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## For More Information



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## General Instructions

Kindly ensure that the requested documentation is available before you start filling in the application.

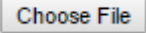
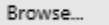
- 1) **Signed Declaration Form** - needs to be downloaded & printed, completed and uploaded in the online application – required documentation
- 2) **Copy of Garnishee Order** - required documentation if applicable
- 3) **Separation Decree/Contract** - required documentation if applicable
- 4) **Full-Time FS3 / Profit and Loss Accounts / Audited Final Accounts / Memorandum and Articles** - required documentation if applicable
- 5) **Part-Time FS3 / Profit and Loss Accounts** - required documentation if applicable
- 6) **Rents, Ground Rents, Field Rents** - required documentation if applicable
- 7) **Privileges or similar income including any kind of annuity or alimony** - required documentation if applicable
- 8) **Other income not mentioned above and Last pensions slip** - required documentation if applicable

**Kindly note that for numbers 3 - 8 of the above list, separate documents need to be provided for head of household and spouse/partner (where applicable).**

In order to submit your application, you will need to fill in a number of fields with the required details. The mandatory fields are marked with a red asterisk (\*). There are six (6) field types which are explained on page 3. The requested details are listed on pages 4 - 12.

When all the required details are filled in, you may submit the application by clicking on the '**SUBMIT**' button, at the bottom of the page.

## Field Types

Field Type	How it Looks	How to Enter Data	How to Delete Data
Date	<input type="text"/>	Click on the textbox and simply type in the date. The date should be in DD/MM/YYYY format. (e.g. 23/08/1986)	Click on the x button (Internet Explorer Only) on the top right hand corner to remove all content or use the Backspace/Delete key to delete accordingly.
Dropdown	<input type="text" value="v"/>	Click on the dropdown and select the option.	Click on the dropdown list and select the blank option.
File	<p>In Google Chrome:</p>  <p>In Internet Explorer:</p> 	Click once on the button. A dialog box will appear which enables you to search for the file. When you locate the file, double click on it (or else click once on the file and proceed to select 'Open'). The dialog box will close and the name of the uploaded file will appear adjacent to the button.	<p>In Google Chrome: Click once on the button. A dialog box will appear. Hit the 'Esc' button on the keyboard (or click on 'Cancel' button).</p> <p>In Internet Explorer: Drag the mouse to highlight the text identifying the file name. The dialog box will close and you will notice that the name of the file is no longer displayed adjacent to the 'Choose File' button.</p>
Numeric Textbox	<input type="text"/>	Click on the textbox and simply type in. Only numbers are accepted.	Click on the x button (Internet Explorer Only) on the top right hand corner to remove all content or use the Backspace/Delete key to delete accordingly.
Textbox	<input type="text"/>	Click on the textbox and simply type in.	Click on the x button (Internet Explorer Only) to remove all content or use the Backspace/Delete key to delete accordingly.
Text Area	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	Click on the text area and simply type in.	Use the Backspace/Delete key to delete accordingly.

## Requested Details

### Details of Household

#### Head of Household

Field Name	Field Type	Required
Identity Card Number	Textbox	Yes
Name	Textbox	Yes
Surname	Textbox	Yes
Nationality	Textbox	Yes
Civil Status	Dropdown	Yes

#### Spouse / Partner *(The details requested are those of the other person forming part of this family unit)*

Field Name	Field Type	Required
Identity Card Number	Textbox	Yes, if you have a spouse/partner
Name	Textbox	Yes, if you have a spouse/partner
Surname	Textbox	Yes, if you have a spouse/partner
Nationality	Textbox	Yes, if you have a spouse/partner
Civil Status	Dropdown	Yes, if you have a spouse/partner

## Contact Details

Field Name	Field Type	Required
Address	Text Area	Yes
Contact Number	Numeric Textbox	No
E-mail	Textbox	No
Separation Decree / Contract (Head of Household)	File	Yes, if you are separated
Separation Decree / Contract (Spouse)	File	Yes, if your spouse/partner is separated

## Details of all persons living with the applicant

Field Name	Field Type	Required
Name	Textbox	Yes, if there is another person living with you
Surname	Textbox	Yes, if there is another person living with you
Date of Birth (DD/MM/YYYY)	Date	Yes, if there is another person living with you
Identity Card Number	Textbox	Yes, if there is another person living with you
How are they Related	Textbox	Yes, if there is another person living with you
Total Net Income €	Numeric Textbox	Yes, if there is another person living with you and if you are neither a pensioner nor a Social Assistance beneficiary
Name	Textbox	Yes, if there are two or more persons living with you
Surname	Textbox	Yes, if there are two or more persons living with you

Field Name	Field Type	Required
Date of Birth (DD/MM/YYYY)	Date	Yes, if there are two or more persons living with you
Identity Card Number	Textbox	Yes, if there are two or more persons living with you
How are they Related	Textbox	Yes, if there are two or more persons living with you
Total Net Income €	Numeric Textbox	Yes, if there are two or more persons living with you and if you are neither a pensioner nor a Social Assistance beneficiary.
Name	Textbox	Yes, if there are three or more persons living with you
Surname	Textbox	Yes, if there are three or more persons living with you
Date of Birth (DD/MM/YYYY)	Date	Yes, if there are three or more persons living with you
Identity Card Number	Textbox	Yes, if there are three or more persons living with you
How are they Related	Textbox	Yes, if there are three or more persons living with you
Total Net Income €	Numeric Textbox	Yes, if there are three or more persons living with you and if you are neither a pensioner nor a Social Assistance beneficiary.
Name	Textbox	Yes, if there are four or more persons living with you
Surname	Textbox	Yes, if there are four or more persons living with you
Date of Birth (DD/MM/YYYY)	Date	Yes, if there are four or more persons living with you
Identity Card Number	Textbox	Yes, if there are four or more persons living with you
How are they Related	Textbox	Yes, if there are four or more persons living with you
Total Net Income €	Numeric Textbox	Yes, if there are four or more persons living with you and if you are neither a pensioner nor a Social Assistance beneficiary
Name	Textbox	Yes, if there are five or more persons living with you

Field Name	Field Type	Required
Surname	Textbox	Yes, if there are five or more persons living with you
Date of Birth (DD/MM/YYYY)	Date	Yes, if there are five or more persons living with you
Identity Card Number	Textbox	Yes, if there are five or more persons living with you
How are they Related	Textbox	Yes, if there are five or more persons living with you
Total Net Income €	Numeric Textbox	Yes, if there are five or more persons living with you and if you are neither a pensioner nor a Social Assistance beneficiary
Name	Textbox	Yes, if there are six or more persons living with you
Surname	Textbox	Yes, if there are six or more persons living with you
Date of Birth (DD/MM/YYYY)	Date	Yes, if there are six or more persons living with you
Identity Card Number	Textbox	Yes, if there are six or more persons living with you
How are they Related	Textbox	Yes, if there are six or more persons living with you
Total Net Income €	Numeric Textbox	Yes, if there are six or more persons living with you and if you are neither a pensioner nor a Social Assistance beneficiary.

## Income Declaration – 2017

### Head of Household Income (€)

Field Name	Field Type	Required
Full-Time FS3 / Profit and Loss Accounts / Audited Final Accounts / Memorandum and Articles	Numeric Textbox	Yes, if you are a full-time employee, a full-time self-employed person, a director or a company's majority shareholder
Part-Time FS3 / Profit and Loss Accounts	Numeric Textbox	Yes, if you are a part-time employee or a part-time self-employed person



Field Name	Field Type	Required
Rents, Ground Rents, Field Rents	Numeric Textbox	Yes, if you have any rents, ground rents or field rents
Privileges or similar income including any kind of annuity or alimony	Numeric Textbox	Yes, if you have any privileges or similar income
Other income not mentioned above (Do not include interest from local banks) and Last pensions slip (not applicable if in receipt of a Social Security Pension, a Treasury Pension or a Service Pension)	Numeric Textbox	Yes, if you have any other income which is not mentioned above

### Spouse / Partner Income (€)

Field Name	Field Type	Required
Full-Time FS3 / Profit and Loss Accounts / Audited Final Accounts / Memorandum and Articles	Numeric Textbox	Yes, if your spouse/partner is a full-time employee, a full-time self-employed person, a director or a company's majority shareholder
Part-Time FS3 / Profit and Loss Accounts	Numeric Textbox	Yes, if your spouse/partner is a part-time employee or a part-time self-employed person
Rents, Ground Rents, Field Rents	Numeric Textbox	Yes, if your spouse/partner has any rents, ground rents or field rents
Privileges or similar income including any kind of annuity or alimony	Numeric Textbox	Yes, if your spouse/partner has any privileges or similar income
Other income not mentioned above (Do not include interest from local banks) and Last pensions slip (not applicable if in receipt of a Social Security Pension, a Treasury Pension or a Service Pension)	Numeric Textbox	Yes, if your spouse/partner has any other income which is not mentioned above

### Fill in details if during the current year you experienced Commencement / Termination of Employment (*Head of Household*)

Field Name	Field Type	Required
Employment (Commencement / Termination of Employment ( <i>Head of Household</i> ))	Dropdown	Yes, if you have experienced commencement or termination of employment during this current year
Date of Commencement / Termination (DD/MM/YYYY) (Commencement / Termination of Employment ( <i>Head of Household</i> ))	Date	Yes, if you have experienced commencement or termination of employment during this current year

**Fill in details if during the current year you experienced Commencement / Termination of Employment (*Spouse / Partner*)**

<b>Field Name</b>	<b>Field Type</b>	<b>Required</b>
Employment	Dropdown	Yes, if your spouse/partner has experienced commencement or termination of employment during this current year
Date of Commencement / Termination (DD/MM/YYYY)	Date	Yes, if your spouse/partner has experienced commencement or termination of employment during this current year

**A period of more than three (3) months residing abroad (*Head of Household*)**

<b>Field Name</b>	<b>Field Type</b>	<b>Required</b>
Date From (DD/MM/YYYY)	Date	Yes, if you resided abroad for more than 3 months during the current year
Date To (DD/MM/YYYY)	Date	Yes, if you resided abroad for more than 3 months during the current year

**A period of more than three (3) months residing abroad (*Spouse / Partner*)**

<b>Field Name</b>	<b>Field Type</b>	<b>Required</b>
Date From (DD/MM/YYYY)	Date	Yes, if your spouse/partner resided abroad for more than 3 months during the current year
Date To (DD/MM/YYYY)	Date	Yes, if your spouse/partner resided abroad for more than 3 months during the current year

**Separation / Marriage / Divorce / Civil Union**

<b>Field Name</b>	<b>Field Type</b>	<b>Required</b>
Date (DD/MM/YYYY)	Date	Yes, if you married; entered a civil union; separated; cohabitating or divorced during the current year

## Bank Account Details

Field Name	Field Type	Required
Do you have a bank Garnishee Order?	Dropdown	Yes
Copy of Garnishee Order	File	Yes, if you have blocked Bank Account/s
Bank	Textbox	Yes, if you do not have a bank garnishee order
IBAN	Textbox	Yes, if you do not have a bank garnishee order
Enter Mobile Number for an SMS notification regarding payment	Numeric Textbox	No

## Necessary Documents

### Income Declaration (*Head of Household*) – 2017

Field Name	Field Type	Required
Full-Time FS3 / Profit and Loss Accounts / Audited Final Accounts / Memorandum and Articles	File	Yes, if you are a full-time employee, a full-time self-employed person, a director or a company's majority shareholder
Part-Time FS3 / Profit and Loss Accounts	File	Yes, if you are a part-time employee or a part-time self-employed person
Rents, Ground Rents, Field Rents	File	Yes, if you have any rents, ground rents or field rents
Privileges or similar income including any kind of annuity or alimony	File	Yes, if you have any privileges or similar income
Other income not mentioned above (Do not include interest from local banks) and Last pensions slip (not applicable if in receipt of a Social Security Pension, a Treasury Pension or a Service Pension)	File	Yes, if you have any other income which is not mentioned above

**Income Declaration (*Spouse / Partner*) – 2017**

<b>Field Name</b>	<b>Field Type</b>	<b>Required</b>
Full-Time FS3 / Profit and Loss Accounts / Audited Final Accounts / Memorandum and Articles	File	Yes, if your spouse/partner is a full-time employee, a full-time self-employed person, a director or a company's majority shareholder
Part-Time FS3 / Profit and Loss Accounts	File	Yes, if your spouse/partner is a part-time employee or a part-time self-employed person
Rents, Ground Rents, Field Rents	File	Yes, if your spouse/partner has any rents, ground rents or field rents
Privileges or similar income including any kind of annuity or alimony	File	Yes, if your spouse/partner has any privileges or similar income
Other income not mentioned above (Do not include interest from local banks) and Last pensions slip (not applicable if in receipt of a Social Security Pension, a Treasury Pension or a Service Pension)	File	Yes, if your spouse/partner has any other income which is not mentioned above

**Declaration**

<b>Field Name</b>	<b>Field Type</b>	<b>Required</b>
Signed Declaration Form	File	Yes