How to complete application form for Family Income Supplement.

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If a question does not apply to you, please leave the answer blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

If you do not have a spouse or partner fill in **Parts 1, 2, 4** and **5** as they apply to you. Your employer should fill in **Part 3**. When form is completed, read **Part 8** and sign declaration in **Part 1**.

If you have a spouse or partner fill in **Parts 1, 2, 4, 5, and 6** as they apply to you and your spouse or partner. Your employer (if any) should fill in Part 3. Your spouse or partner’s employer (if any) should fill in **Part 7**. When form is completed, read **Part 8** and sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to [www.welfare.ie](http://www.welfare.ie).
How to fill in first page of this form

To help us in processing your claim:

• Print letters and numbers clearly.
• Use one box for each character (letter or number).
• Please see example below.

1. Your PPS No.:  
2. Title: (insert an ‘X’ or specify) Mr. □ Mrs. X Ms. □ Other □
3. Surname: M U R P H Y
4. First name(s): M A U R E E N
5. Your first name as it appears on your birth certificate: M A R Y
6. Birth surname: M C D E R M O T T
7. Your mother’s birth surname: K E L L Y
8. Your date of birth: 2 8 0 2 1 9 7 0

Contact Details

9. Your address: 1 N E W S T R E E T
O L D T O W N
C O D O N E G A L

10. Your telephone number: 0 1 7 0 4 3 0 0 0
L A N D L I N E
0 8 6 1 2 3 4 5 6 7
M O B I L E

11. Your email address: M U R P H Y @ W E L F A R E . I E
Application form for
Family Income Supplement (FIS)

Part 1

Your own details

1. Your PPS No.: 

2. Title: (insert an ‘X’ or specify)  
   Mr.  Mrs.  Ms.  Other 

3. Surname: 

4. First name(s): 

5. Your first name as it appears on your birth certificate: 

6. Birth surname: 

7. Your mother’s birth surname: 

8. Your date of birth: 

D  D  M  M  Y  Y  Y  Y

Contact Details

9. Your address: 

10. Your telephone number:  
    MOBILE  LANDLINE  MOBILE

11. Your email address: 

Declaration

I/we declare that all the information I/we have given on this form is accurate. 
I/we will tell the Department when my/our means or circumstances change.

Signature (not block letters) 

Date:  D  D  M  M  Y  Y  Y  Y

Signature from your spouse or partner (not block letters) 

Date:  D  D  M  M  Y  Y  Y  Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.
Part 1 continued

12. Are you?
- Single
- Married
- Widowed
- Remarried
- Cohabiting
- Divorced

13. If you are married or cohabiting, from what date?

Part 2

Your work and claim details

14. If you are employed at present (including part-time or temporary work), please state:
You are employed when you work for another person or company and you get paid for the work.

Your occupation:

Employers name:

Employers address:

15. If you are related to your employer, please state:

How are you related:

16. When did you start working in your current job?

17. What were you doing prior to this claim, for example, in college or other employment?

18. Do you expect to be working for at least 3 months?
- Yes
- No

19. How often are you paid?
- Weekly
- Every four weeks
- Every two weeks
- Once a month

Important - You must attach:
- your 2 most recent payslips,
- a copy of your most recent P60, and
- your most recent Tax Credit Certificate.

If you are working now, your employer must fill in Part 3.
20. If you are self-employed, please state:
- Type of business or trade you have:
- Your profit over the last year: €
  
  Please attach your profit and loss account for the last 12 months.

21. If you own or work a farm or land, please state:
- I own the farm or land.
- My spouse or partner owns the farm or land.
- I own a farm and I rent it.

Size of farm: acres

‘Assessed’ means you gave us details about the farm when you applied for another payment.

If the farm has been ‘assessed’ for any other social welfare scheme please state:
- Name of payment you applied for:
- Date farm was assessed: D D M M Y Y Y Y

If you cannot remember the exact date, please give the rough date it was assessed.

22. If you are getting maintenance, please state

‘Maintenance’ is where you are getting money from or paying money to your spouse or partner or other parent of your child(ren) when you no longer live together.

Amount: € a week

The name and address of the person who pays you maintenance:

Please attach a copy of Court or Maintenance Order or Separation Agreement if you have one.
23. If you are paying maintenance, please state:

<table>
<thead>
<tr>
<th>Amount: €</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The name and address of person you are paying maintenance to:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please attach a copy of Court or Maintenance Order or Separation Agreement if you have one.

24. If you have any income from any other source, please state:

‘Other income’ could include rental income from land/property, payments from another government department, private pension or social security payments from another country.

| Source of income: |
| Amount: € | | |

| Source of income: |
| Amount: € | | |

| Source of income: |
| Amount: € | | |

| Source of income: |
| Amount: € | | |
25. Employee’s surname: 

26. Employee’s first name(s): 

27. Their PPS No.: 

28. Give details here of your above named employee’s gross pay (excluding superannuation), including overtime, bonuses and commission in each of the last 4 weeks (if they are paid weekly) or 2 pay periods (if they are paid fortnightly, monthly or 4-weekly):

<table>
<thead>
<tr>
<th>Pay week or month ending:</th>
<th>Gross pay (excluding superannuation)</th>
<th>Tax deduction</th>
<th>Employee’s PRSI deducted</th>
<th>Number of hours worked each week</th>
<th>PRSI Class</th>
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<tbody>
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<td>€</td>
<td></td>
<td>hours</td>
</tr>
</tbody>
</table>

29. If any other salary deductions are made, please state:

Type: 

Amount: € , a week

Type: 

Amount: € , a week

30. How many hours do they usually work? 

   a week

31. Employee’s gross pay in an average week? 

   € , a week

32. Tick box (X) if employee works under any of the schemes across:

   - FÁS course
   - Workplace
   - Community Employment (CE)
   - Social Economy
   - Job Initiative
   - Part-time Job Opportunities
   - Part-time Job Incentive

33. Is your employee a director of a limited company? 

   Yes  No
Part 3 continued
Details from your employer

34. Employee’s gross earnings before any deductions:
   a) Since 1 January last, or
   b) From start of employment
      (if later than 1 January)

   | Gross earnings: | €          |
   | Number of weeks worked: |          |
   | Tax paid to date: | €          |
   | Employee’s PRSI paid to date: | €        |
   | Superannuation paid to date: | €        |

I certify that employee [employee’s full name] is normally employed by me for [ ] hours a week and the information I have given is true and complete.

It is an offence not to provide relevant information about a claim for Family Income Supplement (FIS) or to take part in a false claim.

To be completed by employer

| Employers name: |
| Employers address: |
| Employers telephone number: |
| Employers registered number |

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.
Family Income Supplement is paid direct to your account in a financial institution. This account must be an active deposit or savings account not a mortgage account.

Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution: ____________________________
Sort code: _____________
Account number: ____________________________

Name(s) of account holder(s):
Name 1: ____________________________
Name 2 (if any): ____________________________

If you do not have an account with a financial institution, please contact the Family Income Supplement Section.
### Part 5

**Details of your qualified child(ren)**

35. How many children do you wish to claim for?

<table>
<thead>
<tr>
<th></th>
<th>under age 18</th>
<th>age 18 - 22 in full-time education</th>
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</tbody>
</table>

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First name(s):</th>
<th>PPS No.:</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<th>Surname:</th>
<th>First name(s):</th>
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### Part 6

#### Your spouse’s or partner’s details

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<tr>
<th>Question</th>
<th>Details</th>
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<tbody>
<tr>
<td>36. Their PPS No.</td>
<td></td>
</tr>
<tr>
<td>37. Title: (insert an ‘X’ or specify)</td>
<td></td>
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<tr>
<td>38. Their surname</td>
<td></td>
</tr>
<tr>
<td>39. Their first name(s)</td>
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</tr>
<tr>
<td>40. Their birth surname</td>
<td></td>
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<tr>
<td>41. Their mother’s birth surname:</td>
<td></td>
</tr>
<tr>
<td>42. Their date of birth:</td>
<td>D D M M Y Y Y Y</td>
</tr>
<tr>
<td>43. Their address:</td>
<td></td>
</tr>
</tbody>
</table>

*Only answer this question if you are married and do not live together.*
44. If your spouse or partner is working for an employer (including part-time or temporary work) please state (their employer must complete part 7):

- Their occupation:
- Employers name:
- Employers address:

45. Are they related to their employer?  
- Yes  
- No

46. When did they start working in their current job?  
- D  
- M  
- M  
- Y  
- Y  
- Y  
- Y

47. Do they expect to be working for at least 3 months?  
- Yes  
- No

48. How often do they get paid?  
- Weekly  
- Every four weeks  
- Every two weeks  
- Monthly

Important - You must attach:
- their two most recent payslips
- a copy of their most recent P60, and
- their most recent Tax Credit Certificate.

49. If your spouse or partner is self-employed, please state:

- Type of business or trade they have:
- Their profit over the last year: € 

Attach their profit and loss account for the last 12 months.

50. If they own or work on a farm, please state:

- The size of farm: acres
- Do they rent this farm?  
- Yes  
- No

If their farm or land has been assessed for any other social welfare payments please give the name of the scheme they applied for:

- Date their farm was assessed: M  
- M  
- M  
- Y  
- Y  
- Y  
- Y

If you cannot remember the exact date, please give the rough date it was assessed.
51. If they are getting maintenance, please state:

Amount: € ___, ___. ___. a week
Name of person who pays maintenance:

Please attach a copy of their Court or Maintenance Order or Separation Agreement.

52. If your spouse or partner is paying maintenance, please state:

Amount: € ___, ___. ___. a week
Who they pay maintenance to:
Name:
Address:

Please attach a copy of their Court or Maintenance Order or Separation Agreement.

53. If they have any other income (‘Other income’ could include rental income from land/property, private pension or social security payments from another country).

Source of income:
Amount: € ___, ___. ___. a week
Source of income:
Amount: € ___, ___. ___. a week
Part 7 Details from your spouse or partner’s employer

Your spouse or partner’s employer should complete this section.

54. Employee’s surname: ____________________________

55. Employee’s first name: ____________________________

56. Their PPS No: ____________________________

57. Give details here of your above named employee’s gross pay, (including overtime, bonuses and commission) in each of the last four weeks (if they are paid weekly) or two pay periods (if they are paid fortnightly, monthly or every four weeks).

<table>
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<tr>
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<td>hours</td>
<td></td>
</tr>
</tbody>
</table>

58. If any other salary deductions are made, please state:

Type: ____________________________________________________________

Amount: € __________, __________. __________ a week

Type: ____________________________________________________________

Amount: € __________, __________. __________ a week

59. How many hours do they usually work? ____________________________ a week

60. Employee’s gross pay in an average week? € __________, __________. __________ a week

61. Tick box (X) if employee works under any of the schemes across:

- □ FÁS course
- □ Workplace
- □ Community Employment (CE)
- □ Social Economy
- □ Job Initiative
- □ Part-time Job Opportunities
- □ Part-time Job Incentive

62. Is your employee a director of a limited company?

- □ Yes
- □ No
Details from your spouse or partner’s employer

63. Employee’s gross earnings before any deductions:
   - i) Since 1 January last, or
   - ii) From start of employment (if later than 1 January)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee's gross earnings</td>
<td>€ _<strong>,</strong>_____</td>
</tr>
<tr>
<td>Number of weeks worked</td>
<td>___ weeks</td>
</tr>
<tr>
<td>Tax paid to date</td>
<td>___</td>
</tr>
<tr>
<td>Employee's PRSI paid to date</td>
<td>___</td>
</tr>
<tr>
<td>Superannuation paid to date</td>
<td>___</td>
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</table>

I certify that employee [employee’s full name] is normally employed by me for ___ hours a week and the information I have given is true and complete.

It is an offence not to provide relevant information about a claim for Family Income Supplement (FIS) or to take part in a false claim.

To be completed by employer

<table>
<thead>
<tr>
<th>Details</th>
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<tbody>
<tr>
<td>Employers name:</td>
<td></td>
</tr>
<tr>
<td>Employers address:</td>
<td></td>
</tr>
<tr>
<td>Employers telephone number:</td>
<td>LANDLINE</td>
</tr>
<tr>
<td>Employers registered number</td>
<td>MOBILE</td>
</tr>
<tr>
<td>Employer’s official stamp</td>
<td></td>
</tr>
<tr>
<td>Employer’s signature</td>
<td>(not block letters)</td>
</tr>
</tbody>
</table>

Warning: If you make a false statement or you withhold information, you may be prosecuted leading to a fine, a prison term or both.
Have you enclosed the following?

— Your P60 for the last full tax year (if you were employed for that year)
— 2 most recent payslips
— Tax Credit Certificate for the current tax year
— Court or Maintenance Order or Separation Agreement, where relevant
— Copy of work permit if you are a non-EU national
— Letter from school or college
  (where child(ren) is or are aged between 18 and 22 in full-time education)

If you started work recently and you don’t have all these details, we will look for information about your employment later.

Original certificates only.

Please remember to sign the declaration in Part 1.

Send this completed application form to:

Family Income Supplement (FIS) Section
Social Welfare Services
Government Buildings
Ballinalee Road
Longford

Data Protection and Freedom of Information
We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies in accordance with law.