Application form for

Family Income Supplement (FIS)



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.

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.: 1 2 3 4 5 6 7 T
- 2. Title: (insert an 'X' or specify)

 Mr. Mrs. X Ms. Other
 - 3. Surname: MURPHY
 - 4. First name(s):

 M A U R E E N

 5. Your first name as it

 M A R Y
 - appears on your birth certificate:

 M C D E R M O T T

 - surname:

 8. Your date of birth:

 2 8 0 2 1 9 7 0

M

Contact Details

- 9. Your address: 1 Ν E W S Т R Ε Ε T 0 L D Т 0 W N C 0 D 0 Ν Ε G Α L
- 10.Your telephone number: 0 1 7 0 4 3 0 0 0

D D

- L A N D L I N E

 0 8 6 1 2 3 4 5 6 7
 - M O B I L E
- M M U R P Н Y @ | W Ε L F Α R Ε Ε 11. Your email address:

SAMPLE

Family Income Supplement (FIS)



Part 1	Υ	Óι	ır (οw	/n	de	tai	ls													
1. Your PPS No.:																					
2. Title: (insert an 'X' or specify)	Mr.			Mrs	i. [Ms	. [C	the	er								_
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																					
Contact Details																					
9. Your address:																					
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10.Your telephone number:															L	ANE)LI	NE			
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11.Your email address:																					
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Signature (not block letters)								_				\neg				Г	<u>. </u>	•			
								Da	ite:	L							2	0	V	V	
Signature from your spouse or part	ner (not	bloc	k let	ters))					ו ע)	ľ	ΛΙ	VI		ľ	T	T	T	

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	Y	Όι	ır (wc	'n	de	tai	ls												
12.Are you?			gle	ed		╡	Vido Coha				╡	Rem Sepa]	Divo	orce	d	
13.If you are married or cohabiting, from what date?	D	D		M	M		Υ	Y	Y	Y										
Part 2	Y	Όι	ır v	wo	rk	aı	nd	cla	ain	n c	let	ail	.S							
14.If you are employed at pres You are employed when you										-		-							vor	k.
Your occupation:	you work for another person or company and you get paid for the v																			
Employers name:	:																			
Employers address:																				
	e:																			
15.If you are related to your e	mpl	oye	er, p	lea	se s	tat	e:													
How are you related:																				
16. When did you start working in your current job?	D			M	A 4			V	Y	V										
17. What were you doing prior		D this	cla			· ex	-	-	-	-	ege	or	oth	er e	emp	olov	me	nt?		
, 5.															•					
18.Do you expect to be working for at least 3 months?		Yes	6			I	No													
19. How often are you paid? (tick (X) relevant box across)			eekl ery	y two	we	eks					-	four a m		eks h						
Important - You must attach:		-	a	our i	y o	f yo	ur ı	nos	st re	ecer	nt P				e.					

If you are working now, your employer must fill in Part 3.



Part 2 continued	Your work and claim details
20.If you are self-employed, p	lease 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.lf 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 u	is details about the farm when you applied for another payment.
If the farm has been 'asses	sed' for any other social welfare scheme please state:
Name of payment you applied for:	
Date farm was assesed:	
	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 maintena	ance, please state
	are getting money from or paying money to your spouse or partner or en) 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.



Part 2 continued

Amount:

Your work and claim details

23.If you are paying maintena	ince, please state:													
Amount: €		a week												
The name and address of person you are paying														
maintenance to:														
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:														
Separation Agreement if you have one.														
'Other income' could includ	m any other source, plea	ase state:												
'Other income' could includ	m any other source, plea	ase state: d/property, payments from another												
'Other income' could includ government department, pr	m any other source, plea	ase state: d/property, payments from another												
'Other income' could includ government department, pr Source of income:	m any other source, plea	ase state: d/property, payments from another												
'Other income' could include government department, pre Source of income: Amount: €	m any other source, plea	ase state: d/property, payments from another												



Details from your employer

TO BE COMPLETED BY EMPLOYERS ONLY

25.Employee's surname:																				
26.Employee's first name(s):																				
27.Their PPS No.:																				
28. Give details here of your al including overtime, bonuse weekly) or 2 pay periods (i	es an	nd c	omn	nissi	ion	in e	ac	h o	of t	he l	ast	4 w	/eel	ks (if th					
Pay week or month ending: Day Month Year	Gros (exc supe	ss pa cludii erani	y ng nuatio	n) T	ax d	educ	tion	1	Em	ploye	ee's I	PRSI	Nu wo we	rked	r of h each	nours า	PR	RSI CI	ass	
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	€			€					€						ŀ	nours				
	€			€					€						ł	nours				
	€			€					€						ł	nours				
29.If any other salary deduction Type:	ons a	are	mad	e, p	leas	se s	tat	te:												
						<u> </u>	<u> </u>													
Amount: €		<u>, </u>			<u>.</u>	<u> </u>	_	a١	vee	k —										
Type:							_													
Amount: €		,			- _			a١	wee	ek										
30.How many hours do they usually work?			a w	eek																
31.Employee's gross pay in an average week? €		,			•			a١	wee	ek								_		
32. Tick box (X) if employee works under any of the schemes across:		Soc	cou ial nom	[Woi Job Initi			ce [ا ⊟ ا	Emp Part	oloy t-tin	unity mei ne J	nt (lob	CE)			Job	t-tir enti	
33.ls your employee a director of a limited company?		Yes	,	[No														



Part 3 continued		Dei	lam	SIL	OIII	ιy	Jui	eı	աբ	10	ye	1:							
34.Employee's gross earnings before any deductions: i) Since 1 January last ii) From start of emplo (if later than 1 January	yment			-			av	wee	ek										
Gross earnings:	€																		
Number of weeks worked: Tax paid to date:			wee	eks			1												
Employee's PRSI paid to date:	€	_,]												
Superannuation paid to date:	€	_,_																	
I certify that employee													em	plo	yee	's fu	ıll n	ame	9
Personnel Number						is n	orm	ally	, en	npl	oye	d b	y m	e fo	r			hou	rs
a week and the information	on I ha	ve gi	ven i	is tru	e ar	nd c	omp	olet	e.						_		_		
It is an offence not to pro (FIS) or to take part in a f	alse cla		nt in	form	atio	n al	bout	t a (clai	m f	or F	- am	ily	Inco	me	: Su	ıppl	eme	ent
To be completed by em	oloyer											1					_		
Employers name:																	<u> </u>		
Employers address:																			
															<u> </u>		<u> </u>	<u> </u>	
														1					
Employers telephone number:	L				<u> </u>	<u> </u>													
		_ A	N	D	-	+	N	Е						1					
		и О	B		<u> </u>	E													
Employers registered number																			
Employer's official stam	0																		
Employer's signature (not block letters)																			

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



Part 4

Your payment details

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.

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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.



35.How many children do you wish to claim for? Please state child's:	under age 18 age 18 -22 in full-time education	You must attach written confirmation from the school or college for the children aged 18 - 22
Surname:		
First name(s):		
PPS No.:		
Surname:		
First name(s):		
PPS No.:		
Surname:		
First name(s):		

Part 5

PPS No.:

Details of your qualified child(ren)



Part 6		YO1	ur	sp	ou	lse	S (or j	pa:	rtn	ler	'S	de	tai	IS			
36.Their PPS No.:																		
37.Title: (insert an 'X' or specify)	Mr.			Mrs	6.		Ms	i. [(Othe	er					
38. Their surname:																		
39. Their first name(s):																		
40. Their birth surname:																		
41.Their mother's birth surname:																		
42.Their date of birth:																		
	D	D		M	M		Y	Y	Y	Y								
43. Their address:																		
Only answer this question																		
if you are married and do not live together.																		



Part 6 continued

Your spouse's or partner's details

	yer 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 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?	WeeklyEvery four weeksMonthly
Important - You must attach:	 their two most recent payslips a copy of their most recent P60, and their most recent Tax Credit Certificate.
	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 f The size of farm:	arm, please state:
Do they rent this farm?	Yes No
If their farm or land has b name of the scheme they	een assessed for any other social welfare payments please give the applied for:
Date their farm was assessed:	M M Y Y Y Y
	If you cannot remember the exact date, please give the rough date it was assessed.



Part 6 continued

Your spouse's or partner's details

51.If they are getting ma	inten	anc	e, p	olea	se s	stat	e:														
Amount:	€		,						a	wee	ek										
Name of person who pays maintenance:																					
								y of ent.		eir (Cou	rt c	or N	lain	ten	anc	e O	rde	er o	r	
52.If your spouse or part	ner is	ра	yin	g m	ain	ten	anc	e, p	lea	se s	tate	e:									
Amount: € , a week Who they pay maintenance to: Name:																					
Who they pay maintenance to:																					
Name:																					
Address:																					
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								y of ent.		eir (Cou	rt c	or N	lain	iten	anc	e O	≀rd∈	er o	r	
53.If they have any other land/property, private																					
Source of income:																					
Amount:	€		,						a	wee	ek										
Source of income:																					
Amount:	€								а	wee	·k								•		



Details from your spouse or partner's employer

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54.	Empl	oyee's	surr	ıam	e:																					
55.	Empl	oyee's	first	: na	me:																					
56.	Their	PPS N	o:														1	1	1	l						
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		or month	endir				(ex	oss paclud oerar	ing	tion)	Ta	x de	ductio	on	En de	nploy	ee's	PRSI	Nu wo we	rked	r of h each	nours n	PR	RSI CI	ass	
	Day	Month		Yea	ar 	l		Ciai	iiida	cioii)					_				WC	CK	,	hours				
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58.	lf any	other	sala	ıry (dedu	ıcti	ons	are	ma	ide,	, ple	ease	e sta	ate:												
	Type																									
	Amoı	ınt:				€								а	we	ek				ı						
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62.	direc	ur emp						Ye	S			1	Vo													



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63.Employee's gross earnings before any deductions:	€	7					av	wee	ek										
i) Since 1 January last,ii) From start of employ(if later than 1 January	yment						1												
Gross earnings:	€	, 📖																	
Number of weeks worked:	weeks																		
Tax paid to date: Employee's PRSI	€,	,	_				1												
paid to date:	€	,																	
Superannuation paid to date:	€	,																	
certify that employee													е	mp	loye	ee's	full	nar	ne
Personnel Number						is	nor	ma	lly e	emp	oloy	ed	by ı	ne	for			ho	urs
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		_																	
Employers address:																			
Employers telephone number:]					
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	M	0	В		L	Е													
Employers registered number																			
														_					
Employer's official stamp																			
Employer's signature]					
(not block letters)																			
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Details from your spouse or partner's employer

Part 7 continued

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



Checklist

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.

80K 04-09 Edition: April 2009

