



# 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](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.:

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

Mr.  Mrs.  Ms.  Other

3. Surname:

M	U	R	P	H	Y														
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4. First name(s):

M	A	U	R	E	E	N													
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5. Your first name as it appears on your birth certificate:

M	A	R	Y																
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6. Birth surname:

M	C	D	E	R	M	O	T	T											
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7. Your mother's birth surname:

K	E	L	L	Y															
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8. Your date of birth:

2	8			0	2			1	9	7	0				
D	D			M	M			Y	Y	Y	Y				

## 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	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

# SAMPLE





**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 assesed:        
D D M M Y Y Y Y

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

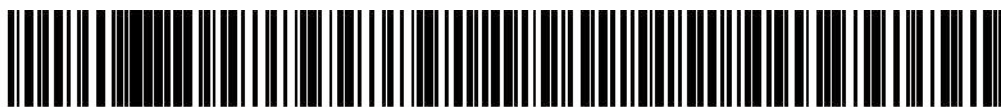
**22.If you are getting maintenance, please state**

'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.**





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 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):

Pay week or month ending:			Gross pay (excluding superannuation)	Tax deduction	Employee's PRSI deducted	Number of hours worked each week	PRSI Class
Day	Month	Year					
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> hours	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> hours	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> hours	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> hours	<input type="text"/>

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)  
  Part-time Job Incentive  
 Social Economy  
  Job Initiative  
  Part-time Job Opportunities

33. Is your employee a director of a limited company?  Yes    No











36. Their PPS No.:

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37. Title: (insert an 'X' or specify)

Mr.  Mrs.  Ms.  Other 

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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.




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 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 Y Y Y Y

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





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).

Pay week or month ending:			Gross pay (excluding superannuation)	Tax deduction	Employee's PRSI deducted	Number of hours worked each week	PRSI Class
Day	Month	Year					
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> hours	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> hours	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> hours	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> hours	<input type="text"/>

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)  
  Part-time Job Incentive  
 Social Economy  
  Job Initiative  
  Part-time Job Opportunities

62. Is your employee a director of a limited company?  Yes    No





**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.**

