



Application form for Family Income Supplement (FIS)

How to complete application form for Family Income Supplement.

- Please read information booklet **SW 22** before filling in this application form.
- Please use **BLACK** ball point pen.
- Please tear off this page and use as a guide to filling in this form.
- Please use **BLOCK LETTERS** and place an **X** in the relevant boxes.
- Please answer **all questions** that apply to you. If you fail to do so, the form may be returned to you. If a question does not apply to you, please leave the answer area blank.
- The Department may use any of your contact details to get in touch with you.
- Both you and your partner, if you are living together, should fill in and sign this form at the same time.

- Part 1 Please fill in all details, following the instructions for the first page. Please sign declaration when form is completed.
- Part 2 If you are working now, your employer must fill in all relevant details and sign. If you are self-employed please fill in all details.
- Part 3 Your spouse or partner's personal details.
- Part 4 If your spouse or partner is working now, their employer must fill in all relevant details and sign. If they are self-employed they must fill in all details.
- Part 5-6 Please fill in all relevant details.
- Part 7 Please fill in any additional information you wish to give.
- Part 8 Please tick all boxes that apply to you. Note that you must only include a birth certificate or marriage certificate if you were born or married outside the Republic of Ireland.

If you need any help to complete this form, please contact your local Social Welfare Office or the Family Income Supplement Section in Longford at (043) 45211.

How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.

1. Please state your PPS No:

1	2	3	4	5	6	7	T	
---	---	---	---	---	---	---	---	--

Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

--	--	--	--	--	--	--	--

2. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. First name(s):

M	A	R	Y																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. What is your birth surname?

M	C	D	E	R	M	O	T	T											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

5. What is your mother's birth surname?

O	S	U	L	L	I	V	A	N											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

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

Contact Details:

7. What is 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										

8. What is 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									

9. What is your email address?

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

SAMPLE



Application form for Family Income Supplement (FIS)

Part 1

Your own details

1. Please state your PPS No:

Title: (insert an 'X' or specify) Mr. Mrs. Ms. Other

2. Surname:

3. First name(s):

4. What is your birth surname?

5. What is your mother's birth surname?

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

 D D M M Y Y Y Y

Contact Details:

7. What is your address?

8. What is your telephone number?
 L A N D L I N E

 M O B I L E

9. What is your email address?

Declaration by you

All the information I/we have given on this form is accurate. I/we will tell the Department as soon as possible if my/our means or circumstances change. I/we understand that an Inspector can investigate and review my entitlement to Family Income Supplement at any time.

If you cannot sign your name, make a mark, such as an X, and have a witness sign their name beside it.

Signature of applicant (NOT block letters)

Date:
 D D M M Y Y Y Y

Signature of applicant's spouse/partner if required (NOT block letters)

Warning: If you make a false statement or withhold information, you may get a fine, a prison term or both.

10. Are you?

- Married Single Separated
 Widowed Divorced Cohabiting

11. If you are married, when did you get married?

Day Month Year

Please attach your Marriage Certificate if married outside the Republic of Ireland.

12. What country were you born in?

13. Are you employed at present (including part-time or temporary work)?

- Yes No

You are employed when you work for another person or company and you get paid for the work.

If 'Yes', please state:

If 'No', please go to next page.

Your occupation:

Name of employer:

Address of employer:

14. Are you related to your employer?

- Yes No

If 'Yes', how are you related

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

Day Month Year

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

17. Do you expect to be working for at least 3 months?

- Yes No

18. How often are you paid? (tick (✓) relevant box across)

- 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 2.

Please make sure that you tick (✓) all the answer boxes either 'Yes' or 'No'. Do not cross through any questions or write 'not applicable' (n/a).

19. Are you self-employed?

'Self-employed' is where you own your own business and you work for yourself.

If 'Yes', please state:

Type of business or trade you have:

Yes No

Your profit over the last year:

Please attach your profit and loss account for the last 12 months.

20. Do you own or work a farm or land?

If 'Yes', please state:

Yes No

- I own the farm or land.
- My spouse or partner owns the farm or land.
- I own a farm and I rent it.

What size is your farm?

 acres

Has the farm been assessed for any other social welfare scheme?

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

If 'Yes', what is the name of the payment you applied for?

What date was the farm assessed?

Yes No

Month Year

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

21. Are you getting or have you applied for any of the following payments?

If 'Yes', please give details:

Yes No

Type of payment	Claim or reference number	Amount you get paid
Illness Benefit		€ a week
One-Parent Family Payment		€ a week
Other social welfare payment, (give name of payment here) →		€ a week
Supplementary Welfare Allowance		€ a week
Other Health Service Executive payment, (give name of payment here) →		€ a week

Details of other income continued

22. Are you getting maintenance? Yes No

'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.

If 'Yes', please state:

How much you get:

€

a week / month

The full name of the person who pays maintenance:

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

23. Are you paying maintenance? Yes No**If 'Yes', please state:**

How much you pay:

€

a week / month

The name and address of person you are paying maintenance to:

Person's name

Address

What is their telephone number (if you know it)?

Landline

Mobile

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

24. Do you have any income from any other source? Yes No

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

If 'Yes', list the source of the income and the amount:

1.

€

2.

€

3.

€

25. What is your employee's name?

26. What is their PPS No.?

Figures							Letter(s)	

27. 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					
			€	€	€	hours	
			€	€	€	hours	
			€	€	€	hours	
			€	€	€	hours	

28. How many hours do they usually work each week?

29. What is your employee's gross pay in an average week?

€	a week
---	--------

30. Are any other salary deductions made?

€	a week	Type:
€	a week	Type:

31. What are your employee's gross earnings (before any deductions)?

- i) since 1 January last, or
- ii) since 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
€		€	€	€

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

<input type="checkbox"/> FÁS course	<input type="checkbox"/> Workplace	<input type="checkbox"/> Community Employment (CE)	<input type="checkbox"/> Part-time Job Incentive
<input type="checkbox"/> Social Economy	<input type="checkbox"/> Job Initiative	<input type="checkbox"/> Part-time Job Opportunities	<input type="checkbox"/> None

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

Yes No

Declaration by employer

I certify that employee employee's full name

Personnel Number 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.

By and for employer

Employer's signature

(not block letters)

Employer's name

Telephone Code Number

Employer's address

Employer's official stamp

Employer's registered number

Date

Warning: If you make a false statement or you withhold information you may face a fine, a prison sentence or both.

Part 3

Your spouse's or partner's details

Please state:

Mr. Mrs. Ms. Other

_____ Please specify

34. What is your spouse's or partner's full name?

Last name

First name(s)

35. What is their birth surname, if relevant?

36. What is their address, if they are not living with you?

Address

37. What is their PPS No.?

Figures

Letter(s)

38. What is their date of birth?

Day Month Year

39. Is your spouse or partner working for an employer (including part-time or temporary work)?

Yes No

If 'Yes', their employer must complete Part 4.

**If 'Yes', please state:
Type of work they do:**

Name of employer:

Address of employer:

Are they related to their employer?

Yes No

When did they start working for this employer?

Day Month Year

Do they expect to be working for at least 3 months?

Yes No

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.

40. Is your spouse or partner self-employed?

Yes No

If 'Yes', 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.

41. Does your spouse or partner own or work a farm or land?

Yes No

If 'Yes', what size is their farm?

 acres

Do they rent this farm?

Yes No

Has their farm or land been assessed for any other social welfare payment?

Yes No

If 'Yes', please give the name of the scheme they applied for:

What date was their farm assessed?

Month Year

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

42. Is your spouse or partner getting or have they applied for any of the following payments?

Yes No

If 'Yes', please give details here:

Type of payment	Claim or reference number	Amount they get paid
Illness Benefit		€ a week
One-Parent Family Payment		€ a week
Other social welfare payment, (give name of payment here) →		€ a week
Supplementary Welfare Allowance		€ a week
Other Health Service Executive payment, (give name of payment here) →		€ a week

43. Is your spouse or partner getting maintenance?

Yes No

If 'Yes', how much do they get?

€ a week / month

What is the full name of the person who pays maintenance?

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

44. Is your spouse or partner paying maintenance?

Yes No

If 'Yes', please state:

How much they pay:

€ a week / month

Who they pay maintenance to:

Their full name
Address

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

45. Has your spouse or partner any other income?

Yes No

'Other income' could include rental income from land/property, private pension or social security payments from another country.

1.

€

2.

If 'Yes', please list source of the income and the amount:

€

If your spouse or partner works for an employer, their employer must give details here.

46. What is your employee's name?

47. What is their PPS No.?

Figures						Letter(s)

48. 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					
			€	€	€	Hours	
			€	€	€	Hours	
			€	€	€	Hours	
			€	€	€	Hours	

49. How many hours do they usually work each week?

50. What is your employee's gross pay in an average week?

€	a week
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51. Are any other salary deductions made?

€	a week	Type:
€	a week	Type:

52. What are your employee's gross earnings (before any deductions are made)?
i) since 1 January last, or
ii) since start of employment (if later than 1 January)

Gross earnings before deductions	Number of weeks worked	Tax paid to date	Employee's PRSI paid to date	Superannuation paid to date
€		€	€	€

53. Tick box (✓) if employee works under any of the schemes across:

<input type="checkbox"/> FÁS course	<input type="checkbox"/> Workplace	<input type="checkbox"/> Community Employment (CE)	<input type="checkbox"/> Part-time Job Incentive
<input type="checkbox"/> Social Economy	<input type="checkbox"/> Job Initiative	<input type="checkbox"/> Part-time Job Opportunities	<input type="checkbox"/> None

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Declaration by employer

I certify that employee employee's full name

Personnel Number 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.

By and for employer

Employer's signature

(not block letters)

Employer's name

Telephone code number

Employer's address

Employer's official stamp

Employer's registered number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date

Warning: If you make a false statement or you withhold information you may face a fine, a prison sentence or both.

Part 5

Details of your qualified child(ren)

55. Do you have any qualified child(ren)?

Yes

No

A 'qualified child' is a child under age 18 or aged between 18 and 22 in full-time education by day at a recognised school or college

If 'Yes', please give details here beginning with your eldest child

Please attach a letter from the school or college for any child aged between 18 and 22 to confirm that they are in full-time education. If you cannot get a letter right away send in this application immediately so your claim can be registered. You can send the letter later.

Child's full name	Date of birth							Are they living with you?
	Day		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you adopt or foster another child during your claim, you may qualify for a higher FIS payment. Please tell the FIS Section immediately if you do this.

Part 5 continued

Details of your qualified child(ren)

If any of your children are not living with you please state where they live.

You do not need to do this if your children are living away from home to go to school or college.

Child's full name	Who does this child live with?

56.If you are getting Child Benefit, what is your Child Benefit Number?

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Part 6

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.

Dealings between you and your financial institution remain confidential. The Department does not have access to your account.

Direct Payment to your account in a financial institution

Name of financial institution:

Address of financial institution:

Name of Account Holder:

The account must be in your name or jointly held by you.

Type of account:

Sort code (you can get this from your financial institution):

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Account number (8 digits):

--	--	--	--	--	--	--	--

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

If there is any other information you wish to give about your application, please give details across:

Part 8 - Important

Checklist of certificates or documents needed with your application

Please answer all the following questions asked in this section. Your claim will be delayed if you do not send all the certificates and documents that are needed with this form.

- **Have you and your spouse or partner answered all questions in this form?** Yes No
- **Have you and your spouse or partner ticked (✓) all the answer boxes 'Yes' or 'No'?** Yes No
- **Has your employer completed Part 2 of this form?** Yes No
- **If your spouse or partner is employed, has their employer completed Part 4 of this form?** Yes No
- **Have you enclosed the following certificates or documents with your claim?**
- **Current P60** Yes No
- **2 most recent payslips** Yes No
- **Tax Credit Certificate for the current tax year** Yes No
- **Court or Maintenance Order or Separation Agreement, where relevant** Yes No
- **Copy of work permit if you are a non-EU national** Yes No
- **Letter of confirmation of attendance from school or college where child(ren) is or are aged between 18 and 22** Yes No

Yourself

Your spouse or partner (if they work outside the home)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

If you are sending in certificates or a document later, give details here:

Important: If you are sending certificates or documents later, remember to state your full name, present address and your PPS Number or claim number.

Send the completed application form to:

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

Telephone: Longford (043) 45211

Dublin (01) 704 3000

If you have any problem filling in this form, please phone us at the telephone numbers above or call to your local Social Welfare Office.

Remember to send in all the certificates or documents with this claim.

Please remember to sign the declaration in Part 1.

Important: Apply immediately. Delay could result in losing payment.

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.