



**You need a Personal Public Service Number (PPS No.) before you apply.**

**How to complete this application form.**

- Please tear off this page and use as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.

**If you do not have a spouse, civil partner or cohabitant:**

Fill in **Parts 1 to 4** as they apply to you.

When form is completed, read **Part 7** and sign declaration in **Part 1**.

**If you have a spouse, civil partner or cohabitant:**

Fill in **Parts 1 to 6** as they apply to you and your spouse, civil partner or cohabitant. When form is completed, read **Part 7** and sign declaration in **Part 1**.

**Employer:**

If you are an **employer** for the applicant fill in **Part 8**. If you are an **employer** for the spouse, civil partner or cohabitant fill in **Part 9**. Please make sure you sign and stamp these parts of the form.

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

For more information, log on to **[www.welfare.ie](http://www.welfare.ie)**.

## How to fill this form

To help us in processing your application:

- 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.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	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 date of birth:	2	8	0	2	1	9	7	0							
	D	D	M	M	Y	Y	Y	Y							
8. Your mother's birth surname:	K	E	L	L	Y										

## Contact Details

9. Your address:	1	N	E	W	S	T	R	E	E	T					
	O	L	D	T	O	W	N								
	D	O	N	E	G	A	L	T	O	W	N				
County	D	O	N	E	G	A	L		Postcode						
10. Your telephone number:	O	N	E	N	U	M	B	E	R	P	E	R	B	O	X
	MOBILE														
	O	N	E	N	U	M	B	E	R	P	E	R	B	O	X
	LANDLINE														
11. Your email address:	O	N	E	C	H	A	R	A	C	T	E	R	P	E	R
	B	O	X												

# SAMPLE



## 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 date of birth:**                     
D D M M Y Y Y Y

8. **Your mother's birth surname:**

## Contact Details

9. **Your address:**

**County**

**Postcode**

10. **Your telephone number:**

**MOBILE**  
**LANDLINE**

11. **Your email address:**

## Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

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

Signature (not block letters)

Date:

D D M M Y Y Y Y

Signature by your spouse, civil partner or cohabitant (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 3

## Your payment details

Please provide your current, deposit or savings account details for payment.  
The account must be in your name or jointly held by you.

### Financial Institution

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

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):  
Name 1:

Name 2 (if any):

## Part 4

## Details of your qualified child(ren)

29. Do you wish to apply for qualified child(ren)?  Yes  No

If 'Yes', how many children do you wish to claim for?

under age 18  age 18 - 22 in full-time education

Please state child's:

### Child 1

First name(s):

PPS No.:

Age:

Are they living with you?  Yes  No

### Child 2

First name(s):

PPS No.:

Age:

Are they living with you?  Yes  No











- Have you answered all questions?**
- Have you provided bank details into which payment can be made?**
- Have you and your spouse, civil partner or cohabitant signed the Declaration in Part 1?**
- Have you enclosed the following?**
- Your own P60 for the last full tax year** (if you were employed for that year)
- Your spouse, civil partner or cohabitant's P60 for the last full tax year** (if they were employed for that year)
- Your own most recent payslip**
- Your spouse, civil partner or cohabitant's most recent payslip**
- Tax Credit Certificate for the current tax year for yourself**
- Tax Credit Certificate for the current tax year for your spouse, civil partner or cohabitant**
- Court or Maintenance Order or Separation Agreement, where relevant**
- Copy of accounts if you are self-employed**
- Copy of accounts if your spouse, civil partner or cohabitant is self-employed**
- Copy of farm accounts if you are involved in farming**
- Copy of farm accounts if your spouse, civil partner or cohabitant is involved in farming**
- Copy of your Stamp 4/work permit if you are a non-EU national**
- Copy of your spouse, civil partner or cohabitant's work permit if they are non-EU national**
- Details of any property or land that you own or share in the ownership of**
- Details of any property or land that your spouse, civil partner or cohabitant own or share in the ownership of**
- 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.**

**Please remember to sign the Declaration in Part 1.**

**Please ensure that your employer has completed Part 8 if appropriate for your employment.**

**Please ensure that your spouse, civil partner or cohabitant employer has completed Part 9 if appropriate.**

**If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.**

Send this completed application form to:

**Family Income Supplement (FIS) Section**

Department of Social Protection  
Social Welfare Services  
Government Buildings  
Ballinalee Road  
Longford

Telephone: (043) 334 0000

LoCall: 1890 92 77 70

If you are calling from outside the Republic of Ireland please call + 353 43 3340000

**Note**

**The rates charged for using 1890 (LoCall) numbers may vary among different service providers.**

**Data Protection Statement**

**The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.**

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

This part must **ONLY** be completed by your employer

I certify that

First name:

[Grid for first name]

Surname:

[Grid for surname]

PPS No.:

[Grid for PPS No.]

is employed by me and works a minimum of [ ] [ ] hours a week at a hourly rate of

€ [ ] [ ] [ ] . [ ] [ ] . I intend to employ them for at least the next 3 months.

Indicate if the employment is under any of these schemes:

Community Employment

JobBridge

Gateway

Rural Social Scheme

Tús

Workplace

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.

Signed by or for employer

[Signature box]

Signature (not block letters)

Employer's official stamp

[Position box]

Position in company or organisation

Date:

[ ] [ ]

[ ] [ ]

2 0 [ ] [ ]

D D

M M

Y Y Y Y

Employer's address

[Grid for employer's address]

Employer's registered number:

[Grid for registered number]

Employer's telephone number:

[Grid for telephone number]

MOBILE

[Grid for telephone number]

LANDLINE

Employer's email address:

[Grid for email address]

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

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Part 9

Details from your spouse's, civil partner's or cohabitant's employer

This part must **ONLY** be completed by your spouse's, civil partner's or cohabitant's employer

I certify that

First name:

[Grid for first name]

Surname:

[Grid for surname]

PPS No.:

[Grid for PPS No.]

is employed by me and works a minimum of [ ] [ ] hours a week at a hourly rate of

€ [ ] [ ] [ ] . [ ] [ ] . I intend to employ them for at least the next 3 months.

Indicate if the employment is under any of these schemes:

Community Employment

JobBridge

Gateway

Rural Social Scheme

Tús

Workplace

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.

Signed by or for employer

[Signature box]

Signature (not block letters)

Employer's official stamp

[Position box]

Position in company or organisation

Date:

[ ] [ ]

[ ] [ ]

2 0 [ ] [ ]

D D

M M

Y Y Y Y

Employer's address

[Grid for employer's address]

Employer's registered number:

[Grid for registered number]

Employer's telephone number:

[Grid for telephone number]

MOBILE

[Grid for telephone number]

LANDLINE

Employer's email address:

[Grid for email address]

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

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