



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

### If you do not have a spouse or partner:

If you do not have a spouse or partner fill in **Parts 1, 2, 4 and 5** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

### If you have a spouse or partner:

If you have a spouse or partner fill in **Parts 1, 2, 4, 5, 6 and 7** as they apply to you and your spouse or partner. When form is completed, read **Part 9** and sign declaration in **Part 1**.

### Employer:

If you are an **employer** for the applicant fill in **Part 3**. If you are an **employer** for the spouse or partner fill in **Part 8**. 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 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 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		
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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	8	6	1	2	3	4	5	6	7					
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

MOBILE

0	1	7	0	4	3	0	0	0						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

LANDLINE

11. Your email address:

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

# SAMPLE



## Part 1 continued

## Your own details

12. Are you?

- Single       Widowed       Remarried       Divorced  
 Married       Cohabiting       Separated

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

D	D	M	M	Y	Y	Y	Y		

14. What nationality are you?


If a Non EU citizen, please attach a copy of Stamp 4 Card / Work Permit.

## Part 2

## Your work and claim details

15. Are you employed at present?

- Yes       No

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

If yes, please state:

Your occupation:

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

Employer's name:

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

Employer's address:


Is your employment full-time or part-time?

- Full-Time       Part-Time

16. Are you related to your employer?

- Yes       No

If 'Yes', how are you related to them?

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

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

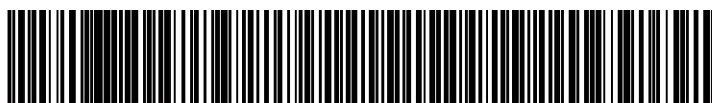
D	D	M	M	Y	Y	Y	Y		

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

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

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

- Yes       No



20. How often are you paid?  weekly  fortnightly  monthly

**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.

21. Are you self-employed at present?  Yes  No

If yes, 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.

22. Do you own or work a farm or land?  Yes  No

If yes, please state:

I own the farm or land.  I own a farm and I rent it.

My spouse or partner owns the farm or land.

Size of farm:     acres

If the farm has been 'assessed' for any other social welfare scheme please state:

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

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.

23. If you are getting any payment from this Department or the Health Service Executive (for example, Supplementary Welfare Allowance), please state:

Name of payment:

Your claim or reference number:

Amount: €  ,    .   a week

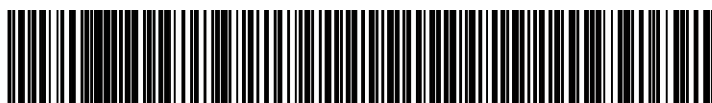
24. If you are getting any other pension or allowance, please state:

Who pays this pension:

Your claim or reference number:

Amount: €  ,    .

Please attach your most recent payslip or letter from the people who pay you confirming the above amount.



25. Are you getting maintenance?  
If yes, please state:

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.

Amount: € , .  a week

The name of the person who pays you maintenance:

The address of the person who pays you maintenance:

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

26. Are you paying a mortgage or rent for your home?

Yes  No

If 'Yes', how much do you pay? € , .  a month

Please attach a rent receipt from your landlord or a statement from your lending agency.

27. Are you paying maintenance?  
If yes, please state:

Yes  No

Amount: € , .  a week

The name of the person you are paying maintenance to:

The address of the person you are paying maintenance to:

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

28. 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, please state:

Source of income:

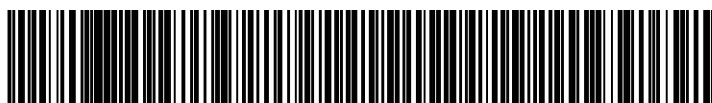
Amount: € , .

Source of income:

Amount: € , .

Source of income:

Amount: € , .



**THIS PART MUST BE COMPLETED BY YOUR EMPLOYER**

29. Employee's surname:

30. Employee's first name(s):

31. Their PPS No.:

32. 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):

	Date		Hours	Gross Pay	PRSI Class	
<b>Week 1</b>	<input type="text"/> D D	<input type="text"/> M M	<input type="text"/> Y Y Y Y	<input type="text"/> Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> Y Y
<b>Week 2</b>	<input type="text"/> D D	<input type="text"/> M M	<input type="text"/> Y Y Y Y	<input type="text"/> Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> Y Y
<b>Week 3</b>	<input type="text"/> D D	<input type="text"/> M M	<input type="text"/> Y Y Y Y	<input type="text"/> Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> Y Y
<b>Week 4</b>	<input type="text"/> D D	<input type="text"/> M M	<input type="text"/> Y Y Y Y	<input type="text"/> Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> Y Y

Gross Earnings (excluding superannuation) (to date): € , .

Tax deduction (to date): € , .

Employee's PRSI deducted (to date): € , .

Public Service Pension Levy (to date): € , .

Income Levy (to date): € , .

Week number:

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

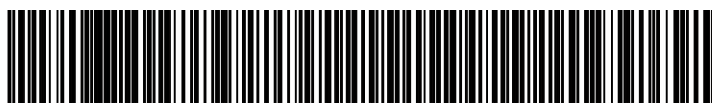
Type:

Amount: € , .  a week

Type:

Amount: € , .  a week

34. How many hours do they usually work?  a week







### Part 3 continued

### Details from your employer

Signed by or for employer

--

Signature (not block letters)

--

Position in company or organisation

<p><b>Employer's official stamp</b></p>
---

Date: 

--	--

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2	0		
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D D M M Y Y Y Y

Employer's registered number: 

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

Employer's telephone number: 

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MOBILE

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LANDLINE

**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.**

#### Financial Institution

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

Name of financial institution: 

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

Address of financial institution: 

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

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Sort code: 

--	--	--	--	--

Account number: 

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

Bank Identifier Code (BIC): 

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

International Bank Account Number (IBAN): 

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

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Name(s) of account holder(s):

Name 1: 

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Name 2 (if any): 

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



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

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**

Please state child's:

Surname:

First name(s):

PPS No.:

Are they living with you?

 Yes  No

Surname:

First name(s):

PPS No.:

Are they living with you?

 Yes  No

Surname:

First name(s):

PPS No.:

Are they living with you?

 Yes  No

Surname:

First name(s):

PPS No.:

Are they living with you?

 Yes  No

Surname:

First name(s):

PPS No.:

Are they living with you?

 Yes  No

40. If 'No' to any of the above, please state with whom and where the child(ren) live?

With whom:



Address:





## Part 6

## Your spouse's or partner's details

41. Their PPS No.:

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

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

Mr.  Mrs.  Ms.  Other 

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

43. Their surname:

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

44. Their first name(s):

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

45. Their birth surname:

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

46. Their mother's birth surname:

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

47. Their date of birth:

D	D	M	M	Y	Y	Y	Y												

48. Their address:

Only answer this question if you are married and do not live together.


49. What nationality are they?


If a Non EU citizen, please attach a copy of Stamp 4 Card / Work Permit.

## Part 7

## Your spouse's or partner's work and claim details

50. Are they employed at present?

Yes  No

They are 'employed' when they work for another person or company and you get paid for this work.

If yes, please state:

Their occupation:

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Employer's name:

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

Employer's address:


Is their employment full-time or part-time?

Full-Time  Part-Time

51. Are they related to their employer?

Yes  No

If 'Yes', how are they related to them?

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

52. When did they start working in their current job?

D	D	M	M	Y	Y	Y	Y												



53. How often are they paid?  weekly  fortnightly  monthly

**Important - You must attach:**

- their 2 most recent payslips,
- a copy of their most recent P60, and
- their most recent Tax Credit Certificate.

If they are working now, their employer must fill in Part 8.

54. Are they self-employed at present?  Yes  No

If yes, please state:

Type of business or trade they have:

Their profit over the last year: €  ,  .

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

55. Do they own or work a farm or land?  Yes  No

If yes, please state:

They own the farm or land.  They own a farm and they rent it.

My spouse or partner owns the farm or land.

Size of farm:  acres

If the farm has been 'assessed' for any other social welfare scheme please state:

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

Name of payment they 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.

56. If they are getting any payment from this Department or the Health Service Executive (for example, Supplementary Welfare Allowance), please state:

Name of payment:

Your claim or reference number:

Amount: €  ,  .  a week

57. If they are getting any other pension or allowance, please state:

Who pays this pension:

Your claim or reference number:

Amount: €  ,  .

Please attach your most recent payslip or letter from the people who pay you confirming the above amount.



58. Are they getting maintenance?

Yes  No

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

If yes, please state:

Amount: € , .  a week

The name of the person who pays maintenance:


The address of the person who pays maintenance:


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

59. Are they paying a mortgage or rent for their home?

Yes  No

If 'Yes', how much do they pay? € , .  a month

Please attach a rent receipt from their landlord or a statement from their lending agency.

60. Are they paying maintenance?

Yes  No

If yes, please state:

Amount: € , .  a week

The name of the person you are paying maintenance to:


The address of the person you are paying maintenance to:


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

61. Do they 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, please state:

Source of income:

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

Amount:

€ , .

Source of income:

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

Amount:

€ , .

Source of income:

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

Amount:

€ , .



**TO BE COMPLETED BY YOUR SPOUSE OR PARTNER'S EMPLOYER ONLY**

62. Employee's surname:

63. Employee's first name(s):

64. Their PPS No.:

65. 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):

	Date	Hours	Gross Pay	PRSI Class
<b>Week 1</b>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/>
<b>Week 2</b>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/>
<b>Week 3</b>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/>
<b>Week 4</b>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/>

Gross Earnings (excluding superannuation) (to date): € , .

Tax deduction (to date): € , .

Employee's PRSI deducted (to date): € , .

Public Service Pension Levy (to date): € , .

Income Levy (to date): € , .

Week number:

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

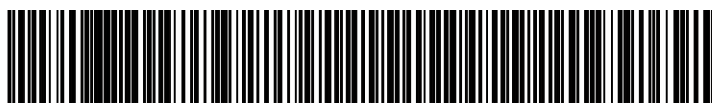
Type:

Amount: € , .  a week

Type:

Amount: € , .  a week

67. How many hours do they usually work?  a week





Signed by or for employer

Signature (not block letters)

Position in company or organisation

**Employer's official stamp**

Date:

D D M M Y Y Y Y

Employer's registered number:

Employer's telephone number:

MOBILE

LANDLINE

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

Part 9

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  
 LoCall: 1890 927 770 (from the Republic of Ireland only)  
 Telephone: + 353 43 3340000 (from Northern Ireland or overseas)

**Note**

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

**Data Protection and Freedom of Information**

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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

