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.

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									
2.	Title: (insert an 'X' or specify)	Mr.			Mrs	5. X		Ms				C)the	er				
3.	Surname:	M	U	R	P	Н	Υ											
4.	First name(s):	М	Α	U	R	E	Ε	N										
5.	Your first name as it appears on your birth certificate:	M	A	R	Y													
6.	Birth surname:	M	С	D	Ε	R	M	0	Т	Т								
7.	Your mother's birth surname:	K	Ε	L	L	Y												
8.	Your date of birth:	2 D	8 D		0	2 M		1 Y	9 Y	7 Y	0 Y							
					Cc	nt	act	De	eta	ils								
9	Your address:	1		N	Е	W		S	Т	R	Е	E	Т					

. Tour address:

1		N	E	W		5		K	E	E	ı				
0	L	D		T	0	W	N								
С	0		D	0	N	Ε	G	A	L						
0	8	6	1	2	3	4	5	6	7						

10. Your telephone number:

M () B		E								
0	1	7	0	4	3	0	0	0			

LANDLINE

11. Your email address:



SAMPLE

Family Income Supplement (FIS)



Part 1	Yo	ur	ow	n (de	tai	ls												
1. Your PPS No.:																			
2. Title: (insert an 'X' or specify)	Mr.		Mrs	j		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										
		(ct I		tails												
9. Your address:																			
10.Your telephone number:														M	ОВ	II E			
10. Tour telephone number.														1	ANE		ır		
														L/	ANL)LII	NE		
11.Your email address:																			
			D	ecl	ara	atio	on												
I/we declare that all the informa I/we will tell the Department wh																			
							Da	te:			D		M	M	,	2	0	V 1	
Signature (not block letters)									_		_	_		V 1	_				
							Da	te:							2	2	0		
Signature from your snouse or part		مملط	الداءاء	4					[)	D	ı	M	M	7	Y	Y	Y	ľ

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	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 No	on EU citizen, please attach a copy of Stamp 4 Card / Work Permit.
Part 2	Your work and claim details
	Yes No u 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? If 'Yes', how are you related to them?	Yes No
17. When did you start working in your current job?	D D M M Y Y Y Y
18. What were you doing prior	r to this claim, for example, in college or other employment?
19.Do you expect to be working for at least 3	Yes No
months?	

1 art 2 continued	_	lOl	11	wc	IK	a	IIU	CI	all.	11 (ıeı	all	.5							
20.How often are you paid?		we	ekl	y			fort	nigl	ntly		m	ont	hly							
Important - You must attach	:	- - - I	a yo	cop our	y o mo	f yo st r	our ece	mo: nt]	t pa st re Γax ow, y	ecer Cre	nt P dit	Cer	tifi	cat	e. iust	fill	in F	• art	3.	
21. Are you self-employed at present?		Ye	S				No													
If yes, please state:																				
Type of business or trade you have:																				
Your profit over the last year:	·			,[<u> </u>									1 4	40		. 41	
	Ple	ase	att	ach	yo	ur p	orot	it a	nd I	loss	acc	cou	nt f	or 1	the	last	12	mo	nth	S.
22.Do you own or work a farm or land?		Ye	S				No													
If yes, please state:					_								٦.			_				
		Ιo	wn	the	farı	n o	r laı	nd.] I	ow	n a 1	farn	1 an	ıd I ı	rent	it.
		My	y sp	ous	e or	· pa	rtne	er o	wns	the	far	m c	r la	nd.						
Size of farm:					ac	res														
If the farm has been 'asse 'Assessed' means you gave				-									-				aym	ıent	.•	
Name of payment you applied for:																				
Date farm was assessed:																				
16	D	D							Y											
If you ca 23.If you are getting any pay example, Supplementary	men	t fro	om '	this	De	pai	rtmo	ent	or 1	the	•			·						sed.
Name of payment:																				
Your claim or reference number:																				
Amount: €],						a	wee	ek										
24.If you are getting any oth	er p	ensi	on	or a	llo	war	ice,	ple	ase	sta	te:									
Who pays this pension:																				
Your claim or reference number:																				
Amount: €],			_															
					-					_	-	-			er fr	om	the	pe	opl	е
	wh	o pa	ay y	ou	con	firr	nin	g th	e a	bov	e aı	moı	ınt.	,						

Part 2 continued	101	ar v	NO	rĸ	ai	1 a	CI	alln	n c	let	all	S							
25. Are you getting maintenance? If yes, please state:	Ye	S			_ l	No				g r	getti non	ing ey 1	mor to y	าey our	fror	n o ouse	r pa		
Amount: €].			a	wee	ek										ther
The name of the person who pays you maintenance:																			
The address of the person who pays you maintenance:																			
Please attach a copy of Cou	rt or M	laint	ena	anc	e O	rde	r oı	r Se	par	atio	n A	gre	em	ent	ify	ou/	hav	e o	ne.
26. Are you paying a mortgage	or ren		r yo	our	_	ne? No													
If 'Yes', how much do you pay? Please attach a rent receip	t from	you	r la]. ndl	ord	or		mor t ate		nt f	rom	ı yo	ur l	enc	ding	; ag	enc	у.	
27. Are you paying maintenance? If yes, please state:	Ye	S]	No													
Amount: €							a	wee	ek										
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 Cou	rt or M	laint	ena	anc	e O	rde	r oı	r Se	par	atio	n A	\ \gre	em	ent	if y	ou/	hav	e o	ne.
28. Do you have any income from any other source?	Ye	S]	No		fron gove	n lar ernn	nd/p nen	orop t de	erty part	, pa mer	yme nt, p	ents riva	fron te p	n an ensi	othe	er
If yes, please state: Source of income:											, [, a.y							
Amount: €																			
Source of income:																			
Amount: €																			
Source of income:																			
Amount: €																			

Details from your employer

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 ak including overtime, bonuse weekly) or 2 pay periods (if	s and	com	ımi	ssio	n İr	ı ea	ch	of t	he	last	4 v	vee	ks (if th				
Date				Ho	urs					Gr	oss	Pay	y			PRS	SI C	lass
Week 1 D D M M Y Y	YY							€		,								
Week 2 D D M M Y Y	YY							€		,			[
Week 3 D D M M Y Y	YY							€		,			[
Week 4 D D M M Y Y	YY							€		,] . [
Gross Earnings (excluding su	peranr	nuat	ion)) (to	da	te):		€										
Tax deduction (to date):								€			,							
Employee's PRSI deducted (t	o date):						€			,							
Public Service Pension Levy	(to dat	e):						€			,							
Income Levy (to date):								€			,							
Week number:																		
33.If any other salary deduction	ns are	ma	de,	ple	ease	sta	ite:											
Туре:																		
Amount: €							a w	/eel	<									
Туре:																		
Amount: €].[a w	/eel	<									
34. How many hours do they		av	wee	ek														

Part 3 continued	Details from your employer
35.Employee's gross pay in an average week? €	a week
36. Tick box (X) if employee	FÁS course Workplace Community Employment (CE)
works under any of the schemes across:	Social Job Part-time Job Incentive Initiative
	Rural Social Part-time Community Service Programme Economy Job Opportunities
37.ls your employee a director	of a limited company?
	Yes No
38.Employee's gross earnings I i) Since 1 January last, or ii) From start of employme €	•
_ [
Gross Earnings:	€
Number of weeks worked:	weeks
Tax paid to date:	€
Employee's PRSI paid to date	e: € ,
Superannuation paid to date	€
I certify that employee	
Personnel Number	is normally employed by me for hours
a week and the information I i	nave given is true and complete.
It is an offence not to provide (FIS) or to take part in a false	relevant information about a claim for Family Income Supplement claim.
To be completed by employer	
Employers surname:	
Employers first name(s):	
Employers address:	

Employer's: Please note this section continues on the next page.



Part 3 continued	L	Jet	aı	IS	tro	m	yo	uı	1 e 1	mp	010	ye	r							
Signed by or for employer																				
												Em	ploy	/er'	s of	ficia	al st	tam	р	
Signature (not block letters)																				
Position in company or organisation	n																			
	2 0	Y	Y																	
Employer's registered number:																				
Employer's telephone number:															M	OB	ILE			
number.															LA	NE	OLIN	١E		
Warning: If you ma	ke a	fals	se s	tate	eme	ent	or v	with	ho	ld ir	nfoi	rma	tion	1. V	ou r	nav	, he			
prosec															<i>.</i>	· i c. y				
Part 4	Y	ou	ır 1	pa	yn	ıer	nt o	det	tai	ls										
Family Income Supplement is must be an active deposit or					_									stitı	utio	n.	Thi	s ac	cou	ınt
		F	in	an	cia	l Ir	nsti	itu	tio	n										
You will get	the f										mer	nts f	rom	VOI	ır fir	nan	cial	inst	ituti	ion
Name of financial institution:			****	, a													Ciai			
Address of financial					<u> </u>	<u> </u>														
institution:																				
																		\vdash		\vdash
																				<u> </u>
Sort code:																				
Account number:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Name(s) of account holder(s):																				
Name 1:																				
Name 2 (if any):																				

laits	Del	aı	15 (JI	y O	uı	4	ıaı	111	Cu		LIII	u	CI	L <i>)</i>			
39.How many children do you wish to claim for?		ag	nder ge 18 me e	8 - 2	22 iı	n fu	- 		СО	nfir	ma	tior	n fro		the	sch	ool ed	- 22
Please state child's: Surname:		LII		cuu	Cati					iic e						ı aş	,cu	
First name(s):																		
PPS No.:																		
Are they living with you?	Yes	6				No												
Surname:																		
First name(s):																		
PPS No.:																		
Are they living with you?	Yes	6				No												
Surname:																		
First name(s):																		
PPS No.:																		
Are they living with you?	Yes	5				No												
Surname:																		
First name(s):																		
PPS No.:																		
Are they living with you?	Yes	5				No			1									
Surname:																		
First name(s):																		
PPS No.:																		
Are they living with you?	Yes	5				No												
40.If 'No' to any of the above	, please	sta	te v	vith	ı w	hon	n an	ıd v	vhe	re t	he	chil	d(r	en)	live	?		
With whom:																		
Address:																		



Part 6	Y	(οι	ır s	spo	ou	se'	s o	rţ	aı	tn	er	's c	let	ail	ls					
41. Their PPS No.:]										
42.Title: (insert an 'X' or specify)	Mr.]	Mrs	. [Ms	i]	(Oth	er							
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	I	M	M	ı	Y	Y	Y	Y	I									
48. Their address:																				
Only answer this question																				
if you are married and do not live together.																				
49. What nationality are they?																				
they.																				
If a No	on E	U	itiz	en,	ple	ase	att	ach	a	copy	y of	Sta	ımp	4 (Caro	' \ k	Wo	rk P	ern	nit.
Part 7	V	011	114 C	120	110	0/6	04		L	04	/		41 .	2-12	1.	1. •		1	tail	ام
1 all /	1	UU	11 2	pυ	us	E 5	OI	pa	rtr	ıer	5 1	NU.	ľK	an	a c	lai	m	aei	lan	IS
50. Are they employed at		Yes		ρo	us		No	pa	rtn	ier	5 1	WU.	IK	an(a c	1a1	m	aei	lan	15
		Ye	S	_			No													
50. Are they employed at present? They are 'employed' when t lf yes, please state:		Ye	S	_			No													
50. Are they employed at present? They are 'employed' when t		Ye	S	_			No													
50. Are they employed at present? They are 'employed' when t lf yes, please state:		Ye	S	_			No													
50. Are they employed at present? They are 'employed' when t If yes, please state: Their occupation:		Ye	S	_			No													
50. Are they employed at present? They are 'employed' when t If yes, please state: Their occupation: Employer's name:		Ye	S	_			No													
50. Are they employed at present? They are 'employed' when t If yes, please state: Their occupation: Employer's name:		Ye	S	_			No													
50. Are they employed at present? They are 'employed' when t If yes, please state: Their occupation: Employer's name:		Ye	S	_			No													
50. Are they employed at present? They are 'employed' when t If yes, please state: Their occupation: Employer's name:		Yes	S	or a	not	her	No	son	or											
50. Are they employed at present? They are 'employed' when t If yes, please state: Their occupation: Employer's name: Employer's address: Is their employment full-time or part-time? 51. Are they related to their		Yes	s rk fo	or a	not	her	No per	son	or											
50. Are they employed at present? They are 'employed' when t If yes, please state: Their occupation: Employer's name: Employer's address: Is their employment full-time or part-time?		Yes	s rk fo	or a	not	her	No per	son	or											
50. Are they employed at present? They are 'employed' when t If yes, please state: Their occupation: Employer's name: Employer's address: Is their employment full-time or part-time? 51. Are they related to their employer? If 'Yes', how are they		Yes	s rk fo	or a	not	her	No per	son	or											
50. Are they employed at present? They are 'employed' when t If yes, please state: Their occupation: Employer's name: Employer's address: Is their employment full-time or part-time? 51. Are they related to their employer? If 'Yes', how are they related to them? 52. When did they start working in their current		Yes	s rk fo	or a		her	No per	son	me	com										

Part 7 continued	Your spo	ouse's o	or partı	ner's v	work	and o	laim	deta	ils
53.How often are they paid?	weekly	fo	ortnightly	m	onthly				
Important - You must attach:	- a co _l - their	2 most py of the most re are work	ir most r cent Tax	ecent F Credit	P60, an Certifi	cate.	st fill in	Part	8.
54.Are they self-employed at present?		N							
If yes, please state:									
Type of business or trade they have:									
Their profit over the last year: €		- 41			4	S 4 l	l4 40		41
	Please attacl	n their pi	rotit and	ioss ac	count	or tne	last 12	mon	tns.
55.Do they own or work a farm or land?	Yes	N	o						
If yes, please state:									
	They own	n the farr	n or land		They o	wn a fa	ırm and	I they	rent i
	My spous	se or part	ner own	the fai	rm or la	ınd.			
Size of farm:		acres							
If the farm has been 'asse	ssed' for any o	other soc	ial welfa	re sche	me ple	ase sta	ate:		
'Assessed' means they gave	us details abo	ut the far	m when	they ap	plied fo	or anot	her pay	ment	
Name of payment they applied for:									
Date farm was assessed:									
	D D M	М	Y Y Y	Y					
If you ca	nnot remembei	r the exac	t date, pl	ease giv	e the re	ough da	ate it wa	as asse	essed.
56.If they are getting any pay example, Supplementary					ealth Se	ervice	Execut	ive (fo	or
Name of payment:									
Your claim or reference									
number:									
Amount: €	,		a we	ek					
57.If they are getting any oth	er pension or	allowan	ce, pleas	e state	:				
Who pays this pension:									
Your claim or reference number:									
Amount: €									
	Please attacl	-			-		om the	e peo	ple
	who pay you	confirm	ing the a	bove a	mount.	•			

Tart / Continued	Iour	spo	us	es	OI	Рa	шш	ıer	5 1	NO.	IK (all(u C	Iai	ш	uei	lall	.5
58. Are they getting maintenance? If yes, please state:	Yes]	No				{ I	getti non	ing ley 1	mor to th	าey าeir	fror	n o ouse		ying par	
Amount: €						a '	wee	k				•			•			ethe
The name of the person who pays maintenance:																		
The address of the person who pays maintenance:																		
Please attach a copy of Cou	rt or Mai	nten	anc	e O	rde	r oı	r Se	par	atio	n A	.gre	em	ent	if t	hey	/ ha	ve (one.
59. Are they paying a mortgag	e or rent	for t	hei	r ho	me	?		•							•			
	Yes			1	No													
If 'Yes', how much do they pay? Please attach a rent receip	t from th	neir la	 and	lord	l or		mor tate		nt i	fron	n th	eir	len	din	g ag	geno	cy.	
60. Are they paying maintenance? If yes, please state:	Yes]	No													
Amount: €						a '	wee	k										
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 Cou	rt or Mai	nten	anc	e O	rde	r oı	r Se	par	atio	n A	gre	em	ent	if t	hey	/ ha	ve (one.
61.Do they have any income from any other source? If yes, please state:	Yes]	No		fron gove	n lar ernn	nd/ _I nen	orop t de	erty part	, pa mer	yme nt, p	ents riva	fron te p	ıl ind n an ensi her	othe	er
Source of income:																		
Amount: €							•							•	•			
Source of income:																		
Amount: €																		
Source of income:																	_	
Amount: €	,										II 8 =!*							

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

(O.F. I.)																		
62.Employee's surname:																		
63.Employee's first name(s):																		
64.Their PPS No.:																		
65.Give details here of your ab including overtime, bonuse weekly) or 2 pay periods (if	s and	con	ımi:	ssio	n İr	ı ea	ch	of t	he	last	4 v	veel	ks (if th				
Date				Ho	urs					Gr	oss	Pay	y			PRS	I C	lass
Week 1		1				1												_
D D M M Y Y	YY							€		,								
Week 2																		
D D M M Y Y	V V							€		,								
Week 3																		
D D M M Y Y	YY							€		,			[
Week 4																		
D D M M Y Y	YY							€		,].[
Gross Earnings (excluding su	peranr	nuat	ion) (to	da	te):		€										
Tax deduction (to date):	•		·					€			<u>, </u>			_'*∟ 				
Employee's PRSI deducted (t	o date):						€			,].[
Public Service Pension Levy	(to dat	e):						€										
Income Levy (to date):								€										
Week number:																		
66.If any other salary deduction	ns are	ma	ıde,	ple	ease	sta	ite:											
Туре:																		
Amount: €].[a w	/eel	<				•	•	•			
Туре:																		
Amount: €].[a w	/eel	<									
67. How many hours do they		a	wee	ek														

Part 8 continued	Details from your spouse or partner's employe	r												
68.Employee's gross pay in an average week? €	a week													
69. Tick box (X) if employee	FÁS course Workplace Community Employment (CE)													
works under any of the schemes across:	Social Job Part-time Job Incentive Initiative													
	Rural Social Part-time Community Service Programs Job Opportunities	ne												
70.ls your employee a directo	or of a limited company?													
	Yes No													
71.Employee's gross earnings i) Since 1 January last, or ii) From start of employme	before any deductions: ent (if later than 1 January)													
€	a week													
Gross Earnings:	€ ,													
Number of weeks worked:	weeks													
Tax paid to date:	€													
Employee's PRSI paid to date	e: € ,													
Superannuation paid to date	e: € ,													
I certify that employee														
Personnel Number	is normally employed by me for hou	rs												
a week and the information I	have given is true and complete.													
It is an offence not to provide (FIS) or to take part in a false	e relevant information about a claim for Family Income Supplement claim.	ıt												
To be completed by employer	r													
Employers surname:														
Employers first name(s):														
Employers address:														

Continued overleaf ->



Details from your spouse or partner's employer Part 8 continued Signed by or for employer **Employer's official stamp** Signature (not block letters) Position in company or organisation Date: 0 YY D Employer's registered number: Employer's telephone **MOBILE** number: **LANDLINE** Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both. Checklist Part 9 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.

Edition: May 2010

