Application form for Family Income Supplement (FIS)



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.

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.			Mrs	5. X		Ms				(Othe	er				
3.	Surname:	M	U	R	P	Н	Y											
4.	First name(s):	M	Α	U	R	E	Ε	N										
5.	Your first name as it																	
•	appears on your birth	M	Α	R	Υ													
	certificate:																	
6.	Birth surname:	M	С	D	Ε	R	M	0	T	Т								
7	Your date of birth:	2	8		0	2		1	9	7	0					-	-	
	Tour date of birtin.	_			_	_		•		•	•							
		D	D		M	M		Y	Y	Y	Y							
8.	Your mother's birth surname:	K	Ε	L	L	Y												

4 2 2 4 5 6 7 T

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	Т								
	0	L	D		T	0	W	N												
	D	0	N	Ε	G	Α	L		Т	0	W	N								
County	D	0	N	Ε	G	Α	L				Postcode									
10. Your telephone number:	0	N	Ε		N	U	M	В	Ε	R		P	Ε	R		В	0	X		
	M	ОВ	ΙL	E		•														
	0	N	Ε		N	U	M	В	Ε	R		P	Ε	R		В	0	X		
	LA	N	DL	ΙN	Е															
11. Your email address:	0	N	Е		С	Н	Α	R	Α	С	Т	Ε	R		Р	Ε	R			



B O X

Application form for

Family Income Supplement (FIS)

Social Welfare Services
FIS 1

Data Classification R



Part 1	Y	(οι	ır	ow	7n	de	tai	ls												
1. Your PPS No.:																				
2. Title: (insert an 'X' or specify)	Mr.			Mrs	s. [Ms	i. [-	C	Othe	er							
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		Υ	Υ	Y	Υ										
8. Your mother's birth surname:																				
Contact Details																				
9. Your address:																				
County											Pos	tco	de							
10. Your telephone number:										-					М	0	BII	LE		
															L	ΑN	D	LH	ΝE	
11. Your email address:																				
11. Tour cilian address.																				
				D)ec	lar	_ atio	าก												
information I provide is untrue or r to repay any payment I receive from advise the Department of any char	Declaration 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 divise 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. Date: D																			
Signature (not block letters)								Da	te:							2	2 0)		
		_		_)	N	1 1	1	Y	Υ	Y	Y	_
Signature by your shouse civil nar	nor (or co	shak	sitan	+ (n	at bl	ا مامم	ottor	ر)											

Signature by your spouse, civil partner or cohabitant (not block letters

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 ☐ Cohabiting Married ☐ In a Civil Partnership Separated ☐ A surviving Civil Partner ☐ Divorced ☐ A former Civil Partner ☐ Widowed (you were in a Civil Partnership that has since been dissolved)
13. Are you a single parent ho	usehold?
	Yes No
Part 2	Your work and income details
	mployee at present (including part-time or temporary work)? Yes No
you are 'employed as an empaid for the work.	ployee' when you work for another person or company and you get
	our employer must fill in Part 8.
If 'Yes', please state:	
Your occupation:	
15.Do you expect to be worki	
	Yes No
16.How many hours do you usually work?	weekly fortnightly 4 weekly monthly
17. When did you start work in this job?	D D M M Y Y Y Y
18. How often are you paid?	weekly fortnightly 4 weekly monthly
19. Are you related to your en	nployer?
	Yes No
If 'Yes', please state: Your relationship to them:	
20. Are you a director of the c	ompany in which you are employed?
	Yes No
If 'Yes', please state: Your percentage of shareholding:	%
21.Do you own shareholding employed?	in a company in which your spouse, civil partner or cohabitant is
	Yes No
If 'Yes', please state: Your percentage of shareholding:	%

Page 2

Part 2 continued	Your v	vork a	nd i	inc	ome	e d	eta	ils	5						
22. Are you self-employed at present?	Yes		No												
If 'Yes', please state:															
Type of business or trade you have:															
23.Do you own or share in the	ownership	of any	prope	erty	other	tha	an y	oui	r hor	me?	•				
	Yes		No												
If 'Yes', please attach detai	ls of them	and the	week	ly re	ental i	inco	me	fro	m th	nem	1.				
24. Are you receiving maintenance? If 'Yes', please state:	Yes		No												
Amount: €				a v	week										
Maintenance is where you record or parent of your child(ren). It All contributions should be dis	includes co	ntributio	ns tow	ards	schoo	ol fe	es/r	nor	tgage	es/	rent	pa			
25. Does an ex-spouse, ex-civil contribution to your house		r ex-coh	abitar	nt oi	pare	nt o	of yo	our	chil	d/r	en ı	mal	ke a	any	
	Yes		No												
If 'Yes', please state:															
Amount: €				a v	week										
If you have Court Ordered If maintenance is covered i If a Court ever ordered tha 26. If you are not in receipt of n	n a separat t maintena	ion agre	emer aid, p	nt, a olea	ttach se att	a co ach	opy a c	of opy	of t	that	t Or	de	r.	t so	me
		o, picase	СХР		-			<i>y</i> • • •	11017	<u> </u>			90		
27.Please state the name of the not paying it fully yourself)		oaying/c	ontrik	outir	ng to	you	r m	ort	gage	or	ren	nt (i	if yo	ou a	are
Surname:															
First name(s):															
Amount: €	,				month										
	Please atta			eipt	or sta	ater	nen	t fr	om l	enc	ding	gag	geno	cy.	
28.Do you have any income from	om any oth	er sourc	e?												
	Yes		No												
If you are in any doubt as to assessable for FIS purposes, If 'Yes', please give details:	you should		-		-			-							

Your payment details

The Department recommends direct payment to your current, deposit or savings account in a financial institution. This is the best payment option for you as you can receive your payment at a time and place that suits you. 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 childre	n 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

Part 4 continued	Details of your qualified child(ren)
	Child 3
First name(s):	
PPS No.:	
Age:	
Are they living with you?	Yes No
	Child 4
First name(s):	
PPS No.:	
Age:	
Are they living with you?	Yes No
	Child 5
First name(s):	
PPS No.:	
Age:	
Are they living with you?	Yes No
	Child 6
First name(s):	
PPS No.:	
Age:	
Are they living with you?	Yes No
You must attach written c	onfirmation from the school or college for the children aged 18 - 22.
Note: A separate sheet of	paper can be used for details of other children you have.
30.If 'No', to any of the childr child(ren) live?	en named in question 29, please state with whom and where the
With whom:	
Address:	

Your spouse's, civil partner's or cohabitant's details

If you have a spouse, civil	part	ner	or	coh	nab	itan	ıt, p	lea	se s	tate	e:									
31. Their PPS No.:																				
32.Title: (insert an 'X' or specify)	Mr.			Mrs	5. [Ms	5. [C	Othe	er							
33. Their surname:																				
34. Their first name(s):																				
35. Their birth surname:																				
36. Their date of birth:	D	D	1	Λ	Λ	Y	Y	Y	Y											
37. Their address:																				
Only answer this question if you are married or in a																				
civil partnership and do not live together.																				_
Part 6							's, (cor						's	or	co	ha	bit	ant	t's	
38. Are they employed as an e	emp	loye	e a	t pr	ese	nt	(inc	lud	ing	par	t-ti	me	or 1	tem	por	ary	wo	rk)?		
		Yes	S				No													
They are 'employed as an e paid for the work. If they a																any	an an	d the	ey g	et
If 'Yes', please state:		1						1	1		ı	ı		1						
Their occupation:																				
39.Do they expect to be work	king	for	at	leas	t 3	mo	nth	s?												
		Yes	S				No													
40.How many hours do they usually work?			we	ekly	y			fort	nigl	htly			4	we	ekly	, [m	ont	hly
41. When did they start work in this job?										1										
iii tiiis job:	D	D	٨	Λ	Λ	Y	Y	Y	Y											
42. How often are they paid?	D	D we	ekly	Л	<u>1</u>	Y	Y	Y nigh	tly			4 w	/eel	٠ly		r	non	thly		
•	empl			м <u>М</u>	<u>/ </u>	Y f	fortr	y nigh	itly			4 w	/eel	кly		r	mon	thly		
42.How often are they paid?	empl		r?	м м			fortr No	nigh	itly			4 w	/eel	<ly< td=""><td></td><td>r</td><td>mon</td><td>thly</td><td></td><td></td></ly<>		r	mon	thly		

Part 6 continued

Your spouse's, civil partner's or cohabitant's work and income details

44. Are they a director of the	company in whi	ich they ar	e employe	d?				
	Yes	No						
If 'Yes', please state: Their percentage of shareholding:		%						
45.Do they own shareholdin	g in a company i	n which yo	u are emp	loyed?				
	Yes	No						
If 'Yes', please state: Their percentage of shareholding:		%						
46. Are they self-employed at present?	Yes	No						
If 'Yes', please state: Type of business or trade they have:								
47.Do they own or share in t	the ownership of	any prope	erty other	than thei	r home	? ?		
If 'Yes', please attach det	ails of them and	the weekl	y rental ind	come froi	m then	١.		
48. Are they receiving maintenance?	Yes	☐ No						
Maintenance is where they cohabitant or parent of you rent payments. All contrib the child(ren).	ur child(ren). It in	ncludes cor	tributions t	towards s	chool f	ees/n	nortg	gages/
49. Does an ex-spouse, ex-circontribution to their hou		habitant o	or parent o	f their ch	ild/rer	ı mak	e an	у
	Yes	No						
If 'Yes', please state:								
Amount:		-	a week					
If they have Court Ordered If maintenance is covered					hat ag	reem	ent.	
If a Court ever ordered th	at maintenance	be paid, p	lease attac	:h а сору	of tha	t Ord	er.	

Part 6 continued

Your spouse's, civil partner's or cohabitant's work and income details

60.If they are not in re some:	ceipt of	f ma	inte	ena	nce	e, p	lea	se e	ΙXŧ	plai	i n v	wh	at (eff	or	ts t	the	ey	ha	ve	ma	de 1	to	get
									_		_						_							
1.Please state the na are not paying it ful					pay	yinę		ontr	-ib	uti	ng	to	the	eir	m	ıor	tg	age	- • 0	or r	ent	(if	th	еу
Surname:																								
First name(s):														I										
Amount:	€		,	\top						a	mo	ont	h											
52.Do they have any ir		Plea	ase Yes		acı	h a 「	ren	i t re No		eipt	OI	r st	ate	m	en	it fi	roı	m I	en	ldır	ig a	ıger	nc	y.
If you are in any dou assessable for FIS pu If 'Yes', please give	bt as to rposes,	you	ethe	er a				you	l, y															
II IES, PIEASE BIVE	uctans	•																						
3.If you have any add state here:	itional	info	rma	atio	n t	o b	rin	g to	0	ur a	att	ent	tioı	ı a	bo	out	y	our	· cl	lair	n, p	olea	ıse	;

Part 7	Checklist
Have you answered all que	stions?
Have you provided bank de	etails 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	owing?
Your own P60 for the last f	ull tax year (if you were employed for that year)
Your spouse, civil partner of for that year)	or cohabitant's P60 for the last full tax year (if they were employed
Your own most recent pays	slip
Your spouse, civil partner of	or cohabitant's most recent payslip
Tax Credit Certificate for t	he current tax year for yourself
Tax Credit Certificate for t	he current tax year for your spouse, civil partner or cohabitant
Court or Maintenance Ord	er or Separation Agreement, where relevant
Copy of accounts if you are	e self-employed
Copy of accounts if your sp	ouse, civil partner or cohabitant is self-employed
Copy of farm accounts if you	ou are involved in farming
Copy of farm accounts if you	our spouse, civil partner or cohabitant is involved in farming
Copy of your Stamp 4/wor	k permit if you are a non-EU national
Copy of your spouse, civil p	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 the ownership of	land that your spouse, civil partner or cohabitant own or share in
Letter from school or colle (where child(ren) is or are a	ge ged between 18 and 22 in full-time education)
If you started work recently about your employment la	y and you don't have all these details, we will look for information

Checklist

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.

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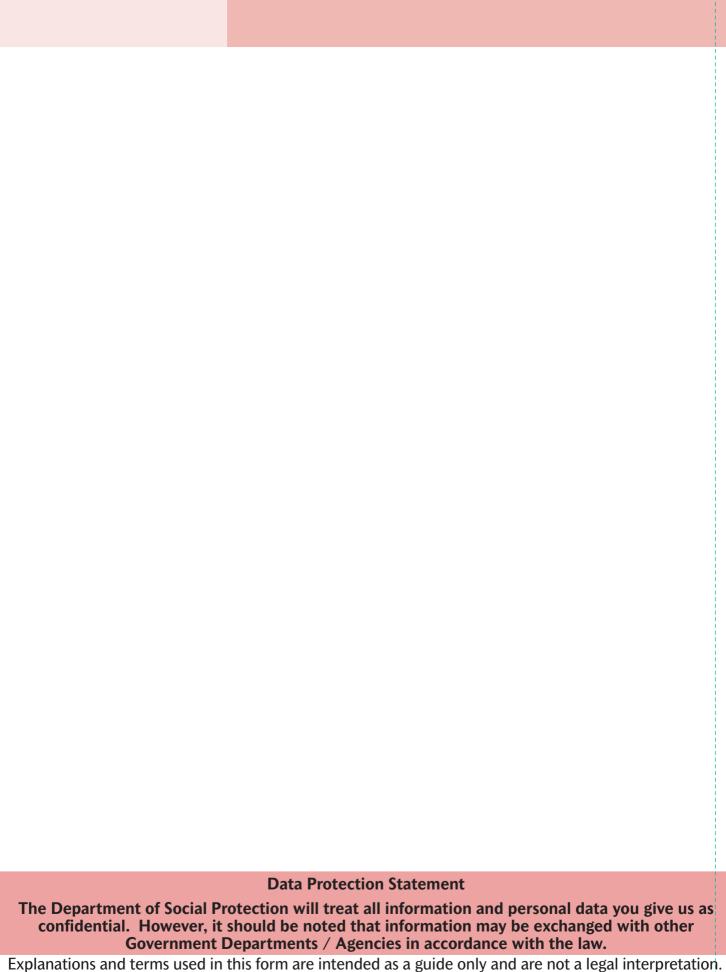
Part 8

Details from your employer

Τ	hi	S	part n	nust	<u>ONLY</u>	be	comp	leted	by	your	emp]	loyer
		_										

I certify that												
First name:												
Surname:												
PPS No.:												
is employed by me and w	orks a minimu	ım of		houi	s a v	veek a	at a l	hour	ly rat	e of	:	
€	ntend to empl	oy ther	n for a	t leas	the	next	3 m	onth	s.			
Indicate if the employment is under	Community Employment		Jo	☐ JobBridge ☐ Gateway								
any of these schemes:	Rural Socia	T	Tús Workplace									
It is an offence not to pro				out a	clai	m for	Fam	ily l	ncom	е		
Supplement (FIS) or to ta	ke part in a ta	ise ciair	n.									
Signed by or for employer												
					Employer's official stamp							
Signature (not block letters)												
Position in company or organisa	tion											
Date: D D M M	2 0	7										
Employer's address										_		
Employer's address										<u> </u>		
										<u> </u>		
										\perp		
Employer's registered number:												
Employer's telephone number:	MOBILE											
				LANDLINE								
Employer's 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.



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

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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: **Surname:** 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 Community **JobBridge** Gateway employment is under **Employment** any of these schemes: **Rural Social** Workplace Tús Scheme 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 **Employer's official stamp** Signature (not block letters) Position in company or organisation Date: 0 D D M M Employer's address Employer's registered number: Employer's telephone MOBILE number: LANDLINE Employer's 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.

