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: \[1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ T\]

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)
   \[2 8 \ 0 2 \ 1 9 7 0\]

   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?
   \[0 1 7 0 4 3 0 0 0\]
   \[0 8 6 1 2 3 4 5 6 7\]

9. What is your email address?
   [M M U R P H Y @ W E L F A R E . I E]

SAMPLE
**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)  
   - [ ]  
   - [ ]  
   - [ ]  
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   **Date:**  
   - [ ]  
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   - [ ]

**Contact Details:**

7. **What is your address?**

8. **What is your telephone number?**

   **Landline:**
   - [ ]  
   - [ ]  
   - [ ]  
   - [ ]

   **Mobile:**
   - [ ]  
   - [ ]  
   - [ ]  
   - [ ]  
   - [ ]

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:**  
- [ ]  
- [ ]  
- [ ]  
- [ ]  
- [ ]  
- [ ]  
- [ ]  
- [ ]  
- [ ]

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

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**Warning:** If you make a false statement or withhold information, you may get a fine, a prison term or both.
You are employed when you work for another person or company and you get paid for the work.

13. Are you employed at present (including part-time or temporary work)?
   Yes    No

   If ‘Yes’, please state:

   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:

Your profit over the last year:

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

Yes No

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

If ‘Yes’, please state:

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?

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?

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:

<table>
<thead>
<tr>
<th>Type of payment</th>
<th>Claim or reference number</th>
<th>Amount you get paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness Benefit</td>
<td></td>
<td>€ a week</td>
</tr>
<tr>
<td>One-Parent Family Payment</td>
<td></td>
<td>€ a week</td>
</tr>
<tr>
<td>Other social welfare payment, (give name of payment here)</td>
<td></td>
<td>€ a week</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance</td>
<td></td>
<td>€ a week</td>
</tr>
<tr>
<td>Other Health Service Executive payment, (give name of payment here)</td>
<td></td>
<td>€ a week</td>
</tr>
</tbody>
</table>

Part 1 continued
22. Are you getting maintenance?  

‘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:  

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?  

If ‘Yes’, please state:  

How much you pay:  

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

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

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?  

‘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.? 

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):

<table>
<thead>
<tr>
<th>Pay week or month ending:</th>
<th>Gross pay (excluding superannuation)</th>
<th>Tax deduction</th>
<th>Employee's PRSI deducted</th>
<th>Number of hours worked each week</th>
<th>PRSI Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>Month</td>
<td>Year</td>
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</tbody>
</table>

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

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

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<table>
<thead>
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30. Are any other salary deductions made?

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</table>

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

<table>
<thead>
<tr>
<th>Gross earnings</th>
<th>Number of weeks worked</th>
<th>Tax paid to date</th>
<th>Employee’s PRSI paid to date</th>
<th>Superannuation paid to date</th>
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<td>€</td>
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32. Tick box (✔) if employee works under any of the schemes across:

- FÁS course
- Workplace
- Community Employment (CE)
- Part-time Job Incentive
- Social Economy
- Job Initiative
- Part-time Job Opportunities
- None

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

- Yes
- No
Declaration by employer

I certify that employee [employee’s full name] 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 official stamp]

[Employer’s name]

[Telephone Code Number]

[Employer’s address]

[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:

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

[Mr. Mrs. Ms. Other] Please specify

Last name

First name(s)

35. What is their birth surname, if relevant?

Address

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

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)?
If ‘Yes’, please state:
Type of work they do:
Name of employer:
Address of employer:
Are they related to their employer?
When did they start working for this employer?
Do they expect to be working for at least 3 months?
How often do they get paid?

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?
If ‘Yes’, please state:
Type of business or trade they have:
Their profit over the last year:

41. Does your spouse or partner own or work a farm or land?
If ‘Yes’, what size is their farm?
Do they rent this farm?
Has their farm or land been assessed for any other social welfare payment?
If ‘Yes’, please give the name of the scheme they applied for:
What date was their farm assessed?

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?

If ‘Yes’, please give details here:

<table>
<thead>
<tr>
<th>Type of payment</th>
<th>Claim or reference number</th>
<th>Amount they get paid</th>
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</thead>
<tbody>
<tr>
<td>Illness Benefit</td>
<td>€</td>
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<td>a week</td>
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<td>Supplementary Welfare Allowance</td>
<td>€</td>
<td>a week</td>
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<tr>
<td>Other Health Service Executive payment, (give name of payment here)</td>
<td>€</td>
<td>a week</td>
</tr>
</tbody>
</table>

43. Is your spouse or partner getting maintenance?

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?

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?

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

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

1. €

2. €
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.?

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).

<table>
<thead>
<tr>
<th>Pay week or month ending</th>
<th>Gross pay (excluding superannuation)</th>
<th>Tax deduction</th>
<th>Employee’s PRSI deducted</th>
<th>Number of hours worked each week</th>
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</table>

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

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

51. Are any other salary deductions made?

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)

<table>
<thead>
<tr>
<th>Gross earnings before deductions</th>
<th>Number of weeks worked</th>
<th>Tax paid to date</th>
<th>Employee’s PRSI paid to date</th>
<th>Superannuation paid to date</th>
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53. Tick box (✔) if employee works under any of the schemes across:

- FÁS course
- Workplace
- Social Economy
- Job Initiative
- Community Employment (CE)
- Part-time Job Opportunities
- Part-time Job Incentive
- None

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

- Yes
- No
Part 4 continued

Details from your spouse’s or partner’s employer

Declaration by employer

I certify that employee [employee’s full name] 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 5

Details of your qualified child(ren)

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

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.

<table>
<thead>
<tr>
<th>Child’s full name</th>
<th>Date of birth</th>
<th>Are they living with you?</th>
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<tbody>
<tr>
<td></td>
<td>Day</td>
<td>Month</td>
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Warning: 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.
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): |  |
| Account number (8 digits): |  |

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

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

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.

<table>
<thead>
<tr>
<th>Child’s full name</th>
<th>Who does this child live with?</th>
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### Part 7

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

<table>
<thead>
<tr>
<th>Other information you wish to give</th>
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</table>

### 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?  
  - Yourself
    - 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 [ ]

<table>
<thead>
<tr>
<th>Your spouse or partner (if they work outside the home)</th>
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<tr>
<td>[ ] Yes [ ] No</td>
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<td>[ ] Yes [ ] No</td>
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<td>[ ] Yes [ ] No</td>
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<td>[ ] Yes [ ] No</td>
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<tr>
<td>[ ] Yes [ ] No</td>
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</tbody>
</table>

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:

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**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.