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.
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. [X] Ms. [ ] 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 mother’s birth surname: K E L L Y
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
    M O B I L E
    0 1 7 0 4 3 0 0 0
    L A N D L I N E
11. Your email address: M M U R P H Y @ W E L F A R E . I E

SAMPLE
Application form for
Family Income Supplement (FIS)

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 mother’s birth surname: 

8. Your date of birth: 
   D   D   M   M   Y   Y   Y   Y

Contact Details

9. Your address: 

10. Your telephone number: MOBILE LANDLINE

11. Your email address: 

Declaration

I/we declare that all the information I/we have given on this form is accurate. I/we will tell the Department when my/our means or circumstances change.

Signature (not block letters) 

Date:   D   D   M   M   Y   Y   Y   Y

Signature from your spouse or partner (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 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

14. What nationality are you?

- [ ] Single
- [ ] Widowed
- [ ] Remarried
- [ ] Divorced
- [ ] Married
- [ ] Cohabiting
- [ ] Separated

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:

- 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

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: € [Number]  

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: [Number] 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: [DD MM YYYY]  

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: € [Number] a week  

24. If you are getting any other pension or allowance, please state:  
Who pays this pension: 
Your claim or reference number: 
Amount: € [Number]  

Please attach your most recent payslip or letter from the people who pay you confirming the above amount.
### Part 2 continued

#### Your work and claim details

25. Are you getting maintenance?
   - **Yes** □  
   - **No** □
   **If yes, please state:**
   **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?**
   **Amount:** €, __________. __________ a month
   Please attach a rent receipt from your landlord or a statement from your lending agency.

27. Are you 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 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:** €, __________. __________
### Part 3 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 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>Date</th>
<th>Hours</th>
<th>Gross Pay</th>
<th>PRSI Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>€</td>
<td></td>
</tr>
</tbody>
</table>

| Week 1 |       | €         |            |
|        |       | €         |            |

| Week 2 |       | €         |            |
|        |       | €         |            |

| Week 3 |       | €         |            |
|        |       | €         |            |

| Week 4 |       | €         |            |
|        |       | €         |            |

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:

<table>
<thead>
<tr>
<th>Type:</th>
<th>Amount: €</th>
<th>a week</th>
</tr>
</thead>
</table>

| Type: | Amount: € | a week |

34. How many hours do they usually work? a week
35. Employee’s gross pay in an average week? €€,€€€.€ a week

36. Tick box (X) if employee works under any of the schemes across:
- FÁS course
- Social Economy
- Workplace
- Job Initiative
- Rural Social Economy
- Part-time Job Opportunities
- Community Employment (CE)
- Part-time Job Incentive
- Community Service Programme

37. Is your employee a director of a limited company?
- Yes
- No

38. Employee’s gross earnings before any deductions:
i) Since 1 January last, or
ii) From start of employment (if later than 1 January)
€ €€,€€€.€ a week

Gross Earnings:

Number of weeks worked: weeks

Tax paid to date:

Employee’s PRSI paid to date:

Superannuation paid to date:

I certify that employee

Personnel Number 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.

To be completed by employer

Employers surname:

Employers first name(s):

Employers address:

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

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):
### Part 5 Details of your qualified child(ren)

#### 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:

<table>
<thead>
<tr>
<th>Surname</th>
<th>PPS No.</th>
<th>First name(s)</th>
<th>Are they living with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
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<td></td>
<td></td>
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<td>Yes</td>
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<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 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:**  
   DD MM YY YY

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:** 
- **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?**  
   DD MM YY YY
Part 7 continued

Your spouse’s or partner’s work and claim details

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?
   If yes, please state:
   □ Yes    □ No 
   Amount: € ,  a week

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?
   If yes, please state:
   □ Yes    □ No 
   Amount: € ,  a week

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: € ,  
   Source of income: 
   Amount:
### Part 8 Details from your spouse or partner’s employer

**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):**

<table>
<thead>
<tr>
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<th>Hours</th>
<th>Gross Pay</th>
<th>PRSI Class</th>
</tr>
</thead>
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</tbody>
</table>

**Week 1**

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Gross Pay</th>
<th>PRSI Class</th>
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</table>

**Week 2**

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Gross Pay</th>
<th>PRSI Class</th>
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</tbody>
</table>

**Week 3**

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Gross Pay</th>
<th>PRSI Class</th>
</tr>
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<tbody>
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</table>

**Week 4**

<table>
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<tr>
<th>Date</th>
<th>Hours</th>
<th>Gross Pay</th>
<th>PRSI Class</th>
</tr>
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<tbody>
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</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount: €</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>a week</td>
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</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount: €</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a week</td>
</tr>
</tbody>
</table>

67. **How many hours do they usually work?**

[ ] a week
68. Employee’s gross pay in an average week? € __________, __________, __________ a week

69. Tick box (X) if employee works under any of the schemes across:
- FÁS course
- Workplace
- Social Economy
- Job Initiative
- Rural Social Economy
- Part-time Job Opportunities
- Community Employment (CE)
- Part-time Job Incentive
- Community Service Programme

70. Is your employee a director of a limited company?
- Yes
- No

71. Employee’s gross earnings before any deductions:
   i) Since 1 January last, or
   ii) From start of employment (if later than 1 January)
   € __________, __________, __________ a week

   Gross Earnings:
   € __________, __________, __________

   Number of weeks worked:
   __________ weeks

   Tax paid to date:
   € __________, __________, __________

   Employee’s PRSI paid to date:
   € __________, __________, __________

   Superannuation paid to date:
   € __________, __________, __________

I certify that employee __________ 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.

To be completed by employer

Employers surname: __________

Employers first name(s): __________

Employers address: __________

Continued overleaf
Details from your spouse or partner’s employer

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Date: D D M M Y Y Y

Employer’s registered number:

Employer’s telephone number:

Employer’s official stamp

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

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.