



Application form for **Farm Assist**

You need a Personal Public Service Number (PPS Number) before you apply.

How to complete this application form.

- Please use this page 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.
- Please supply farm receipts and invoices in date order to confirm farm income or sales and farm purchases and expenses covering the last 12 months.

Your farmer Annual Payments Statement is available for download at **www.agfood.ie** or on request from Payments Section, Department of Agriculture, Food and the Marine, Government Offices, Farnham Street, Cavan.

Fill in all **Parts** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

If you need help to complete this form, please contact your local Citizens Information Centre, your local Branch Office or your local Intreo Centre.

For more information, visit **www.welfare.ie**

Important:

You should apply as soon as you become eligible otherwise you could lose some payment.

You may be liable to pay Class 'S' contributions on your income from self-employment. If you are not already registered as self-employed please contact your local tax office. When you send in your annual returns to the tax office they will let you know if you have to pay PRSI. If you do not have to pay PRSI you may be able to pay Voluntary Contributions.

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 Number:	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>T</td><td></td><td></td></tr></table>	1	2	3	4	5	6	7	T																																
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2. Title: (insert an 'X' or specify)	Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
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Contact Details

9. Your address:	<table border="1"><tr><td>1</td><td></td><td>N</td><td>E</td><td>W</td><td></td><td>S</td><td>T</td><td>R</td><td>E</td><td>E</td><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>O</td><td>L</td><td>D</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>County</td><td><table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td>Postcode</td><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr><tr><td>10. Your telephone number:</td><td><table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>N</td><td>U</td><td>M</td><td>B</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td>B</td><td>O</td><td>X</td><td></td><td></td></tr><tr><td colspan="20">MOBILE</td></tr><tr><td>O</td><td>N</td><td>E</td><td></td><td>N</td><td>U</td><td>M</td><td>B</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td>B</td><td>O</td><td>X</td><td></td><td></td></tr><tr><td colspan="20">LANDLINE</td></tr></table></td></tr><tr><td>11. Your email address:</td><td><table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>C</td><td>H</td><td>A</td><td>R</td><td>A</td><td>C</td><td>T</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td></td><td></td></tr><tr><td>B</td><td>O</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table>	1		N	E	W		S	T	R	E	E	T									O	L	D		T	O	W	N													D	O	N	E	G	A	L		T	O	W	N									County	<table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	O	N	E	G	A	L														Postcode	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					10. Your telephone number:	<table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>N</td><td>U</td><td>M</td><td>B</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td>B</td><td>O</td><td>X</td><td></td><td></td></tr><tr><td colspan="20">MOBILE</td></tr><tr><td>O</td><td>N</td><td>E</td><td></td><td>N</td><td>U</td><td>M</td><td>B</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td>B</td><td>O</td><td>X</td><td></td><td></td></tr><tr><td colspan="20">LANDLINE</td></tr></table>	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X			MOBILE																				O	N	E		N	U	M	B	E	R		P	E	R		B	O	X			LANDLINE																				11. Your email address:	<table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>C</td><td>H</td><td>A</td><td>R</td><td>A</td><td>C</td><td>T</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td></td><td></td></tr><tr><td>B</td><td>O</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R				B	O	X																	
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SAMPLE

Application form for Farm Assist

Social Welfare Services
FARM 1
Data Classification R



Part 1

Your own details

1. Your PPS Number:

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 date of birth:

D D M M Y Y Y Y

8. Your mother's birth surname:

Contact Details

9. Your address:

County

Postcode

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.

<input style="width: 95%; height: 40px;" type="text"/>	Date:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Signature (not block letters)		D D	M M	2 0	Y Y Y Y
<input style="width: 95%; height: 40px;" type="text"/>	Date:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Signature from your spouse, civil partner or cohabitant(not block letters)		D D	M M	2 0	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.

12. Are you?

- Single
- Married
- Separated
- Divorced
- Widowed

- Cohabiting
- In a Civil Partnership
- A surviving Civil Partner
- A former Civil Partner
(you were in a Civil Partnership that has since been dissolved)

13. If you are married, in a civil partnership or cohabiting, from what date?

D	D	M	M	Y	Y	Y	Y		

14. Your nationality:

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15. Do you get maintenance?

- Yes
- No

If Yes, please give details:

Amount you get: € [] , [] [] [] . [] [] a week

16. Do you pay maintenance?

- Yes
- No

If Yes, please give details:

Amount you pay: € [] , [] [] [] . [] [] a week

17. Were you in insurable or other self-employment previously?

- Yes
- No

If Yes, please give details:

18. Did you receive a redundancy payment?

- Yes
- No

If Yes, please state:

Date received: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Amount: € [] [] [] , [] [] [] . [] []

19. Do you get a pension from previous employment(s) in Ireland or abroad?

- Yes
- No

If Yes, please state:

Amount: € [] , [] [] [] . [] [] a week

20. Do you own a farm? Yes No

If **Yes**, please state:

Size of farm: hectares

Do you farm the land? Yes No

21. Is the farm solely farmed by you or jointly farmed with your spouse, civil partner or cohabitant?

- Solely farmed
 Jointly farmed with your spouse, civil partner or cohabitant

22. Do you rent, lease or have the use of any farm of land?

Yes No

If **Yes**, please state:

Size of farm rented, leased or used by you to farm:

hectares

23. Please state total size of farm farmed by you:

hectares

Registered owner of farm(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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24. Please state the principal type of farming you are engaged in:

- | | |
|--|--|
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Tillage | <input type="checkbox"/> Beef |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Pigs |
| <input type="checkbox"/> Other (specify) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

25. Please state the number of stock on the farm?

<input type="text"/> <input type="text"/> <input type="text"/> Dairy cows	<input type="text"/> <input type="text"/> <input type="text"/> Horses
<input type="text"/> <input type="text"/> <input type="text"/> Drystock	<input type="text"/> <input type="text"/> <input type="text"/> Pigs
<input type="text"/> <input type="text"/> <input type="text"/> Sheep	
<input type="text"/> <input type="text"/> <input type="text"/> Other (specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Milk Account number, if any:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Herd or flock number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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26. How many hectares have you under tillage?

hectares

30. Are you self-employed at present, for example, Agriculture Contracting etc?

Yes No

If **Yes**, please state:

Your occupation:

Type of business or trade you have:

Your profit over the last year: € , .

Tax number or reference number:

31. Are you taking part in a Community Employment Scheme or a Rural Social Scheme?

Yes No

If **Yes**, please state:

Employer's name:

Employer's address:

Amount: € , . a week

Employer's tax number:

32. Are you taking part in a State-funded training course or Back to Education Programme?

Yes No

If **Yes**, please state:

Type of course:

Employer's or sponsor's name:

Employer's or sponsor's address:

33. If you are getting any Social Protection payment or a pension or allowance from any other country, please state:

Type of payment:

Name of country:

Your claim or reference number:

Amount: € , . a week

34. Are you on a leave of absence, paid or unpaid, from your employment?

Yes No

If **Yes**, please state:

a career break paternity leave
 parental leave maternity leave
 term-time leave

If you are on any **other** leave of absence, please give details in the space provided:

How long you have been on leave?

From:
To:
D D M M Y Y Y Y

35. Do you have accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

Yes No

Remember, you must attach an original statement for each individual account that you have (including savings, current and all other types of accounts), showing transactions for the last 6 months.

If **Yes**, please state:

Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN)

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN)

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):
Name 1:

Name 2 (if any):

If you have any other accounts you must give details of them to this Department on a separate sheet of paper.

36. Do you own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in the Republic of Ireland or another country?
 Yes No

If **Yes**, please state:

Name of Co-op, Company or Institution:

Number of shares held: ,

Value of shares: € , .

Please attach a statement to show details and current market value.

37. If you rent or lease land to any other person, please state:

Size of farm or land: hectares

Rental income: € , . a year

38. If you have a legal interest in any other house, property or land, please state:

Rental income(if any): € , . a year

Value of property or land: € , .

39. If you have income from any other source, please state:

Source of income:

Amount of income: € , . a year

Part 4

Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. **Please complete one option below.**

Financial Institution

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

Name of financial institution:	<input type="text"/>
Bank Identifier Code (BIC):	<input type="text"/>
International Bank Account Number (IBAN):	<input type="text"/>
Name(s) of account holder(s):	<input type="text"/>
Name 1:	<input type="text"/>
Name 2 (if any):	<input type="text"/>

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Part 5

Your child(ren)'s details

40. Do you wish to apply for children who normally live with you and who are being supported by you? Yes No

41. If **Yes**, how many children do you wish to claim for?
 under age 18
 age 18 - 22 in full-time education

Please state child's:

Child 1

Surname:	<input type="text"/>
First name(s):	<input type="text"/>
PPS No.:	<input type="text"/>

Child 2

Surname:

First name(s):

PPS No.:

Child 3

Surname:

First name(s):

PPS No.:

You must attach written confirmation 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.

42. If any of these children are not living with you, please state:

Surname of whom they live with:

First name(s) of whom they live with:

Amount of maintenance you pay: € , . a week

43. If any of the children are getting a Social Protection (DEASP) payment or Health Service Executive (HSE) payment in their own right, please state:

Name of payment:

44. If any other person is claiming an increase for any of the children on any Social Protection (DEASP), Health Service Executive (HSE) or foreign social security payment, please state:

Name of claimant:

Type of payment:

Country of payment:

Part 6

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

45. Their PPS Number:

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

Mr. Mrs. Ms. Other

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47. Their surname:

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48. Their first name(s):

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49. Their birth surname:

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50. Their date of birth:

								<input type="checkbox"/> (Y/N) Verified
D	D	M	M	Y	Y	Y	Y	

51. Their mother's birth surname:

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52. Their address:

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Only answer this question if you are married or in a civil partnership and do not live together.

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53. Country they were born in:

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54. Their nationality?

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55. Do they get maintenance?

Yes No

If **Yes**, please state:

Amount they get: €

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--	--	--	--

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 a week

56. Do they pay maintenance?

Yes No

If **Yes**, please state:

Amount they pay: €

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 a week

57. Were they in insurable or other self-employment previously?

Yes No

If **Yes**, please give details:

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58. Did they receive a redundancy payment?

Yes No

If **Yes**, please state:

Amount: €

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59. Do they get a pension from their previous employment(s) in Ireland or abroad?

Yes No

If **Yes**, please state:

Amount they pay: €

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 a week

Part 7

Your spouse's, civil partner's or cohabitant's farm income

60. Do they own a farm? Yes No

If **Yes**, please state:

Size of farm: hectares

Do they farm the land? Yes No

61. Do they rent, lease or have the use of any farm of land?

Yes No

If **Yes**, please state:

Size of farm rented, leased or used by them to farm:

hectares

62. Please state total size of farm farmed by them:

hectares

Registered owner of farm(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

63. Please state the principal type of farming they are engaged in:

Dairy Sheep

Tillage Beef

Poultry Pigs

Other (specify)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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64. Please state the number of stock on their farm?

Dairy cows

Horses

Drystock

Pigs

Sheep

Other (specify)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Milk Account number, if any:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Herd or flock number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part 7 continued

Your spouse's, civil partner's or cohabitant's farm income

65. How many hectares have they under tillage? hectares

66. Do they get any payments from the Department of Agriculture, Food and Marine?
 Yes No

If **Yes**, please state:

Amount: € , . a year

Please provide their Annual Payments Statement (available to download at www.agfood.ie or on request from the Department of Agriculture, Food and Marine).

67. Are they getting any other farm income? (Example payments from ESB networks, payments for rights of way, land rental (turbines, masts etc.), land leasing, income from artisan produce, contract rearing, operating feedlots).

Yes No

If **Yes**, please provide details:

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Part 8

Your spouse's, civil partner's or cohabitant's other income

68. Are they employed at present? Yes No

If **Yes**, please state:

Employer's name:

Employer's address:

Amount: € , . a week

Employer's tax number:

69. Are they self-employed at present, for example Agriculture Contracting etc?

Yes No

If **Yes**, please state:

Their occupation:

Type of business or trade they have:

Their profit over the last year: € , .

Tax number or reference number:

70. Are they taking part in a Community Employment Scheme or a Rural Social Scheme?

Yes No

If **Yes**, please state:

Employer's name:

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Employer's address:

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Amount: € , . a week

71. Are they taking part in a State-funded training course or Back to Education Programme?

Yes No

If **Yes**, please state:

Employer's or sponsor's name:

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Employer's or sponsor's address:

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Type of course:

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Amount: € , . a week

72. If they are getting any Social Protection payment or pension or allowance from any other country, please state:

Type of payment:

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Name of country:

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Their claim or reference number:

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Amount: € , . a week

73. Are they on a leave of absence, paid or unpaid, from their employment?

Yes No

If **Yes**, please state:

- a career break
- parental leave
- term-time leave
- paternity leave
- maternity leave

If they are on any **other** leave of absence, please give details in the space provided:

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Part 8 continued

Your spouse's, civil partner's or cohabitant's other income

How long they have been on leave?

From:

To:

D D M M Y Y Y Y

74. Do they have accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

Yes No

Remember, they must attach an original statement for each individual account that they have (including savings, current and all other types of accounts), showing transactions for the last 6 months.

If **Yes**, please state:

Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

If they have any other accounts you must give details of them to this Department on a separate sheet of paper.

75. Do they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in the Republic of Ireland or another country?

Yes No

If **Yes**, please state:

Name of Co-op, Company or Institution:

Number of shares held: ,

Value of shares: € , .

Please attach a statement to show details and current market value.

76. If they rent or lease land to any other person, please state:

Size of farm or land: hectares

Rental income: € , . a year

77. If they have a legal interest in any other house, property or land, please state:

Rental income(if any): € , . a year

Value of property or land: € , .

78. If they have income from any other source, please state:

Source of income:

Amount of income: € , . a year

Important see Checklist in Part 9.

Have you enclosed the following?

- Statements from financial institutions for the last 6 months**
(if you, your spouse, civil partner or cohabitant have money or investments in a financial institution)
- Letter from school or college**
(if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)
- Maintenance order**
(if applicable)
- Annual Payments Statement** (available for download at www.agfood.ie or on request from the Department of Agriculture, Food and the Marine)
- A.I.M Printout (for all Cattle)**
Confirming most recent stock details at last herd test and all payments from the Department of Agriculture, Food and the Marine received in the last 12 months.
- Farm receipts and invoices**
Confirming farm income, sales and farm purchases/expenses covering the last 12 months.
This includes Milk Account receipts for the end of the previous year and the most recent Milk Account statement, if you are in dairying.

If you were born, married or entered into a civil partnership outside the Republic of Ireland:

- Your birth certificate
- Your marriage certificate or civil partnership registration certificate
- Your divorce decree (decree absolute) certificate or decree of dissolution of civil partnership
- Your spouse's or civil partner's birth certificate
- Your child(ren)'s birth certificate(s) (if born outside the Republic of Ireland and if applying for an increase for them). Note: No birth certificate is needed if you are already getting Child Benefit.

You must provide original certificates only.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Branch Office.

Send this completed application form to your local Branch Office or your local Intreo Centre.



Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

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