You need a Personal Public Service Number (PPS Number) 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 Branch Office.

For more information, please visit www.gov.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.

<table>
<thead>
<tr>
<th>1. Your PPS Number:</th>
<th>1 2 3 4 5 6 7 T</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Title: (insert an ‘X’ or specify)</td>
<td>Mr. [ ] Mrs. [X] Ms. [ ] Other [ ]</td>
</tr>
<tr>
<td>3. Surname:</td>
<td>M U R P H Y</td>
</tr>
<tr>
<td>4. First name(s):</td>
<td>M A U R E E N</td>
</tr>
<tr>
<td>5. Your first name as it appears on your birth certificate:</td>
<td>M A R Y</td>
</tr>
<tr>
<td>6. Birth surname:</td>
<td>M C D E R M O T T</td>
</tr>
<tr>
<td>7. Your date of birth:</td>
<td>2 8 0 2 1 9 7 0</td>
</tr>
<tr>
<td>8. Your mother’s birth surname:</td>
<td>K E L L Y</td>
</tr>
</tbody>
</table>

**Contact Details**

<table>
<thead>
<tr>
<th>9. Your address:</th>
<th>1 N E W S T R E E T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O L D T O W N</td>
</tr>
<tr>
<td></td>
<td>D O N E G A L T O W N</td>
</tr>
<tr>
<td>County</td>
<td>D O N E G A L</td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M O B I L E</td>
</tr>
<tr>
<td></td>
<td>O N E N U M B E R P E R B O X</td>
</tr>
<tr>
<td></td>
<td>L A N D L I N E</td>
</tr>
</tbody>
</table>

*Sample*
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:  

10. Your telephone number:  

11. Your email address:  

Declaration

I 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 advise 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.

Signature (not block letters)  

Date:  

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

Date:  

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
☐ 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. Are you a single parent household?
☐ Yes  ☐ No

Part 2

Your work and income details

14. Are you employed as an employee at present (including part-time or temporary work)?
☐ Yes  ☐ No

You are employed as an employee when you work for another person or company and you get paid for the work.

If you are working now, your employer must fill in Part 8.

If Yes, please state:

Your occupation:

15. Do you expect to be working for at least 3 months?
☐ Yes  ☐ No

16. How many hours do you usually work?
☐ weekly  ☐ fortnightly  ☐ 4 weekly  ☐ monthly

17. When did you start work in this job?

18. How often are you paid?
☐ weekly  ☐ fortnightly  ☐ 4 weekly  ☐ monthly

19. Are you related to your employer?
☐ Yes  ☐ No

If Yes, please state:

Your relationship to them:

20. Are you a director of the company in which you are employed?
☐ Yes  ☐ No

If Yes, please state:

Your percentage of shareholding:

21. Do you own shareholding in a company in which your spouse, civil partner or cohabitant is employed?
☐ Yes  ☐ No

If Yes, please state:

Your percentage of shareholding:
Part 2 continued

Your work and income details

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 property other than your home?  
   [ ] Yes  [ ] No
   If Yes, please attach details of them and the weekly rental income from them.

24. Are you receiving maintenance?  
   [ ] Yes  [ ] No
   If Yes, please state:
   Amount: € ____,_____.______ a week
   Maintenance is where you receive financial contributions from a former spouse, civil partner, cohabitant or parent of your child(ren). It includes contributions towards school fees/mortgages/rent payments. All contributions should be disclosed, regardless of whether it is for you and/or the child(ren).

25. Does an ex-spouse, ex-civil partner or ex-cohabitant or parent of your child/ren make any contribution to your household?  
   [ ] Yes  [ ] No
   If Yes, please state:
   Amount: € ____,_____.______ a week
   If you have Court Ordered maintenance, attach a copy of that order.
   If maintenance is covered in a separation agreement, attach a copy of that agreement.
   If a Court ever ordered that maintenance be paid, please attach a copy of that Order.

26. If you are not in receipt of maintenance, please explain what efforts you have made to get some:

27. Please state the name of the person paying/contributing to your mortgage or rent (if you are not paying it fully yourself):
   Surname:
   First name(s):
   Amount: € ____,_____.______ a month
   Please attach a rent receipt or statement from lending agency.

28. Do you have any income from any other source?  
   [ ] Yes  [ ] No
   If you are in any doubt as to whether an income you, your spouse, civil partner or cohabitant has is assessable for WFP purposes, you should disclose it here, we will decide if it is assessable as income.
   If Yes, please give details:
Part 3  Your payment details

Please provide your current, deposit or savings account details for payment. 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 children

29. Do you wish to apply for an increase for children who normally live with you and who are being supported by you?
If Yes, how many children do you wish to claim for?

☐ Yes  ☐ No

Under age 18  18 - 22 in full-time education

Please state child’s:

Child 1

First name(s): __________________________

PPS Number: __________________________

Age: __________________________

Are they living with you? ☐ Yes  ☐ No

Child 2

First name(s): __________________________

PPS Number: __________________________

Age: __________________________

Are they living with you? ☐ Yes  ☐ No
Part 4 continued

Details of your children

Child 3
First name(s): 
PPS Number: 
Age: 
Are they living with you?  Yes  No

Child 4
First name(s): 
PPS Number: 
Age: 
Are they living with you?  Yes  No

Child 5
First name(s): 
PPS Number: 
Age: 
Are they living with you?  Yes  No

Child 6
First name(s): 
PPS Number: 
Age: 
Are they living with you?  Yes  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.

30. If No, to any of the children named in question 29, please state with whom and where the children live?
With whom: 
Address: 
Part 5

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

If you have a spouse, civil partner or cohabitant, please state:

<table>
<thead>
<tr>
<th>31. Their PPS Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32. Title: (insert an X or specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. □ Mrs. □ Ms. □ Other □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>33. Their surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>34. Their first name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>35. Their birth surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>36. Their date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D D M M Y Y Y Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>37. Their address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

Part 6

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

38. Are they employed as an employee at present (including part-time or temporary work)?
   □ Yes   □ No

   They are ‘employed as an employee’ when they work for another person or company and they get paid for the work. If they are working now, their employer must fill in Part 9.

   If Yes, please state:
   Their occupation:

39. Do they expect to be working for at least 3 months?
   □ Yes   □ No

40. How many hours do they usually work?
   □ weekly  □ fortnightly  □ 4 weekly  □ monthly

41. When did they start work in this job?
   D D M M Y Y Y Y

42. How often are they paid?
   □ weekly  □ fortnightly  □ 4 weekly  □ monthly

43. Are they related to their employer?
   □ Yes   □ No

   If Yes, please state:
   Their relationship to them:

Page 6
44. Are they a director of the company in which they are employed?
   □ Yes  □ No

   If Yes, please state:
   Their percentage of shareholding: ____________ %

45. Do they own shareholding in a company in which you are employed?
   □ 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 the ownership of any property other than their home?
   □ Yes  □ No

   If Yes, please attach details of them and the weekly rental income from them.

48. Are they receiving maintenance?
   □ Yes  □ No

   Maintenance is where they receive financial contributions from a former spouse, civil partner, cohabitant or parent of your children. It includes contributions towards school fees/mortgages/rent payments. All contributions should be disclosed, regardless of whether it is for them and/or the children.

49. Does an ex-spouse, ex-civil partner, ex-cohabitant or parent of their child/ren make any contribution to their household?
   □ Yes  □ No

   If Yes, please state
   Amount: € ____________ a week

   If they have Court Ordered maintenance, attach a copy of that order.
   If maintenance is covered in a separation agreement, attach a copy of that agreement.
   If a Court ever ordered that maintenance be paid, please attach a copy of that Order.
Your spouse’s, civil partner’s or cohabitant’s work and income details

50. If they are not in receipt of maintenance, please explain what efforts they have made to get some:

51. Please state the name of the person paying/contributing to their mortgage or rent (if they are not paying it fully themselves):
   Surname: 
   First name(s): 
   Amount: € __,____.____ a month

   Please attach a rent receipt or statement from lending agency.

52. Do they have any income from any other source?  □ Yes  □ No

   If you are in any doubt as to whether an income you, your spouse, civil partner or cohabitant has is assessable for WFP purposes, you should disclose it here, we will decide if it is assessable as income.

   If Yes, please give details:

53. If you have any additional information to bring to our attention about your claim, please state here:
Part 7 Checklist

☐ Have you answered all questions?
☐ Have you provided bank details 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?
  ☐ Your own P60 for the last full tax year (if you were employed for that year)
  ☐ Your spouse, civil partner or cohabitant’s P60 for the last full tax year (if they were employed for that year)
  ☐ Your own most recent payslip
  ☐ Your spouse, civil partner or cohabitant’s most recent payslip
  ☐ Tax Credit Certificate for the current tax year for yourself
  ☐ Tax Credit Certificate for the current tax year for your spouse, civil partner or cohabitant
  ☐ Court or Maintenance Order or Separation Agreement, where relevant
  ☐ Copy of accounts if you are self-employed
  ☐ Copy of accounts if your spouse, civil partner or cohabitant is self-employed
  ☐ Copy of farm accounts if you are involved in farming
  ☐ Copy of farm accounts if your spouse, civil partner or cohabitant is involved in farming
  ☐ Copy of your Stamp 4/work permit if you are a non-EU national
  ☐ Copy of your spouse, civil 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 land that your spouse, civil partner or cohabitant own or share in the ownership of
  ☐ Letter from school or college
    (where children 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.
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 Branch Office.

Send this completed application form to:

Working Family Payment (WFP) 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 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.gov.ie/dsp/privacystatement or as a hard copy.
This part must **ONLY** be completed by your employer

I certify that

First name: 

Surname: 

PPS Number: 

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 employment is under any of these schemes: 

- [ ] Community Employment 
- [ ] JobBridge 
- [ ] Gateway 
- [ ] Rural Social Scheme 
- [ ] Tús 
- [ ] Workplace

It is an offence not to provide relevant information about a claim for Working Family Payment (WFP) or to take part in a false claim.

Signed by or for employer

[Blank]

Employer’s official stamp

[Blank]

Signature (not block letters)

Position in company or organisation

[Blank]

Date: __ __ __ __ 20__

Employer’s address

[Blank]

Employer’s registered number: 

Employer’s telephone number: 

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.
**Data Protection Statement**

The Department of 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.gov.ie/dsp/privacystatement](http://www.gov.ie/dsp/privacystatement) or as a hard copy.

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

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 employment is under any of these schemes:

- [ ] Community Employment
- [ ] JobBridge
- [ ] Gateway
- [ ] Rural Social Scheme
- [ ] Tús
- [ ] Workplace

It is an offence not to provide relevant information about a claim for Working Family Payment (WFP) or to take part in a false claim.

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Date: ______/_____/____

Employer’s address

Employer’s registered number:

Employer’s telephone number: [MOBILE]

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.
Data Protection Statement

The Department of 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.gov.ie/dsp/privacystatement or as a hard copy.

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