



Application form for Farm Assist

What is Farm Assist?

Farm Assist is a means-tested payment to help farmers who have low income. It is paid weekly to your local post office or into your bank account for as long as you continue to meet the qualifying conditions.

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 Pay Related Social Insurance (PRSI). If you do not have to pay PRSI you may be able to pay Voluntary Contributions.

How do I qualify?

To get Farm Assist you must:

- farm land in Ireland, that you own or lease, and are taking produce from that land or raising livestock;
- be between 18 and 66 years of age; and
- satisfy a means test.

What do I need to complete this application form?

You will need your Personal Public Service (PPS) Number and details of:

- the size of your farm or land;
- what you farm;
- your income and savings; and
- your partner's PPS number and information about their work, income and financial situation, if applicable.

How do I complete this application form?

- there is an example on the back of this page that can be used as a guide to fill in this form;
- write with a **black** ballpoint pen, use capital letters and place an **X** in the relevant boxes;
- complete **all** parts that are relevant to you and sign and date the declaration; and
- read the checklist in **Part 9**.

How can I get help and further information?

If you need any help to complete this form, please contact your local Intreo Centre, Social Welfare Branch Office or any Citizens Information Centre. You can find the name and address of your local Intreo Centre or Social Welfare Branch Office by visiting **www.gov.ie/intreocentres**

For more information visit **www.gov.ie/farmassist**

How to fill in this form

To help us process your application, please write letters and numbers clearly and use one box for each. See examples below.

Part 1

Your details

1. Your PPS Number:

1	2	3	4	5	6	7	T	
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2. Title, insert an 'X' or specify:

Mr ☐ Mrs ☒ Ms ☐ Other

3. Surname:

M	U	R	P	H	Y											
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4. First names:

M	A	U	R	E	E	N										
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5. Your first name as it appears on your birth certificate:

M	A	R	Y													
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6. Birth surname:

M	C	D	E	R	M	O	T	T								
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7. Your date of birth:

2	8	0	2	1	9	7	0
D	D	M	M	Y	Y	Y	Y

8. Your mother's birth surname:

B	R	E	N	N	A	N										
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9. Your address:

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							Eircode									
D	O	N	E	G	A	L		C	1	5	A	9	6	V		

10. Your telephone number:

0	8	8	1	2	3	4	5	6	7				
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11. Your email address:

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE

Application form for Farm Assist

Social Welfare Services

FARM 1

Data Classification R



Part 1

Your details

1. Your PPS Number:

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2. Title, insert an 'X' or specify:

Mr ☐

Mrs ☐

Ms ☐

Other

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3. Surname:

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4. First names:

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5. Your first name as it appears
on your birth certificate:

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6. Birth surname:

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7. Your date of birth:

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D D

M M

Y Y Y Y

8. Your mother's birth surname:

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9. Your address:

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10. Your telephone number:

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11. Your email address:

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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.

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Signature, **not** capital letters.

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Signature of your spouse, civil partner or cohabitant, **not** capital letters.

Date:

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D D

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M M

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Y Y Y Y

Date:

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D D

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M M

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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, meaning 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:

15. Do you get maintenance?

☐ Yes ☐ No
If **yes**, please state how much maintenance you get each week that is not paid in respect of a child:Amount: € , . **Note:** This amount should not include maintenance paid to you for the benefit of a child.

Please attach a copy of a Maintenance Order or Separation Agreement if you have one.

16. Do you pay maintenance?

☐ Yes ☐ No
If **yes**, please state how much maintenance you pay each week that is not paid in respect of a child:€ , .

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:

D D

M M

Y Y Y Y

Amount:

€ , .

19. Do you get a pension from previous employments in Ireland or abroad?

☐ Yes ☐ No
If **yes**, please state weekly amount:€ , .

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

22. Do you pay rent, lease or use any farmland not owned by you?

☐ Yes☐ No

If **yes**, please state the size:

hectares

23. What is the total size of the land farmed by you?

hectares

Who are the registered owners of the farms or lands:

24. What is the main type of farming you do?

☐ Dairy☐ Sheep
☐ Tillage☐ Beef
☐ Poultry☐ Pigs
☐ Other, specify:

25. What is the number of livestock on the farm:

Dairy cowsHorses
DrystockPigs
SheepPoultry
Other, specify:

Milk account number, if any:

Herd or flock number:

26. How many hectares have you under tillage?

27. Do you get any payments from the Department of Agriculture, Food and Marine?

☐ Yes ☐ No

If **yes**, how much a year?

€ , .

Please provide your **Annual Payments Statement**, available from www.agfood.ie or by writing to: The Payments Section, Department of Agriculture, Food and Marine, Government Offices, Farnham Street, Cavan, H12 D459.

28. Are you getting any other farm income? For example, payments from ESB networks, payments for rights of way, land rental such as turbines or masts, land leasing, income from artisan produce, contract rearing, operating feedlots?

☐ Yes ☐ No

If **yes**, please provide details:

29. Are you employed at present?

☐ Yes ☐ No

If **yes**, please state:

Employer's name:

Employer's address:

County

Eircode

Weekly amount:

€ , .

Employer's tax number:

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

☐ Yes

☐ No

If **yes**, please state:

Your occupation:

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Your type of business or trade:

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Your profit last year:

€

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Tax number or reference number:

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31. Are you 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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Weekly amount:

€

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Employer's tax number:

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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:

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Employer's or sponsor's name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer's or sponsor's address:

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

Type of payment:

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Name of country:

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Your claim or reference number:

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Weekly amount:

€

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

☐ Yes☐ No

If **yes**, please state the type of leave:

☐ 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 Ireland or another country?

☐ Yes☐ No

Please submit original statements for each individual account that you have including savings, current and all other types of accounts, showing transactions for the last six 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 a joint account?

☐ Yes☐ No

Names of account holders:

Name 1:

Name 2, if any:

Financial Institution 2

Name of financial institution:

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Bank Identifier Code (BIC):

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International Bank Account Number (IBAN):

Current balance:

€				,				.		
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Is this a joint account?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Names of account holders:

Name 1:

Name 2, if any:

If you have any other accounts provide details of them 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 Ireland or another country?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If **yes**, please state:

Name of co-op, company or institution:

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Number of shares held:

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Value of shares:

€				,				.		
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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 in hectares:

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Yearly rental income:

€			,				.		
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Continued on the next page

38. Do you or your spouse, civil partner or cohabitant receive rental income from the property you are living in?

☐ Yes

☐ No

If **yes**, is the property owned by you?

☐ Yes

☐ No

If **no**, does your spouse, civil partner or cohabitant own the property?

If **no**, who owns the property?

Is the person who rents the property an immediate relative or employee?

☐ Yes

☐ No

If **yes**, please state their relation to you:

☐ Family member

☐ Employee

From what date did the person start renting a room in your home?

How much rent do you or your spouse, civil partner or cohabitant receive per week?

€ , .

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

Yearly rental income:

€ , .

Value of property or land:

€ , .

40. If you have income from any other source, please give details:

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Yearly amount of income: €

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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

Note: You will find the details requested below printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Names of account holders:

Name 1:

Name 2, if any:

Post Office

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

Post office name:

Address:

County

Eircode

41. Do you wish to apply for an increase for children who normally live with you and are being supported by you?

☐ Yes ☐ No

If **yes**, how many children do you wish to claim for?

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under age 18

--	--

age 18 to 22 in full-time education

Child 1

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First names:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to you:

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PPS number:

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Child 2

Surname:

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First names:

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Relationship to you:

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PPS number:

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Important: If you wish to claim an increase for dependent children, while your spouse, civil partner or cohabitant is in employment or self-employment, you must submit details of their income such as a copy of their recent payslip or details of their self-employment.

You must attach written confirmation from the school or college for the children aged 18-22.

A separate sheet of paper can be used for details of additional children.

42. If any of the children you are claiming for are getting any Social Protection or Health Service Executive (HSE) payments in their own right, please state:

Name of payment 1:

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Name of payment 2:

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Name of payment 3:

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

Name of claimant:

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Type of payment:

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Country of payment:

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

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Mr Mrs Ms Other

[illegible][illegible][illegible]

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[illegible][illegible][illegible][illegible]

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[illegible][illegible]

☐ Yes ☐ No

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☐ Yes ☐ No

☐ Yes ☐ No

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Part 7

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

57. Do they get a pension from their previous employments in Ireland or abroad? ☐ Yes ☐ No

If **yes**, please state weekly amount they pay:

€ , .

58. Do they own a farm? ☐ Yes ☐ No

If **yes**, please state:

Size of farm:

hectares

Do they farm the land?

☐ Yes ☐ No

59. Do they pay rent, lease or have the use of any farmland not owned by them? ☐ Yes ☐ No

If **yes**, please state the size:

hectares

60. What is the total size of farm farmed by them? hectares

Who is the registered owner of the farms of the land:

<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"/>

61. What is the principal type of farming they do?

☐ 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"/>
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62. What is the number of livestock on their farm?

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

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

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

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

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

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

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

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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"/>
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Part 7 continued**Your spouse's, civil partner's or cohabitant's farm income**

63. How many hectares have they under tillage?

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64. Do they get any payments from the Department of Agriculture, Food and the Marine?

☐ Yes ☐ No

If **yes**, how much a year?

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

65. Are they getting any other farm income? For example, payments from ESB networks, payments for rights of way, land rental such as turbines or masts, 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**

66. Are they employed at present?

☐ Yes ☐ No

If **yes**, please state:

Employer's name:

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Employer's address:

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County

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Eircode

--	--	--	--	--	--	--	--

Weekly amount:

€

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 .

--	--

Employer's tax number:

--	--	--	--	--	--	--	--	--	--

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

☐ Yes ☐ No

If **yes**, please state:

Their occupation:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Their type of business or trade:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Their profit last year:

€

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 .

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Tax number or reference number:

--	--	--	--	--	--	--	--	--	--

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

☐ Yes

☐ No

If **yes**, please state:

Employer's name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer's address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Eircode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Weekly amount:

€

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69. Are they 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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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County

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Eircode

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Weekly amount:

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70. Do they receive a social welfare payment in Ireland or any other country?

Country of payment:

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Type of payment:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address of issuing office:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Personal Public Service (PPS) or Social Security number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

☐ Yes ☐ NoIf **yes**, please state the type of leave:☐ a career break☐ paternity leave☐ parental leave☐ maternity leave☐ term-time leaveIf they are on any **other** leave of absence, please give details in the space provided:

--

How long they have been on leave?

From:

--	--

--	--

--	--	--	--

To:

--	--

--	--

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D D

M M

Y Y Y Y

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

☐ Yes ☐ No**Please** submit original statements for each individual account that they have including savings, current and all other types of accounts, showing transactions for the last six months.If **yes**, please state:**Financial Institution 1**

Name of financial institution:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Identifier Code (BIC):

--	--	--	--	--	--	--	--	--	--	--	--

International Bank Account
Number (IBAN):

Current balance:

€

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--	--	--

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Is this account a joint account?

☐ Yes ☐ No

Names of account holders:

Name 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name 2, if any:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Continued on the next page

Financial Institution 2

Name of financial institution:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Identifier Code (BIC):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

International Bank
Account Number (IBAN):

Current balance:

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Is this account a joint account?

☐ Yes☐ No

Names of account holders:

Name 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name 2, if any:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If they have any other accounts provide details of them on a separate sheet of paper.

- 73.** Do they own stocks, shares including shares in a creamery or co-op, annuities, bonds, insurance policies, or investments in Ireland or another country?

☐ Yes☐ NoIf **yes**, please state:Name of co-op, company
or institution:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Number of shares held:

--	--	--

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--	--	--

Value of shares:

€

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

- 74.** If they rent or lease land to any other person, please state:

Size of farm or land in hectares:

--	--	--

Yearly rental income:

€

--	--

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--	--	--

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

Yearly rental income, if any:

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Value of property or land:

€

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- 76.** If they have income from any other source, please give details:

--

Yearly amount of income:

€

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Failure to complete this application form in full or to provide the required additional information will result in delays in the processing of your application. Please use the checklist below to ensure that you have supplied all the required information with your application. Please provide original certificates only.

Additional information	Relevant Question	Provided, Yes or No
Statements from financial institutions for the last six months, if you, your spouse, civil partner or cohabitant have money or investments in a financial institution.	35 and 74	
Letter from school or college if you are claiming for children aged between 18 and 22 who are in full-time education.	41	
Maintenance Order, if applicable.	15, 16, 55 and 56	
Annual Payments Statement available for download at www.agfood.ie or on request from the Department of Agriculture, Food and the Marine.	27	
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 and 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.		

Certificates - Birth and Marriage Certificates are only required if registered outside the State.	
Your birth certificate	
Spouse, civil partner or cohabitant birth certificate.	
Marriage, civil partnership or civil union registration certificate.	
Divorce decree (decree absolute) certificate or decree of dissolution of civil partnership	
Children's birth certificates. They are not needed if you are already claiming Child Benefit for the children.	

Please remember to sign the declaration in Part 1

Where should I send this application form?

Send this completed application form, with the relevant supporting documents as listed on the form, to your local Intreo Centre or Social Welfare Branch Office.

You can find the name and address of your local Intreo Centre or Social Welfare Branch Office by visiting **www.gov.ie/intreocentres**

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 and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

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