

Application form for
**Working Family Payment
(WFP)**

Social Welfare Services

WFP 1

Data Classification R



You need a Personal Public Service Number (PPS No.) 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.welfare.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.

1. Your PPS No.:	1	2	3	4	5	6	7	T							
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	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 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:	K	E	L	L	Y										

Contact Details

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										D	O	N	E	G	A	L			Postcode										
10. Your telephone number:	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:	O	N	E				C	H	A	R	A	C	T	E	R						P	E	R							
	B	O	X																											

SAMPLE

Application form for
Working Family Payment (WFP)



Part 1

Your own details

- 1. **Your PPS No.:**

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- 2. **Title:** (insert an 'X' or specify) Mr. Mrs. Ms. Other

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- 3. **Surname:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 4. **First name(s):**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 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:**

D	D

M	M

Y	Y	Y	Y
- 8. **Your mother's birth surname:**

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Contact Details

- 9. **Your address:**

County

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

Postcode

--	--	--	--	--	--	--
- 10. **Your telephone number:**

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MOBILE

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LANDLINE
- 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:

D	D

M	M

2	0		
Y	Y	Y	Y

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

Date:

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.

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:

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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?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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:

. %

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:

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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

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 qualified child(ren)

29. Do you wish to apply for qualified child(ren)? Yes No

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

First name(s):

PPS No.:

Age:

Are they living with you? Yes No

Child 2

First name(s):

PPS No.:

Age:

Are they living with you? Yes No

Child 3

First name(s):

PPS No.:

Age:

Are they living with you? Yes No

Child 4

First name(s):

PPS No.:

Age:

Are they living with you? Yes No

Child 5

First name(s):

PPS No.:

Age:

Are they living with you? Yes No

Child 6

First name(s):

PPS No.:

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 child(ren) live?

With whom:

Address:

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 child(ren). It includes contributions towards school fees/mortgages/rent payments. All contributions should be disclosed, regardless of whether it is for them and/or the child(ren).

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.

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:

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

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- 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 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.

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 Employment Affairs and 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 Employment Affairs and Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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

This part must ONLY be completed by your employer

I certify that

First name:

Surname:

PPS No.:

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)

Employer's official stamp

Position in company or organisation

Date:

D D

M M

 2 0

Y Y Y Y

Employer's address

Employer's registered number:

Employer's telephone number:

MOBILE

LANDLINE

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.

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Part 9

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:

[Grid for first name]

Surname:

[Grid for surname]

PPS No.:

[Grid for PPS No.]

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 box]

Signature (not block letters)

Employer's official stamp

[Position box]

Position in company or organisation

Date:

[] []

[] []

2 0 [] []

D D

M M

Y Y Y Y

Employer's address

[Grid for employer's address]

Employer's registered number:

[Grid for registered number]

Employer's telephone number:

[Grid for telephone number]

MOBILE

[Grid for telephone number]

LANDLINE

Employer's email address:

[Grid for 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.

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