



Application form for Farm Assist

You need a Personal Public Service Number (PPS No.) 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, 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 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 Farm Assist



Part 1

Your own details

1. Your PPS No.:

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

3. Surname:

4. First name(s):

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

6. Birth surname:

7. Your 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.

Signature (not block letters)

Date:

D D M M Y Y Y Y

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

Date:

D D M M Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

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:
D D M M Y Y Y Y

Amount: € , .

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

- Yes No

If 'Yes', please state:

Amount: € , . a week

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

If 'Yes', please state:

Yes No

Your occupation:

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Type of business or trade you have:

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Your profit over the 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?

If 'Yes', please state:

Yes No

Employer's name:

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Employer's address:

Amount:

€

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 a week

Employer's tax number:

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

If 'Yes', please state:

Yes No

Type of course:

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Employer's or sponsor's name:

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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:

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Name of country:

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Your claim or reference number:

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Amount:

€

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 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

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 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, 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 No.:

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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:

D	D	M	M	Y	Y	Y	Y												

(Y/N) Verified

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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 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

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:

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:

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?

- P60 for the last full tax year and a current pay slip**
(for you, your spouse, civil partner or cohabitant if either of you were employed last year)
- 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

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/ Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

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