



Application form for Farm Assist

How to complete application form for Farm Assist.

- Please read information booklet **SW 27** before filling in this application form.
- Please use black ball point pen.
- Please tear off this page and use as a guide to filling in this form.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- If a question does not apply to you, please leave the answer area blank.
- Please answer **all questions**. We will return any form that is incomplete, which will delay processing your application.
- The Department may use any of your contact details to get in touch with you.
- Text written in *italics* is for official use only.

- Part 1 - Please fill in all details, following the instructions for the first page. Please sign declaration when form is completed.
- Part 2 to 8 Please fill in the details as they apply to you.
- Part 9 - Please complete checklist. Please tick all boxes that apply to you. Note that you must only include a birth certificate or marriage certificate if you were born or married outside the Republic of Ireland.

If you need any help to complete this form, please contact your local Social Welfare Office.

How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.

1. Please state your PPS No:

1	2	3	4	5	6	7	T		
---	---	---	---	---	---	---	---	--	--

Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

2. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. First name(s):

M	A	R	Y																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. What is your birth surname?

M	C	D	E	R	M	O	T	T											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

5. What is your mother's birth surname?

O	S	U	L	L	I	V	A	N											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

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

Contact Details:

7. What is your address?

1		N	E	W		S	T	R	E	E	T								
O	L	D		T	O	W	N												
C	O		D	O	N	E	G	A	L										

8. What is your telephone number?

0	1	7	0	4	3	0	0	0											
L	A	N	D	L	I	N	E												
0	8	6	1	2	3	4	5	6	7										
M	O	B	I	L	E														

9. What is your email address?

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

SAMPLE

Part 1 continued

Your own details

10. What country were you born in?

11. What is your nationality?

12. Do you have a Social Services Card?

 Yes No

13. Are you?

 Married Single Separated
 Widowed Divorced Cohabiting

14. If you are married, when did you get married?

 Day Month Year

Please attach your Marriage Certificate if married outside the Republic of Ireland.

15. If you are separated or divorced from your spouse, do you continue to support them?

 Yes No

If 'Yes', how much do you pay:

€ weekly or fortnightly or monthly

Part 2

Your farm income

16. Do you own a farm?

 Yes No

If 'Yes', what size is the farm?

 acres

Do you farm the land yourself?

 Yes No

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

 Yes No

If 'Yes', what size is the farm?

 acres

How many acres do you farm?

 acres

Who is the registered owner of the farm?

18. How many animals are in the herd or flock?

What is the creamery number, if any?

What is the herd or flock number?

19. How much stock is on the farm?

 Dairy Pigs Suckler herd
 Sheep Drystock Other _____

How many acres are under tillage?

 Tillage acres

Please specify

20. Do you get any headage or premium payments from the Department of Agriculture and Food?

 Yes No

Please attach a declaration from the District Veterinary Office confirming stock details at last test and headage or premiums received in the last 12 months.

• Text written in *italics* is for official use only.

Social Welfare
Local Office

Social Welfare
Branch Office

ERIN No.

21. Do you get a payment under the:

- i) Rural Environment Protection Scheme (REPS)? Yes No
- ii) Special Areas of Conservation Scheme (SACS)? Yes No

If 'Yes' what is your scheme reference number?

22. Do you have land under forest? Yes No

If 'Yes' do you get income from the Forestry Premium Scheme? Yes No

If 'Yes', what is your reference number?

23. Do you get any other 'direct' farm payments? Yes No

If 'Yes', please state type of payment:

What is your reference number?

FOR OFFICIAL USE ONLY

Identification Verified (Y/N)

Identification type

Serial No.

Initials of Local Officer

Claim Type

Comm. Date

Occupational Code

Prev. History Code

Eq. Indicator

D/T

Pay day Thurs.

Part 3

Other income

24. Do you get income from:

- (a) self-employment away from the farm? Yes No
- (b) insurable employment? Yes No
- (c) a Community Employment Scheme? Yes No
- (d) a social welfare, Health Service Executive (HSE) or social security payment from any other country? Yes No

25. If you are self-employed, please state:

Your occupation:

Your estimated annual income:

€

Your tax reference number:

Scheme Hatch 01

Post Office

Pay. Ind

Child Deps

Y/N Verified

26. If you are an employee, please state:

Your employer's name:

Your employer's address:

Your employer's tax number:

How much you earn:

€ weekly or fortnightly or monthly**27. If you take part in a Community Employment Scheme, please state:**

Employer's name:

Employer's address:

Employer's tax number:

How much you earn:

€ weekly or fortnightly or monthly**28. Do you get a social welfare, Health Service Executive (HSE) or social security payment from any other country?** Yes No

If 'Yes', please state:

Type of payment(s):

Country of payment:

Claim or reference number:

Amount of payment:

Social security number, if any:

29. Are you on leave of absence, paid or unpaid, from your employment? Yes No**If 'Yes', are you on...?**

(Please tick (✓) relevant box)

i) a career break:

ii) parental leave:

iii) term-time leave:

iv) maternity leave:

v) other (please specify):

How long have you been on leave?

From

To

30. 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:

Amount of income:

€

weekly or fortnightly or monthly

31. Do you have money in any bank, building society, post office, credit union or have stocks, shares or other investments? Yes No

If 'Yes', please state:

Name of bank, building society or other institution:

Amount of savings, including value of investments:

32. Do you have co-op shares? Yes No

If 'Yes', what is the name of the co-op?

Amount of shares:

33. Do you rent or lease land to any other person? Yes No

If 'Yes', please state:

Size of farm:

acres

Rental income:

€

weekly or fortnightly or monthly

34. Do you have interest in any other house, property or land? Yes No

If 'Yes', please state:

Rental income (if any):

€

weekly or fortnightly or monthly

Value of property or land:

€

35. Do you have income from any other source? Yes No

If 'Yes', please state:

Source of income:

Amount of income:

€

Part 4

Your spouse's or partner's details

Please state:

Mr. Mrs. Ms. Other _____
Please specify

36. What is the full name of your spouse or partner?

Surname

First name(s)

37. What is their birth surname?

38. Where is their address?

39. What is their telephone number?

Landline

Mobile

40. If they lived at another address before the one given above, please give details here:

41. What country were they born in?

42. What is their nationality?

43. What is their date of birth?

Day Month Year (Y/N) Verified

Please attach birth certificate if they were born outside the Republic of Ireland (we do not accept photocopies).

44. What is their mother's birth surname?

45. What is their PPS No.?

Figures

Letter(s)

46. What is their old Social Insurance Number, if any?

47. If separated/divorced please state the amount of maintenance paid by the spouse or partner, if any:

€ _____ weekly or fortnightly or monthly

Part 5

Your spouse's or partner's farm income

48. Does your spouse or partner own a farm of land?

Yes No

If 'Yes', what size is the farm?

acres

If 'No', who is the registered owner?

49. Do they rent or lease or have the use of any other farm of land?

Yes No

If 'Yes', what size is the farm?

acres

How many acres do they farm?

acres

50. What is the herd or flock number?

What is the creamery number?

Part 5 continued

Your spouse's or partner's farm income

51. How much stock is on the farm and how many acres are under tillage?

<input type="checkbox"/> Dairy	<input type="checkbox"/> Pigs	<input type="checkbox"/> Suckler herd	<input type="checkbox"/> Tillage acres
<input type="checkbox"/> Sheep	<input type="checkbox"/> Drystock	<input type="checkbox"/> Other _____	

Please specify

52. Do they get any headage or premium payments from the Department of Agriculture and Food?

Yes No

Please attach a declaration from the District Veterinary Office confirming stock details at last test and headage or premiums received in the last 12 months.

53. Do they get a payment under the

- i) Rural Environment Protection Scheme (REPS)?
- ii) Special Areas of Conservation Scheme (SACS)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If 'Yes', what is their scheme reference number?

54. Do they have land under forest?

If 'Yes', do they get income from the Forestry Premium Scheme?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If 'Yes', what is their reference number?

55. Do they get any other 'direct' farm payments?

If 'Yes', please state type of payment

Yes No

What is their reference number?

Part 6

Other income belonging to your spouse or partner

56. Does your spouse or partner get income from

- (a) self-employment away from the farm?
- (b) insurable employment?
- (c) a Community Employment Scheme?
- (d) a social welfare, Health Service Executive (HSE) or social security payment from any other country?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

57. If they are self-employed, please state:

Their occupation:

Their estimated annual income:

€

Their tax reference number:

58. If they are an employee, please state:

Their employer's name:

Their employer's address:

Employer's tax number:

How much they earn:

€ weekly or fortnightly or monthly

59. If they take part in a Community Employment Scheme, please state:

Employer's name:

Employer's address:

Employer's tax number:

How much they earn:

€ weekly or fortnightly or monthly

60. Do they get a social welfare, Health Service Executive or social security payment from any other country?

Yes No

If 'Yes', please state:

Type(s) of payment(s):

Country of payment:

Claim or reference number:

Amount of payment:

€ weekly or fortnightly or monthly

Social security number, if any:

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

Yes No

If 'Yes' are they on...?

(Please tick (✓) relevant box.)

i) a career break:

ii) parental leave:

iii) term-time leave:

iv) maternity leave:

v) other (please specify):

How long have they been on leave?

From To

62. Is your spouse or partner 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:

Amount of income:

€ weekly or fortnightly or monthly**63. Do they have money in any bank, building society, post office, credit union or have stocks, shares or other investments?** Yes No

If 'Yes' please state:

Name of bank, building society or other institution:

Amount of savings, including value of investments:

€ **64. Do they have co-op shares?** Yes No

If 'Yes', what is the name of co-op?

Amount of shares:

65. Does your spouse or partner rent or lease land to any other person? Yes No

If 'Yes', please state:

Size of farm:

 acres

Rental income:

€ weekly or fortnightly or monthly**66. Do they have interest in any other house, property or land?** Yes No

If 'Yes', please state:

Rental income (if any):

€ weekly or fortnightly or monthly

Value of property or land:

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

If 'Yes', please state:

Source of income:

Amount of income:

€

68. Do you have a child or children under age 18 or aged 18 to 22 in full-time education by day at a recognised school or college?

 Yes

 No

For children aged 18 to 22 in full-time education, please have form **UP 8(a)** completed by their school or college. You can get this form from your local Social Welfare Office.

If 'Yes', please give details here, starting with your eldest child:

Child's full name	Date of birth			PPS No.				Relationship to you	Does the child live with you?
	Day	Month	Year	Figures			Letter(s)		

If any of these children are not living with you, please state who they live with:

Child's name	Who child lives with

69. What amount of maintenance do you pay, if any?

€ _____ weekly or fortnightly or monthly

70. Are any of the children getting a social welfare or Health Service Executive (HSE) payment in their own right?

 Yes

 No

If 'Yes', please state type of payment:

71. Is any other person claiming an increase for any of the children on any social welfare, Health Service Executive (HSE) or foreign social security payment?

 Yes

 No

If 'Yes', please state:

Name of claimant:

Type of payment:

Country of payment:

You can get Farm Assist paid weekly direct to your current or deposit savings account in a financial institution or at a post office of your choice by social services card.

Direct payment to your account in a financial institution

Name of financial institution:

Address of financial institution:

Name of Account Holder:

The account must be in your name or jointly held by you.

Type of account:

Sort code (you can get this from your financial institution):

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

Account number (8 digits):

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

Post office payment

Name of post office:

Address of post office:

If you do not send in all certificates and documents your application can not be processed and your payment will be delayed. If you are not sending in certain certificates or documents, please enclose a note stating that they will follow later. There is no need to send in certificates if the birth or marriage occurred within the Republic of Ireland.

If sending certificates or documents at a later date, please remember to state your full name, present address and your PPS No. or claim number on all correspondence. You will get your claim number shortly after you apply. We can not accept photocopies. You will get back certificates.

- **Your birth certificate**
(if born outside the Republic of Ireland) Yes No
- **Your marriage certificate**
(if you were married outside the Republic of Ireland) Yes No
- **Your spouse's or partner's birth certificate** (if applying for an increase for your spouse or partner who was born outside the Republic of Ireland) Yes No
- **Your dependent child(ren)'s birth certificate(s)** (long version only if you are not getting Child Benefit) Yes No
- **Bank statements or a statement from your accountant if you or your spouse or partner are self-employed away from the farm** Yes No
- **P60*** (if applicable) Yes No
- **Maintenance Order** (if applicable) Yes No
- **Confirmation of attendance from school or college where child is aged 18 to 22 years** Yes No
- **Declaration from District Veterinary Office confirming stock details at last test and headage or premium received in the last 12 months** Yes No

Please remember to sign the declaration in Part 1. If you have any difficulty in filling in this form, please contact your local Social Welfare Office.

Send this completed application form to your local Social Welfare Office.

Personal Public Service Number (PPS No.)

You must supply your own PPS No. and also the PPS No. of a spouse, partner or children for whom you are applying for a payment. If you do not know these numbers, please contact your local Social Welfare Office. They will let you know your PPS number. If you do not have one they will let you know what you have to do to get one.

Please see information leaflet SW100 for more details.

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies in accordance with law.

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