



# Application form for Farm Assist

## How to complete this application form.

- Please tear off this page and use 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.
- You need a Personal Public Service Number (PPS No.) before you apply.
- 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.

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 Social Welfare Office or Citizens Information Centre.

For more information, log on to **[www.welfare.ie](http://www.welfare.ie)**

### **Important:**

You should apply as soon as you become eligible otherwise you could lose some payment.

## 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		
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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 name(s):

M	A	U	R	E	E	N													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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

7. Your mother's birth surname:

K	E	L	L	Y															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Your date of birth:

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

## Contact Details

9. 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										

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









**33. Are you self-employed at present, e.g. Agriculture Contracting etc?**

Yes  No

**If 'Yes', please state:**

Your occupation:

Type of business or trade you have:

Your profit over the last year: €  ,  .

Tax number or reference number:

**34. Are you taking part in a Community Employment Scheme or a Rural Social Scheme?**

Yes  No

**If 'Yes', please state:**

Employer's name:

Employer's address:

Amount: €  ,  .  a week

Employer's tax number:

**35. If you are getting any Social Protection payment or a Health Service Executive (HSE) payment or pension or allowance from any other country, please state:**

Type of payment:

Name of country:

Your claim or reference number:

Amount: €  ,  .  a week

**36. Are you on leave of absence, paid or unpaid, from your employment?**

Yes  No

**If 'Yes', please state:**

a career break  term-time leave

parental leave  maternity 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











**Part 7**

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

**63. Do they own a farm?**

Yes  No

**If 'Yes', please state:**

Size of farm:  acres

Do they farm the land?

Yes  No

**If 'No', please state:**

Registered owner:

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

**64. Do they rent, lease or have the use of any farm of land?**

Yes  No

**If 'Yes', please state:**

Size of farm rented, leased or used by them to farm:

acres

**65. Please state total size of farm farmed by them:**

acres

Registered owner of farm(s):

<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"/>
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**66. Please state:**

Creamery number, if any:

<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"/>
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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"/>
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**67. How much stock is on the farm?**

dairy

pigs

sheep

drystock

horses

other

Please 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"/>	<input type="text"/>
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**68. How many acres are under tillage?**

acres

**69. Do they get a Single Farm Payment from the Department of Agriculture, Fisheries and Food?**

Yes  No

**If 'Yes', please state:**

Amount: €  ,  .  a year

**70. Do they get any headage or premium payments from the Department of Agriculture, Fisheries and Food?**

Yes  No

**If 'Yes', please state:**

Amount: €  ,  .  a year

**71. Do they get a payment under the following?**

i) Rural Environment Protection Scheme (REPS):

Yes  No









**Have you enclosed the following?**

- **P60 for the last full tax year**  
(if you were employed for that year)
- **Statements from financial institutions for the last 3 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)
- **Declaration from District Veterinary Office**  
(confirming stock details at last test and all payments from the Department of Agriculture, Fisheries and Food received in the last 12 months)
- **Farm receipts and invoices**  
(confirming farm income and sales and farm purchases and expenses covering the last 12 months  
Milk receipts for the last 12 months  
Copy of the last Department of Agricultural Fisheries and Food herd test  
Keep the receipts for the Repts and the AEOS separate)

**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.

**Original certificates only.**

**Please remember to sign the declaration in Part 1.**

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

**Data Protection and Freedom of Information**

**We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.**

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

