

# Student Finance Office

## Working Family and Student Financial Assistance Agency

### Notes on How to Complete and Return Household Application Form

#### WARNING

The personal data in the application will be used to assess an applicant's eligibility for financial assistance and the appropriate level of assistance to be awarded. It is an offence to obtain property / pecuniary advantage by deception. Any person who does so commits an offence and is liable, on conviction, to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

## 1. General Information

- 1.1 Please fill in the form clearly in black or blue ink and complete Parts I to VIII according to the instructions stated in the Household Application Form and this Notes.
- 1.2 Please follow the instructions stated on the "Cover Sheet for Supporting Documents" [SFO 108], cut and paste copies of identity documents and affix copies of income proof of the applicant and those of the family members (including the dependent parent(s) (if applicable)) claimed in the form, if applicable.

## 2. Part I Particulars of the Applicant

(Applicants must be the parent or the guardian (as recognized under Guardianship of Minors Ordinance, Cap 13) of the student-applicants)

1. Name in Chinese	陳 大 文	2. Title @#		
3. Name in English	C H A N T A I M A N			
4. Correspondence Address	(Please fill out in English)			
	Flat			
	H A P P Y H O U S E			
	H A R M O N Y E S T A T E			
	S H A M S H U I P O			
District				
Area	#	<input type="checkbox"/> 1. HK	<input checked="" type="checkbox"/> 2. KLN	<input type="checkbox"/> 3. NT
5. Year of Birth	1 9 6 0			
6. HKID Card No.	A 1 2 3 4 5 6 (7)			
	<small>(If HKID no. is not available, please provide other identity document no. with reference to the example as shown in the box.)</small>			
	Other Identity Document Type:	<small>(Please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</small>		
	Other Identity Document No.:			
7. Home Tel No. @	2 1 2 3 4 5 6 7			
8. HK Mobile Phone No.	9 1 2 3 4 5 6 7			
9. Your marital status during the period from 1.4.2016 to 31.3.2017				
	#	<input checked="" type="checkbox"/> A. Married	<input type="checkbox"/> B. * Divorced / Separated / Widowed / Single / Others (Please specify : _____)	
	<small>(Please provide spouse's information in Part II)</small>			

Please use block letters; write the surname starting from the first box; and leave a space between each word.

Applicant must provide the correct correspondence address. Otherwise, the Student Finance Office (SFO) will not be able to contact the applicant in writing. If the applicant can only confirm the place of residence after submitting the application, please inform the SFO the new correspondence address in writing once it is available. If the applicant is not residing in Hong Kong, please provide a Hong Kong correspondence address for future

If the applicant is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 2.1 of this Notes.

Please fill in the HKID Card No. with reference to the example as shown in the box.

To facilitate the SFO to issue acknowledgement of receipt of applications and the related payment information (if applicable) by means of SMS, please fill in the applicant's Hong Kong mobile phone

Please fill in the marital status during 1.4.2016 to 31.3.2017. If applicant is "Married", please put "✓" in the box next to item (A) and provide spouse's information in Part II of the application form.

If applicant is a single-parent during 1.4.2016 to 31.3.2017, please follow the example below, put "✓" in the box next to item (B) and delete the inapplicable status. Applicant should submit supporting documents but needs not fill in spouse's information. If no supporting documents can be submitted, the applicant should provide self-explanatory letter with justifiable reasons for not being able to provide solid proofs or other related proofs and duly signed the letter for the SFO's consideration. If no proof is provided or the explanation is not acceptable, the SFO reserves the right to process the application on the basis that the applicant is not treated as a single parent.

B. \* Divorced / ~~Separated~~ / ~~Widowed~~ / ~~Single~~ / Others (Please specify : \_\_\_\_\_)

(Please provide copies of supporting documents, and spouse's information need not be provided in Part II)

- 2.1 If the applicant is not a holder of the Hong Kong Identity Card, please fill in the item of "Other Identity Document Type" using the following codes and provide the relevant identity document number with copy of the identity document:

- |   |       |
|---|-------|
| (i) Passport                            | 0   2 |
| (ii) Re-entry Permit                    | 0   3 |
| (iii) Certificate of Identity           | 0   4 |
| (iv) Document of Identity               | 0   5 |
| (v) Entry Permit                        | 0   6 |
| (vi) Declaration of ID for Visa Purpose | 0   7 |
| (vii) One-way Permit                    | 0   8 |
| (viii) Mainland identity documents      | 0   9 |
| (ix) Others                             | 9   9 |

### 3. Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

#### 3.1 Spouse, student-applicants and unmarried children residing with the family

<b>A. Spouse</b>	
1. Name in Chinese	黃 小 芬
2. Name in English	W O N G S I U F A N
3. Year of Birth	1 9 6 2
4. HKID Card No.	B 1 2 3 4 5 6 (7)
	<i>(If HKID no. is not available, please provide other identity document no. with copy of relevant proof)</i>
	Other Identity Document Type: (please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")
	Other Identity Document No:
5. HK Mobile Phone No. @	9 1 2 3 5 6 7 8

Please use block letters; write the surname starting from the first box; and leave a space between each word.

Please fill in the HKID Card No. of your spouse claimed in the Form with reference to the example as shown in the box.

If your spouse is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 2.1 of this Notes.

Please fill in the HKID Card No. / Birth Certificate No. of the student-applicant / unmarried child residing with the family claimed in the Form with reference to the example as shown in the box and submit a copy of the relevant identity document.

If the student-applicant / unmarried child residing with the family is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 2.1 of this Notes.

<b>B. Student-applicants and unmarried children residing with the family (If more than one child, please fill out this part starting from the youngest child.)</b>	Student-applicant 1 / Unmarried child residing with the family 1		Student-applicant 2 / Unmarried child residing with the family 2	
	1. Name in Chinese	陳 小 芳	陳 大 明	
	2. Name in English	C H A N S I U F O N G	C H A N T A I M I N G	
	3. Date of Birth	D 0 1 M 0 1 Y 2 0 0 1	D 0 1 M 0 1 Y 1 9 9 6	
	4. HKID Card No. / Birth Certificate No. <i>If not available, please provide:</i>	D 1 2 3 4 5 6 (7)	C 1 2 3 4 5 6 (7)	
	Other Identity Document Type	<i>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</i>	<i>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</i>	
	Other Identity Document No.			
	5. Status for 2016-17	# <input checked="" type="checkbox"/> Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other	# <input checked="" type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment	
	6. Name of School / Institution in 2017/18	NUMBER ONE SECONDARY SCHOOL		
	7. Class level	S 4		
8. Mode of study	# <input checked="" type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time			
9. Apply for schemes <i>(On student basis and you may choose more than 1 item, if applicable)</i>	# <input checked="" type="checkbox"/> Need <input type="checkbox"/> Do not need # Kindergarten & below levels: <input type="checkbox"/> (1) KCFRS <input type="checkbox"/> (2) Grant-KG # Primary & secondary levels or equivalent: <input checked="" type="checkbox"/> (3) TA <input checked="" type="checkbox"/> (4) STS <input type="checkbox"/> (5) DYJFR <input type="checkbox"/> (6) FR(FAEAEC)	# Kindergarten & below levels: <input type="checkbox"/> (1) KCFRS <input type="checkbox"/> (2) Grant-KG # Primary & secondary levels or equivalent: <input type="checkbox"/> (3) TA <input type="checkbox"/> (4) STS <input checked="" type="checkbox"/> (5) DYJFR <input type="checkbox"/> (6) FR(FAEAEC)		

If applicant wishes to apply for financial assistance for the child in the 2017/18 school year (including KCFRS, Grant-KG, TA, STS, DYJFR and FR(FAEAEC)), please put "✓" in the appropriate box(es).

3.1.1 If applicant has more than 4 unmarried children residing with him / her, please supplement their information in the format as at Section B under Part II of the application form by appending a separate sheet with the applicant's signature. Copies of the identity documents of all unmarried children included in the Form should be provided.

3.1.2 Applicant's spouse and children in receipt of CSSA will not be counted as 'family members' under the Adjusted Family Income (AFI) mechanism.

3.1.3 Applicant may apply for more than one scheme in this application (if applicable). Before choosing the scheme(s) the applicant wishes to apply for the student-applicant, please make sure that the student-applicant meets the eligibility criteria of relevant scheme(s).

3.1.4 Student-applicants who have been approved to receive financial support in respect of textbook expenses, Internet access charges at home and student travel expenses including free transportation service to and from school by any public or private organizations or schools should not apply for the same type of assistance through the SFO. These organizations include, but are not limited to schools, the SWD, EDB, the Hong Kong Jockey Club, public transport companies, etc. If it is subsequently discovered that the student-applicant is benefiting from double subsidies, the applicant is liable to refund the overpaid amount forthwith upon the request of the SFO.

3.1.5 Applicant applying for financial assistance for pre-primary, primary and secondary students should fill in the class level attended by his / her child(ren) in 2017/18 using the following codes:

(i) Whole-day Child Care Centre (group aged 0-2)

(ii) Whole-day Child Care Centre (group aged 2-3)

(iii) Nursery class in kindergarten

(iv) Lower class in kindergarten

(v) Upper class in kindergarten

(vi) Primary 1 to 6   /   /   /   /   /

(vii) Secondary 1 to 3   /   /

(viii) Senior Secondary 1 to 3   /   /

3.1.6 If applicant wishes to amend the application details after submission of the Household Application Form (including applying for additional scheme(s) / amending scheme(s) that have been applied for), please submit the request in writing, together with justification, and post it to the SFO within 30 days from the submission date of the application form. Application for additional scheme(s) / amending the scheme(s) to apply for must be duly signed by the applicant with the application number / the HKID card number of the applicant specified. It will take longer time for processing these applications. Please note that late application for financial assistance will not be considered. In this regard, applicant should check carefully if he / she has chosen all the scheme(s) that he / she wishes to apply for before submission of the application form.

3.2 Subsidy for Internet Access Charges (On household basis and only applicable to applicants applying for subsidies at primary and secondary levels)

<p><b>C. Subsidy for Internet Access Charges (SIA) (<i>On household basis and <del>only applicable to applicants applying for subsidies at primary and secondary levels</del></i>)</b></p>		<p>Please put "✓" in the box if the applicant wishes to apply for SIA in the 2017/18 school year.</p>
<p>1. Does your family need to apply for SIA in the 2017/18 school year? # <input checked="" type="checkbox"/> Need <input type="checkbox"/> Does not need</p>		
<p>2. Inviting for "i Learn at Home" Programme Membership Registration Please put "✓" in the box at the right if your family wishes to apply for SIA for 2017/18 school year and consent that your personal data provided by means of the Application Form, including the applicant's name, mobile phone no., residential address and Household Application No. of the application, may be disclosed to the Office of the Government Chief Information Officer and the Implementers of the Programme, and that the above-mentioned organisations can contact you for inviting for membership registration to the Programme when your family has been disbursed with SIA.</p>		<input checked="" type="checkbox"/>

3.2.1 If applicant wishes to register as a member of "i Learn at Home" after his / her family has been disbursed with the Subsidy for Internet Access Charges in 2017/18, he / she may put "✓" in the box at the right in Section C(2) under Part II so that the SFO may disclose the applicant's personal data (including the applicant's name, mobile number, residential address and Household Application Number) to the Office of the Government Chief Information Officer and the Implementers of the Programme for inviting for membership registration to the Programme.

3.2.2 Applicant who only applies for financial assistance for pre-primary students is not required to complete this part.

3.3 Dependent parent

3.3.1 Dependent parent refers to the applicant's parents, including in-laws, who is not a recipient of the CSSA at the time of submission of application. They must, throughout the normal assessment year (1 April 2016 to 31 March 2017), not in employment and meet any one of the following conditions for at least 6 months -

- (A) resided with the applicant's family; or
- (B) resided in premises owned or rented by the applicant or his / her spouse; or
- (C) resided in an elderly home and the expenses were fully paid by the applicant or his / her spouse OR totally supported by the applicant or his / her spouse.

**Remarks: Applicant or his / her spouse should continue to support their parent in the 2017/18 school year and the form of support should be similar to that in the year of assessment. Besides, as the number of family members may affect directly the level of assistance the applicant's family is eligible for, please send the completed application form together with documentary proof for supporting the parents (e.g. tenancy agreement, residential address proof or receipt of the home for the elderly, etc.) to the SFO by post.**

3.3.2 If the number of dependent parents is more than 2, please supplement their information in the format as at Section D under Part II of the application form by appending a separate sheet with the applicant's signature and submitting copies of the identity documents of the dependent parents provided in the form.

Please fill in the personal particulars of dependent parent(s) and provide a copy of their identity documents (e.g. the Hong Kong Smart Identity Card) and documentary proof for supporting the parents.

Please put "✓" in the appropriate box. If yes, please skip Part 'D'. If no, please continue to complete Part 'D' and refer to Paragraph 3.3 of the "Notes on How to Complete the Form" for definition of "Dependent Parent".

**D. Dependent Parent**

Is / are the dependent parent(s) recipient(s) of the Comprehensive Social Security Assistance (CSSA)? #  Yes  No  
 (If yes, please skip Part 'D'. If no, please continue to complete Part 'D' and refer to Paragraph 3.3 of "Notes on How to Complete and Return Household Application Form" for definition of "Dependent Parent". Please also provide supporting documents for dependence of the parents including tenancy agreement, residential address proof or receipt of the home for the elderly, etc.)

Name of Dependent Parent	HKID Card No. (please provide copy) and Year of Birth	Dependency Status (Please put "✓" in the appropriate box) at least 6 months during 1.4.2016 to 31.3.2017		
		Resided with the applicant's family	Resided in premises owned or rented by the applicant or his/her spouse	Resided in an elderly home and the expenses were fully paid by the applicant or his/her spouse OR totally supported by the applicant or his/her spouse
(1) Name in Chinese: 陳 大 福 Name in English: C H A N T A I F U K	HKID Card No. [E] [1] [2] [3] [4] [5] [6] [7] or Other Identity Document Type: [ ] (please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form") Other Identity Document No.: [ ] Year of Birth: 1 9 4 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the dependent parent is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 2.1 of this Notes.

Applicant should read Paragraph 3.3.1 (A), (B) and (C) carefully and put "✓" in the appropriate box(es).

**4. Part III Residential Address**

4.1 Applicant should provide the residential address in this part so that the SFO can arrange to conduct home visits for the selected applicants. If the applicant's residential address is the same as the correspondence address provided in Part I of the application form, the applicant is not required to complete this part.

**5. Part IV Family Income**

If applicant, his / her spouse or unmarried child residing with the family was unemployed during the assessment period, please complete the fields according to the following example.

Please provide the total income (integer without decimal places), for the period from 1 April 2016 to 31 March 2017. The SFO will not accept estimated amount, and so please provide the actual figure. For other income source, e.g. rental income ( see item 10 under "Items need to be reported" in Paragraph 5.1 of this Notes), contribution from children not residing with the family / relatives / friends, alimony or interests from investments, please state the amount according to the following example.

Applicant and Family Member	Mode of employment	Position (Please specify period if it is not a whole year)	Total Annual Income (\$)	For Office Use
① Applicant	# <input checked="" type="checkbox"/> Full-time	Unemployed (1.4.2016 - 30.4.2016)	Salary^ (\$) 8 0 0 0 0	
	# <input type="checkbox"/> Part-time	Clerk (1.5.2016 - 31.12.2016) Self-employed Driver (1.1.2017 - 31.3.2017)	Business profit (\$) 4 5 0 0 0	
② Spouse	# <input type="checkbox"/> Full-time	Housewife (1.4.2016 - 30.9.2016)	Salary^ (\$) 9 0 0 0 0	
	# <input checked="" type="checkbox"/> Part-time	Part-time Cashier (1.10.2016 - 31.3.2017)	Business profit (\$) [ ] [ ] [ ] [ ] [ ]	
③ Unmarried child residing with the family (if applicable) Name: CHAN Tai-ming	# <input checked="" type="checkbox"/> Full-time	Waiter (1.4.2016 - 10.6.2016)	Salary^ (\$) 3 6 0 0 0	
	# <input type="checkbox"/> Part-time	Unemployed (11.6.2016 - 31.3.2017)	Business profit (\$) [ ] [ ] [ ] [ ] [ ]	
④ Unmarried child residing with the family (if applicable) Name: [ ] [ ] [ ] [ ] [ ]	# <input type="checkbox"/> Full-time		Salary^ (\$) [ ] [ ] [ ] [ ] [ ]	
	# <input type="checkbox"/> Part-time		Business profit (\$) [ ] [ ] [ ] [ ] [ ]	
⑤ Other income (if applicable)	Contribution from children not residing together, relatives or friends (\$)		1 2 0 0 0	
	Rental income of property, land, carpark, vehicle or vessel (\$)		9 6 0 0 0	
	Interests from investments, fixed deposit (\$)		5 0 0 0 0	
Pension (excluding lump sum retirement gratuity) (\$)		Widow's & Children's Compensation (\$)	Others (\$)	
<b>Total =</b>			<b>2 8 3 0 0 0</b>	

^ Including salary / wage / bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)

The total amount is for reference only. The SFO will assess the eligibility of a family for student financial assistance and its assistance level according to the AFI mechanism stated in Paragraph 3 of the Guidance Notes.

5.1 Types of incomes earned by the family both within and outside Hong Kong that should be reported are listed below for reference. For provision of documentary proofs, please refer to Paragraph 10.2 (iv) of the "Notes on How to Complete the Form".

Items need to be reported		Items need not to be reported	
1	Salary (including the salary of applicant, applicant's spouse and student-applicant's unmarried sibling(s) residing with the applicant for full-time, part-time or temporary jobs, <u>excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee</u> )	1	Old age allowance / Old age living allowance
2	Double pay / Leave pay	2	Disability allowance
3	Allowance (including overtime work / living / housing or rent / transport / meals / education / shift allowance, etc.)	3	Long service pay / Contract gratuity
4	Bonus / Commission / Tips	4	Severance pay
5	Wages in lieu of notice of dismissal	5	Loans
6	Business profits and other income earned by means of self-employment, such as hawking, driving taxis / minibuses / lorries, and fees for services rendered, etc.	6	Lump sum retirement gratuity / Provident fund
7	Alimony	7	Inheritance
8	Contribution from any person(s) not residing with applicant's family to any of the applicant's family member(s) (including money or contribution of housing / remittance(s) / contribution for mortgage repayment / rent / water / electricity / gas or other living expenses)	8	Charity donations
9	Interests from fixed deposits, stocks, shares and bonds, etc.	9	Comprehensive Social Security Assistance
10	Rental income of property, land, carpark, vehicle or vessel (including Hong Kong, the Mainland and overseas)	10	Retraining allowance / Work Incentive Transport Subsidy / Low-income Working Family Allowance
11	Monthly pension / Widow's & Children's Compensation	11	Insurance / accident / injury indemnity
		12	MPF / Provident Fund contribution by employee

5.2 Applicant should provide the income proof and those of the family member(s) under employment. If the applicant, the applicant's spouse or any family member under employment has / have provided the Income Certificate (i.e. Sample I at Annex) or the Self-prepared Income Breakdown (i.e. Sample IV at Annex) as the income proof, the SFO may still require the applicant to concurrently provide the bank passbook, salary statement or other income proof for reference. If applicant cannot provide any income proof for special reasons, please notify the SFO in writing, providing justifiable reasons and the detailed calculation of income. Applicant should also sign on the explanatory letter personally. If the explanation or documents provided cannot substantiate the reported income information of the family member(s) concerned (e.g. self-written statement of income), the SFO may need to make adjustment and apply benchmark figures (based on statistical information provided by relevant government departments e.g. Census and Statistics Department) to assess the income of applicants and their family members. In assessing the family income, if necessary, the SFO may require the applicants to provide documentary proof of items which is not listed above or seek further clarification for amounts that were used for maintaining the living of the family but have not been accounted for in the application such as savings, loans. The SFO may also request the applicant to produce documentary proof including bank savings records, duly signed declaration from the debtor, etc. In case no valid proof is provided, the amounts for maintaining the living of the family may be taken as part of the family income.

## 6. Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness

(Please provide a copy of supporting document)

Name	Nature of incapacity or Chronic illness	Medical expenses incurred within the assessment period (\$)
LEE Tai-ming	Suffering from diabetes and requiring regular medical treatment.	1   0   4   0   0

6.1 If applicant has incurred medical expenses for family members (for family members who are chronically ill or permanently incapacitated) during the period from 1 April 2016 to 31 March 2017, he / she may state details of the situation in Part V of the application form. Applicant should provide relevant medical certificate(s) and receipt(s) issued by the hospitals / clinics / registered practitioners to the SFO for consideration of deducting such expenses. (The ceiling of deductible amount for each family member is \$20,230 per year in 2017/18).

## 7. Part VI Bank Account for Payment of Assistance

(The account must be under the applicant's name and please provide copy of the bank statement / first page of bank book)

- 7.1 As the SFO will release the Grant for School-related Expenses for Kindergarten Students, School Textbook Assistance, Student Travel Subsidy, Subsidy for Internet Access Charges, Diploma Yi Jin Fee Reimbursement and Fee Reimbursement (Financial Assistance Scheme for Designated Evening Adult Education Courses) by auto-pay, the applicant should provide the correct bank name and bank account number together with a copy of the relevant supporting document. Please note that the SFO bears no responsibility for any delay in receipt of payment / loss in subsidy amount / any additional bank charges arising from any errors the applicant committed in providing the bank code and / or account number.
- 7.2 The bank account must be valid account under the name of the applicant. (It must be recently in use.)
- 7.3 The account number, including the bank code, normally does not exceed 15 characters.
- 7.4 Joint account, credit card account, loan account, fixed-deposit account and foreign currency account are not accepted.
- 7.5 Please fill in the correct bank account information with reference to the following example:

Account holder's name in English:	C	H	A	N		T	A	I		M	A	N							
Applicant's bank account no.:	0	2	4	-	1	2	3	4	5	6	7	8	9	0					
	Bank Code					Bank Account Number													
	(eg. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)																		
Bank name:	HANG SENG BANK																		

- 7.6 For enquiries of "Bank Code", applicant may approach the bank concerned for assistance.
- 7.7 If applicant needs to change the bank account number after submission of the application form, please advise the SFO of the change in writing with supporting document as soon as possible so as to avoid any delay in the disbursement of financial assistance.

## 8. Part VII Applicant's Supplementary Information

Please provide other special family information or details regarding family members in receipt of CSSA in this part. Otherwise, please leave this part blank.

1. If you have filled in Part II particulars of any member who is **not** a self-bearing child of yours, please specify his/her name and state the reasons for declaring him/her as a family member.  
\_\_\_\_\_
2. If your family is receiving / has received CSSA any time during the period from 1 April 2016 to the time of submission of application, please specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number.  
LEE Yat-man, Chan Siu-ling and LEE Siu-ming received CSSA during 1.4.2016 - 30.9.2016. The case file number was ABC-C-123456.
3. If you have special financial hardship, please state details of the situation, relevant duration and submit supporting documents.  
\_\_\_\_\_

## 9. Part VIII Declaration

The applicant and his / her spouse (if applicable) should read through the paragraphs and sign in the space provided in the application form.

## 10. Notes on Submission of Application Forms and Supporting Documents

- 10.1 (i) Applicable to Applicants of Financial Assistance for Primary and Secondary Students

Please submit the completed "Household Application Form for Student Financial Assistance Schemes" with copy of the relevant supporting documents to the SFO by post **on or before 31 May 2017**, using the addressed envelope provided. Please affix sufficient postage. Insufficient postage will lead to non-delivery of the application forms, in which case the SFO will not be able to process the application. Applicants should write their correspondence address at the back of the addressed envelope to avoid wrong / unsuccessful delivery.

- (ii) Applicable to Applicants of Financial Assistance for Pre-primary Students

Applicants should forward the "Household Application Form for Student Financial Assistance Schemes" to the SFO **on or before 15 August 2018**. The effective month of fee remission will be the month in which the application forms are submitted by the applicants, or the month in which the student-applicants are admitted to the kindergartens / child care centres, whichever is the later.

- 10.2 Required supporting documents include:

- (i) Copy of identity documents of the applicant and his / her family members (including the dependent parent(s) (if applicable)) as listed in Part II;
- (ii) (For single-parent families) Copy of supporting documents for separation / divorce or spouse's Death Certificate. If applicants are unable to provide the supporting documents, please explain in writing the reasons and sign on an explanatory note;

- (iii) (If applicable) Copy of documentary proof on unavoidable medical expenses (for family members who are chronically ill or permanently incapacitated) for the period from 1 April 2016 to 31 March 2017; and
- (iv) Documentary proof on total income for the period from 1 April 2016 to 31 March 2017. Please submit the document in accordance with the requirements listed below:

Salaried employed person	<ol style="list-style-type: none"> <li>(1) Tax Demand Note issued by the Inland Revenue Department; if not available</li> <li>(2) Employer's Return of Remuneration and Pensions Form; if not available</li> <li>(3) Salary Statement; if not available</li> <li>(4) Bank transaction record showing payment of salary, allowance, etc. (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating family income ); if not available</li> <li>(5) Income Certificate certified by the employer (See Sample I at Annex), etc.</li> </ol>
Self-employed driver or person running business (including sole proprietorship business / partnership business / limited company)	<ol style="list-style-type: none"> <li>(1) Profit and Loss Account verified by a Certified Public Accountant; if not available</li> <li>(2) Profit and Loss Account prepared on your own (See Sample II or III at Annex) <u>and</u></li> <li>(3) Personal Assessment Notice (if applicable).</li> </ol>
Salaried employed or self-employed person who cannot produce any income proofs	<ol style="list-style-type: none"> <li>(1) Please follow Sample IV at Annex to provide Self-prepared Income Breakdown detailing your monthly income throughout the year and explaining why income proof cannot be produced. (The SFO reserves the right to decide whether applications from those applicants who cannot provide justification for not producing income proof would be accepted.)</li> </ol>
Person with rental income	<ol style="list-style-type: none"> <li>(1) Tenancy Agreement ; if not available</li> <li>(2) Bank transaction record showing rental income (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating family income).</li> </ol>

Sample I: Income Certificate

(For salaried employed person who cannot provide items 1-4 of income proof as listed in Paragraph 10.2 (iv) of the "Notes on How to Complete the Form")

(Can be filled in directly)

**INCOME CERTIFICATE**

This is to certify that \_\_\_\_\_ (HKID Card No. \_\_\_\_\_) is employed by this company as \_\_\_\_\_. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2016 to 31 March 2017 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: \_\_\_\_\_ to \_\_\_\_\_) is \*HK\$ \_\_\_\_\_.

# The above employee works \_\_\_\_\_ hours per month / full-time in this company (120 working hours or above per month) (for application of fee remission for whole-day child care centre (group aged 0-3) / kindergarten-cum-child care centres)

Signature of Employer : \_\_\_\_\_ Name of Employer : \_\_\_\_\_

Company Chop : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Company Address : \_\_\_\_\_

Date: \_\_\_\_\_

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any deletion / amendment.)

\* Please specify the currency if salary paid is not in Hong Kong dollars.

# Please delete the inappropriate sentence



## INCOME CERTIFICATE

This is to certify that \_\_\_\_\_ (HKID Card No. \_\_\_\_\_) is employed by this company as \_\_\_\_\_. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2016 to 31 March 2017 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: \_\_\_\_\_ to \_\_\_\_\_) is \*HK\$ \_\_\_\_\_.

# The above employee works \_\_\_\_\_ hours per month / full-time in this company (120 working hours or above per month) (for application of fee remission for whole-day child care centre (group aged 0-3) / kindergarten-cum-child care centres)

Signature of Employer : \_\_\_\_\_ Name of Employer : \_\_\_\_\_

Company Chop : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Company Address : \_\_\_\_\_

Date: \_\_\_\_\_

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any deletion / amendment.)

\* Please specify the currency if salary paid is not in Hong Kong dollars.

# Please delete the inappropriate sentence

**WARNING :** The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

**Sample II: Profit & Loss Account**

(For self-employed taxi driver / lorry driver / minibus driver etc.)

(Can be filled in directly)

Name of family member engaged in the following business :		_____
Taxi driver / Lorry driver / Minibus driver (please circle)		
Vehicle owner / Vehicle lessee (please circle)		
License number (for vehicle owner only) :		_____
<b>(I) Profit and Loss Account</b> (From 1 <sup>st</sup> April 2016 to 31 <sup>st</sup> March 2017)		
<b>Income (HK\$)</b>		
1. Rent (for vehicle owner only)	\$	_____
2. Profit from operating business	\$	_____
3. Others (please specify all items & breakdown of amounts)	\$	_____
(A) Total Income	\$	_____
<b>Expenditure (excluding vehicle mortgages) (HK\$)</b> (1 & 2 are applicable to vehicle lessee, 2 to 5 are applicable to vehicle owner)		
1. Vehicle rental fee	\$	_____
2. Fuel charges	\$	_____
3. Insurance premium	\$	_____
4. Maintenance fee	\$	_____
5. License fees	\$	_____
6. Others (please specify all items & breakdown of amounts)	\$	_____
(B) Total Expenditure	\$	_____
<b>Net profit [(A) Total Income – (B) Total Expenditure]</b>		
	\$	_____
(This amount should be filled in Part IV of the Household Application Form.)		
Remark (reason for not being able to provide income proof) :		
_____		
<b>(II) Monthly Working Hours (Only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3)</b>		
Working _____ hours per month.		
Signature of family member engaged in the above business (if not the applicant) :		
Applicant Name	:	_____
Applicant HKID No	:	_____
Applicant Signature	:	_____
Date	:	_____

**Sample III: Profit & Loss Account**

(For person running business (including sole proprietorship / partnership business))

(Can be filled in directly)

Name of family member running the following company (Owner) :		_____
Company name		_____
Nature of business		_____
Company address		_____
Sole proprietorship or partnership :		_____ ( _____ %)
(If it is a partnership, please specify the profit sharing ratio, e.g. Partnership (50%))		
<b>(I) Profit and Loss Account</b> (From 1 <sup>st</sup> April 2016 to 31 <sup>st</sup> March 2017)		
(A) Gross Income (HK\$)	\$	_____
<b>Expenditure (HK\$)</b> (The following is the running cost of the company and should not cover any household expenses.)		
Cost on purchasing merchandise	\$	_____
Water charges	\$	_____
Electricity charges	\$	_____
Gas charges	\$	_____
Telephone charges	\$	_____
Rent and rates	\$	_____
Salary of employees other than those marked '#' below	\$	_____
Transportation costs	\$	_____
Traveling expenses	\$	_____
Insurance premium	\$	_____
Fees for repair and maintenance of machinery	\$	_____
Others (please specify all items & breakdown of amounts)	\$	_____
<b>Other Expenditure (HK\$)</b>		
# Salary of owner paid by this company	\$	_____
# Salary of other family member paid by this company (Name : _____)	\$	_____
(B) Total Expenditure (HK\$)	\$	_____
Household Income = (A) Gross Income – (B) Total Expenditure* + Salary of owner / other family member paid by this company# = HK\$ _____		
(This amount should be filled in Part IV of the Household Application Form.)		
* If Gross Income is less than Total Expenditure (i.e. (A) – (B) < 0), deficit will not be counted i.e. business loss cannot be deducted from the gross household income.		
Remark (reason for not being able to provide income proof) :		
_____		
<b>(II) Monthly Working Hours (Only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3)</b>		
Working _____ hours per month.		
Owner Signature (if not the applicant)		_____
Applicant Name		_____
Applicant HKID No		_____
Applicant Signature		_____
Date		_____

**Sample IV: Self-prepared Income Breakdown**  
 (For hawker / construction worker / renovation worker / casual worker / cleaner  
 who cannot provide income proof)  
 (Please fill in all of the following items)  
 (Can be filled in directly)

**WARNING :** The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

Name of the family member engaged in the :  
 following business \_\_\_\_\_

(Each self-prepared income breakdown should contain the income information of ONE family member only.)

The relationship between this family member and the applicant : \* Applicant / Spouse / Child  
 (\* please delete the inappropriate items )

Nature of Industry (e.g. Construction) :

Position (e.g. construction worker) :

**Actual Income**

(Please fill in actual figure. If you do not have any income in a specific month, please fill in \$0. Do not leave any month blank. In addition, for payment made in arrears, for instance, if the payment date of your salary for April is in May, you should fill in the salary amount in the month of April, etc.)

**2016**

April :HK \$ \_\_\_\_\_  
 May :HK \$ \_\_\_\_\_  
 June :HK \$ \_\_\_\_\_  
 July :HK \$ \_\_\_\_\_  
 August :HK \$ \_\_\_\_\_

September :HK \$ \_\_\_\_\_  
 October :HK \$ \_\_\_\_\_  
 November :HK \$ \_\_\_\_\_  
 December :HK \$ \_\_\_\_\_

**2017**

January :HK \$ \_\_\_\_\_  
 February :HK \$ \_\_\_\_\_  
 March :HK \$ \_\_\_\_\_

Total Annual Income HK \$ : \_\_\_\_\_

Payment method (Please put "✓" in the appropriate box. More than one item may be selected)

A. By Cash / Cash cheque

B. By Cheque / direct credit (Please provide a copy of the transaction record together with the page showing the name of the bank account holder, circle the entries and highlight the total amount with color for verification. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating your family income.)

Reason for not being able to provide income proof (Please put "✓" in the appropriate box.)

A. I have no fixed employer.

B. The company I worked for has wound up and I cannot obtain documentary proof from the ex-employer and do not have any other income proof.

C. Others, please specify : \_\_\_\_\_

Monthly Working Hours (Only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3)

Working \_\_\_\_\_ hours per month.

**Declaration : I declare that the above information is true and complete.**

Signature of family member engaged in the above business (if not the applicant) : \_\_\_\_\_

Applicant Name : \_\_\_\_\_ Applicant HKID No : \_\_\_\_\_

Applicant Signature : \_\_\_\_\_ Date : \_\_\_\_\_