

## **Office of Student Support**

## **Letter of Declaration for Income-related Matters**

Please print out this form and use a wet-ink signature (i.e. not signed electronically)

- This declaration form is used to provide additional information to supplement an application for MOE
  Financial Assistance Schemes for Institutes of Higher Learning (Republic Polytechnic), supported by the
  Household Means Eligibility System (HOMES).
- 2. Supporting documents should be provided, wherever possible, to substantiate the declarations. The Government and Participating Agencies reserve the right not to consider any declarations if they are unsubstantiated, suspected or found to be false, inaccurate or incomplete.
- 3. If you do not have anything to declare, you are not required to submit this form.

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## Section A: Declarant Particulars (To complete all fields)

Full Name (As per official identification document)	Identification No.

## Section B: Declaration of Income Information (To select and complete those applicable)

Option A: I am currently unemployed with \$0 income due to unemployment within the recent 12 months.				
Select the one that represents your <b>past</b> employment status.				
	☐ Option A1: I was previously employed but have ceased			
	employment.			
	Name of employer:			
	Last drawn monthly income: \$			
	Last day of employment: (date in DD/MM/YYYY)			
	Reason for unemployment (select one):			
	☐ Ad-hoc temporary employment			
	☐ Contract ended			
	☐ Resignation			
	☐ Retrenchment or termination			
	□ Others:			
	If you have official supporting documents that states the above information (e.g retrenchment letter, acceptance of resignation), you are not required to fill up this form.			
I	☐ Option A2: I was previously self-employed but have ceased self-			
	employment.			
	Occupation:			
	Last drawn monthly income: \$			

☐ Option B: I have suffered a decrease/ drop in income within the recent 12 months.

employment or taken a pay cut.  Name of employer:  Last drawn monthly income: \$  Last day of employment (if applicable): (date in DD/Mi	
Last drawn monthly income: \$	
Last day of employment (if applicable): (date in DD/M.	
	M/YYYY)
Reason for unemployment (select one):	
☐ Not applicable — I did not cease employment	
☐ Ad-hoc temporary employment	
☐ Contract ended	
☐ Resignation	
☐ Retrenchment or termination	
☐ Others:	
If you have official supporting documents that states the above informa	tion (e.g
retrenchment letter, acceptance of resignation), you are not required to	fill up this form.

	on B3: I am currently employed and have earned monthly					
income as below.						
Name of employer:						
First day of employm	of employment or pay cut: (date in DD/MM/YYYY)					
Month & Year	Name of Employer(s)	Monthly Employment Income (SGD)*				
		allowances, cash awards,				

cupation:	
	ICOMe: (date in DD/MM/YYYY)
Month & Year	Net Monthly Trade Income (after expenses) (SGD)*
	m business(es) that you own through the buy

☐ Option C: I was earning rental income but ha	ave ceased rental
☐ Option D: I am earning income from an over working in a foreign country.	seas entity or
Section C: Declaration by Declarant	
Note: Please read the declaration carefully and provide your signature	/ thumbprint below.
By signing this form, I hereby declare that all the information who connection with this application is true and correct to the best of my known not willfully suppressed any material fact.	•
I acknowledge that the Government and Participating Agencies may conformation provided in this form where permitted or required by law,	
I understand that:	
(i) the information provided by me in this Declaration may be use Participating Agencies to assess my and/or my family's eligibility for assistance and/or service provided by the Government or Participating Agencies	any grant, subsidy, financial
(ii) if the information provided is intentionally false or misleading, I m grant, subsidy, financial assistance and/or service provided to me or m and Participating Agencies, including the administrative expenses incur to criminal prosection.	ny family by the Government
Signature / Thumbprint of Declarant Note: Signature of declarant has to be in wet ink (i.e. Not signed electronically)	Date (DD/MM/YYYY)