

Student ID: \_\_\_\_\_ Student Full Name: \_\_\_\_\_

Note: This form is for family members who are self-employed, unemployed and employed with odd job/irregular income who are unable to submit latest income documents. You can use Adobe Acrobat DC to digitally fill and sign on this form.

### FINANCIAL ASSISTANCE SCHEME APPLICATION INCOME DECLARATION FORM

I, \*Mr/Mdm/Ms \_\_\_\_\_ NRIC No. \_\_\_\_\_

\*parent/guardian/sibling/relative of \_\_\_\_\_ NRIC No. \_\_\_\_\_

hereby declare that my latest total gross income is \$ \_\_\_\_\_ per month.

**Please complete and select where applicable**

- ☐ I am self-employed as a \_\_\_\_\_ (name of occupation e.g. taxi driver, private-hire driver, own business). (Enclosed is my **2020/2021 Income Tax Assessment Statement and CPF Contribution History for most recent 12 months**). Family members who became private-hire drivers for less than 1 year are to provide latest 12 consecutive private hire weekly statements (3 months) and most recent 12 months CPF. If you are unable to provide 12 consecutive weekly statements, please also submit **Declaration Form Annex B** stating detailed reasons, in addition to available weekly statements and recent 12 months CPF.

I am a housewife/retiree/unemployed  
(Enclosed is my **CPF Contribution History for most recent 12 months**).

I am employed as a \_\_\_\_\_ (name of occupation) under Odd Job/Part-time (irregular income).  
(Strictly for family members without Payslips/CPF/Employer's letter. Enclosed is my **Declaration Form Annex B** with detailed reasons why my latest income documents cannot be provided).

I declare that the information provided above is true to the best of my knowledge. I understand that if the information provided is false, the applicant's application will be rejected. The applicant is aware that if any information provided above is subsequently found to be falsely declared, the applicant will refund the full value of the amount awarded and will be subjected to disciplinary actions.

Signature of Family Member ..... (Please do not type out name as signature. Upload image of signature if using Adobe Acrobat DC OR Sign). Date .....

### FINANCIAL ASSISTANCE SCHEME APPLICATION INCOME DECLARATION FORM

I, \*Mr/Mdm/Ms \_\_\_\_\_ NRIC No. \_\_\_\_\_

\*parent/guardian/sibling/relative of \_\_\_\_\_ NRIC No. \_\_\_\_\_

hereby declare that my latest total gross income is \$ \_\_\_\_\_ per month.

**Please complete and select where applicable**

I am self-employed as a \_\_\_\_\_ (name of occupation e.g. taxi driver, private-hire driver, own business). (Enclosed is my **2020/2021 Income Tax Assessment Statement and CPF Contribution History for most recent 12 months**). Family members who became private-hire drivers for less than 1 year are to provide latest 12 consecutive private hire weekly statements (3 months) and most recent 12 months CPF. If you are unable to provide 12 consecutive weekly statements, please also submit **Declaration Form Annex B** stating detailed reasons, in addition to available weekly statements and recent 12 months CPF.

I am a housewife/retiree/unemployed  
(Enclosed is my **CPF Contribution History for most recent 12 months**).

I am employed as a \_\_\_\_\_ (name of occupation) under Odd Job/Part-time (irregular income).  
(Strictly for family members without Payslips/CPF/Employer's letter. Enclosed is my **Declaration Form Annex B** with detailed reasons why my latest income documents cannot be provided).

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Signature of Family Member ..... (Please do not type out name as signature. Upload image of signature if using Adobe Acrobat DC OR Sign). Date .....

Student ID: \_\_\_\_\_ Student Full Name: \_\_\_\_\_

Note: This form is **not required if there is nothing to declare**. You can use Adobe Acrobat DC to digitally fill and sign on this form.

**Annex B**

**FINANCIAL ASSISTANCE SCHEME APPLICATION  
DECLARATION FORM**

I, \*Mr/Mdm/Ms \_\_\_\_\_ NRIC No. \_\_\_\_\_

\*parent/guardian/sibling/relative of \_\_\_\_\_ NRIC No. \_\_\_\_\_

hereby declare that:

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the information provided above is true to the best of my knowledge. I understand that if the information provided is false, the applicant's application will be rejected. The applicant is aware that if any information provided above is subsequently found to be falsely declared, the applicant will refund the full value of the amount awarded and will be subjected to disciplinary actions.

Signature of Family Member ..... (Please do not type out name as signature. Upload image of signature if using Adobe Acrobat DC OR Sign). Date .....

**FINANCIAL ASSISTANCE SCHEME APPLICATION  
DECLARATION FORM**

I, \*Mr/Mdm/Ms \_\_\_\_\_ NRIC No. \_\_\_\_\_

\*parent/guardian/sibling/relative of \_\_\_\_\_ NRIC No. \_\_\_\_\_

hereby declare that:

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Family Member ..... (Please do not type out name as signature. Upload image of signature if using Adobe Acrobat DC OR Sign). Date .....