Application No.	if applicable	):

## Working Family Allowance Scheme

## Self-declared Statement on Working Hours/Income from Work (WFA009B)

[Applicable to persons who are unable to provide relevant documentary proof for special reasons]

- ⇒ If the Applicant and/or other household member(s) is/are unable to provide copies of documentary proof (See Section 10 of the WFA Guidance Notes) or an Employer's Certification (see WFA008B for a sample) for (a) working hours or (b) income from work, he/she may fill in this Self-declared Statement.
- The Working Family Allowance Office (WFAO) will examine the information provided in the Self-declared Statement and where necessary, may request the Applicant or the concerned household member(s) to provide supplementary information, attend an interview or make a statutory declaration of the information provided. The WFAO will in individual cases consider whether to accept the Self-declared Statement submitted by the household as documentary proof of the relevant item(s).

documentary proof of the relevant item(s).	
Name of Applicant/Household Member:	
<ol> <li>In respect of the job (Name of Company/Employer:</li></ol>	
2. I am unable to provide copies of the documentary proof for the following reason:  ☐ The company by which I was employed has been wound up, and I cannot obtain to the company by the c	
documentary proof from the ex-employer and do not have any other proof  My employer cannot provide relevant documentary proof due to special reasons, details of which are as follows:	
☐ Others (please specify):	
3. Payment method of my salary for the above job is:  □ By cash/cash cheque □ By crossed cheque/bank transfer □ Others (please specify):	
Supplementary information:	
Declaration  I and the household member reported in this form hereby declare that the above information is true, complete and accurate. We understand that wilfully making a false statement, misrepresentation or concealment of any information in order to obtain WFA by deception is a criminal offence, the commission of which, in addition to being disqualified for WFA, can lead to imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).	
Signature of Applicant:	
Signature of concerned Household Member (if applicable): Date:	

# Please delete whichever is not applicable.

WFA009B (6/2022)

 $<sup>\</sup>square$  Please put a " $\checkmark$ " in the appropriate box(es).