Student Finance Office Working Family and Student Financial Assistance Agency Notes on How to Complete and Return Electronic Household Application Form (Pre-filled E-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.

IMPORTANT NOTES

I. General Information

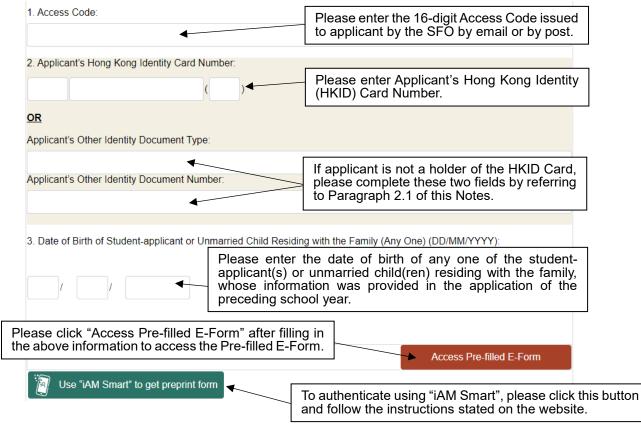
- Please check all pre-filled data in the Pre-filled Electronic Household Application Form (Pre-filled E-Form) and make necessary amendments according to the instructions stated in the Form and this Notes. All the items marked with * are mandatory items.
- "Assessment year" mentioned in this Notes generally refers to the preceding financial year. For instance, the assessment year for 2022/23 application refers to the 2021-22 financial year (1.4.2021 31.3.2022), the assessment year for 2023/24 application refers to the 2022-23 financial year (1.4.2022 31.3.2023), etc.
- Applicants are suggested to access, complete and submit their Pre-filled E-Form with the latest version of Microsoft Edge, Google Chrome, Mozilla Firefox or Safari. If applicants are not using the aforementioned browsers or are using an older version of the aforementioned browsers, the contents and/or options of the Pre-filled E-Form may not be displayed or functioned properly.

II. Notes on Submission of Supporting Documents

• Regarding the copy of supporting documents required to be submitted (e.g. identity documents, supporting documents for separation / divorce (for single-parent families), documentary proof on annual income, etc.), please refer to Paragraph 13.4 of this Notes for details. Please note that <u>applicants must</u> provide the required supporting documents; otherwise, the Student Finance Office (SFO) will not be able to process the application.

Accessing Pre-filled E-Form

1.1 Applicant may access the Pre-filled E-Form in the "SFO E-link – My Applications (Financial Assistance Schemes at Pre-primary, Primary and Secondary Levels)" website (<u>https://ess.wfsfaa.gov.hk/espps</u>). Please click the "Pre-filled E-Form" tab in the left menu bar and (i) authenticate using "iAM Smart"; or (ii) enter the required information in accordance with the following steps, to access the Pre-filled E-Form.



Completing Pre-filled E-Form

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)

Part I Particulars of the Applicant

(The Applicant must be the parent or guardian (as recognised under Guardianship of Minors Ordinance, Cap 13) of the studentapplicant(s).)

1. Name in Chinese				
陳大文		Please check all the pre-filled data. If		
2. Title@#		necessary, applicant may re-enter the data with updated information.		
A. Mr B. Ms C. Miss 3. Name in English *				
CHAN TAI MAN				
4. Correspondence Address (Please fill out in Er	nglish)			
Flat	Floor	Block		
А	12			
Name of Building				
HAPPY HOUSE		must enter the correct correspondence address.		
Estate / Village		, the SFO will not be able to contact the in writing. If applicant can only confirm the		
HARMONY ESTATE	place of re	sidence after submitting the application, please		
No. & Name of Street	writing one	e SFO the new correspondence address in ce it is available. If applicant is not residing in g, please enter a Hong Kong correspondence		
District	address fo	ř future correspondence.		
SHAM SHUI PO	L			
Area * 1. HK O 2. KLN 3. NT 4. 5. Year of Birth *	OHK(Outside HK)			
1962				
6. HKID Card No. *				
A1234567				
(If HKID Card No. is not available, please provide <u>C</u>	Other Identity Document	No. with copy of relevant proof.)		
Other Identity Document Type (Please refer to par	ragraph 2.1 of "Notes on	How to Complete and Return Electronic Household Application Form")		
Other Identity Document No.		nt is not a holder of the HKID Card, please these two fields by referring to Paragraph 2.1 of		
7. Home Tel No.@	To facilitat	te the SFO to issue acknowledgement of receipt ations and the related payment information (if		
21234567	applicable	e) by means of SMS, please verify the applicant's		
8. HK Mobile Phone No.	Hong Ko	Hong Kong mobile phone number. If necessary, applicant may enter the updated Hong Kong mobile phone		
91234567	number in	this field.		
9. Email Address *				
chantm@gmail.com		rify (if applicable) and enter your email address ter the same for confirmation. To facilitate the		
Re-enter Email Address *	SFO to a	contact applicant by electronic means where		
chantm@gmail.com	applicable	e, applicant must enter a valid email address.		
10. Your marital status during the period from 1.4	.2021 to 31.3.2022 #			
• A.Married (Please provide spouse's information				
 B.Divorced / Separated / Widowed / Single / (Please provide copies of supporting documents) 		Disconsistent the manifed status shuming the		
11. Ethnicity ^{Note} A. Chinese B. Pakistar	ni 🔿 C. Nepalese 🤇	assessment year. If applicant is "Married", please check the box next to item (A).		
(Note: The collection of information about the eth the household application for student financial as	-	d		
icant is a single parent during the assessment lease check the box next to item (B). Relevant s on marital status will be available for applicant ct and input (if applicable) after checking the box i tem (B).				

2.1 If applicant (and/or his/her family member(s)) is (are) not a holder (holders) of the HKID Card, please select the applicable item from the dropdown menu of "Other Identity Document Type" comprising the following items, enter the relevant identity document number, and provide a copy of the identity document (if it has not been provided to the SFO before):

(i) Passport	(ii) Re-entry Permit	(iii) Certificate of Identity
(iv) Document of Identity	(v) Entry Permit	(vi) Declaration of ID for Visa Purpose
(vii) One-way Permit	(viii) Mainland identity documents	(ix) Others

2.2 If applicant's spouse wishes to be the applicant, please delete the pre-filled data and provide the information of new applicant in Part I, and amend the data of spouse in Part II A accordingly. If applicant and his / her spouse have already submitted their identity documents in previous year's application, they are not required to submit these documents again in this school year (except for those who have replaced / obtained the Hong Kong Smart Identity Cards but have not submitted the information to the SFO before).

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

A. Spouse			
1. Name in Chinese			
黃小芬			
2. Name in English *		Please check all the pre-filled data. If	
WONG SIU FAN		necessary, applicant may re-enter the data	
3. Year of Birth*		with updated information.	
1964			
4. HKID Card No.			
(If HKID Card No. is not available, please provid	e <u>Other Identity Do</u>	cument No. with copy of relevant proof.)	
Other Identity Document Type* (Please refer to	paragraph 2.1 of "	Notes on How to Complete and Return Electronic Household Application Form")	
Re-entry Permit	_ If ar	pplicant's spouse is not a holder of the HKID Card,	
Other Identity Document No.*	>> plea	se complete these two fields by referring to Paragraph	
RM1234567	2.1 0	of this Notes.	
5. HK Mobile Phone No.@			
91235678			
		Previous Page Next Page	
		r completing all items in Part II Section A, please click tt Page" to proceed to the following part.	

 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.) Student-applicant 1 / Unmarried child residing with the family 1 Name in Chinese 		Please delete the pre-filled da of the children who are no long residing with applicant's family have got married.	
陳小芳			
2. Name in English *			
CHAN SIU FONG		the information of school and class	
3. Date of Birth (DD/MM/YYYY)*	level according to the a vear, and on the assum	application of the preceding scho ption that the child will be promote	
01 DD 01 MM 2006	to the next higher cla	iss level in the existing school	
4. HKID Card No./ Birth Certificate No.*	delete / amend the pre-	ol year. Applicants do not need t -filled information for the time bein	
D1234567	if the name of school / the time when the appl	class level is not yet confirmed a	
If not available, please provide:			
Other Identity Document Type (Please refer to paragraph	h 2.1 of "Notes on How to Complete an	d Return Electronic Household Application Form")	
Other Identity Document No.	✓ family is not a holder of	unmarried child residing with th of the HKID Card, please comple rring to Paragraph 2.1 of this Note	
A.Under education B.In A.Name of School Institution in 2022/23 NUMBER ONE SECONDARY SCHOOL	employment C.Unemployed	O D.Other	
7. Class level in 2022/23#	\backslash		
		errien) O D Part time	
 8. Mode of study# A. Whole-day B. Half-day (A 9. Apply for schemes (On station basis and you may cho Kindergarten & below levels# (1)KCFRS + (2)Grant-KG^ (^ Grant-KG only applicable to KG students (K1-K3)) Applicants with children receiving whole-day child ca below and submit together with the supporting doct below and submit together with the supporting doct If ap in the DYJ G (3) TA (4) STS (5) DYJFR 	are services (N1-N2) should complete uments. plicant wishes to apply for his school year (including FR and FR(FAEAEC)), es) under items 5, 8 and 9	Need O Do not need	
 8. Mode of study# A. Whole-day B. Half-day (A 9. Apply for schemes (On station basis and you may cho Kindergarten & below levels# (1)KCFRS + (2)Grant-KG^ (^ Grant-KG only applicable to KG students (K1-K3)) Applicants with children receiving whole-day child ca below and submit together with the supporting doct below and submit together with the supporting doct If ap in the DYJ box(item 	are services (N1-N2) should comple uments. plicant wishes to apply for his school year (including FR and FR(FAEAEC)), es) under items 5, 8 and 9 9 will be enabled only after	Need O Do not need te the "Social Needs" Assessment Form (SFO financial assistance for the child g KCFRS, Grant-KG, TA, STS, please check the appropriate . The appropriate box(es) under	

Student-applicant 2 / Unmarried child residing with the family 2

1. Name in Chinese	,	····,-			
陳大明					
2. Name in English*					
CHAN TAI MING					
3. Date of Birth (DD/MM/YYYY) *					
01 DD 01 M	M 2001	YYYY			
4. HKID Card No./ Birth Certificate No					
C1234567					
If not available, please provide:					
Other Identity Document Type(Please	e refer to paraaraph 2.1	of "Notes on How to Compl	ete and Retur	n Flectronic Household	Application Form")
Other Identity Decument No.					~
Other Identity Document No.					
5. Status for 2021-22# • A.Under ed	ducation i 🔿 B.In emp	ployment 🔿 C.Unemploy	ved 🔿 D.C)ther	
6. Name of School / Institution in 20	22/23				
YI JIN COLLEGE]
7. Class level in 2022/23#	lf	the unmarried chil t a tertiary institutior	d residin n in this s	g with the famil	y is studying
DYJ		Do not need" box u	nder the	item of "Apply fo	or schemes".
8. Mode of study#					
 A. Whole-day 9. Apply for schemes (On student bas 	_	session) C. Half-day (D. Part-time 	
	is and you may choose	more than i tern, q appaea	• Nee	ed 🔘 Do not need	•
Kindergarten & below levels#					
(1)KCFRS + (2)Grant-KG [^] ([^] Grant-KG only applicable to KG	students (K1-K3))				
Applicants with children receiving		services (N1-N2) should c	omplete the	"Social Needs" Asses	sment Form (SFO 235A
below and submit together with th	e supporting docume	ents.			
Primary & secondary levels or equiva	lent #	If applicant no	ada ta a		hild readding
				dd unmarried c click "Add Ch	
(4) STS				per and provide	
Z (5) DYJFR identity documents.					
(6) FR(FAEAEC)					
		Previous Page		Next Page	Add Child
		Frevious Page		Next Page	Add Child
		items in Part II			
	n B, please clic ed to the followir	k "Next Page" to ng part.			
		<u> </u>			

- 3.1.1 Applicant's spouse and children in receipt of the CSSA will not be counted as 'family members' under the Adjusted Family Income (AFI) mechanism.
- 3.1.2 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 benefitting from double subsidies, the applicant is liable to refund the overpaid amount upon the request of the SFO.

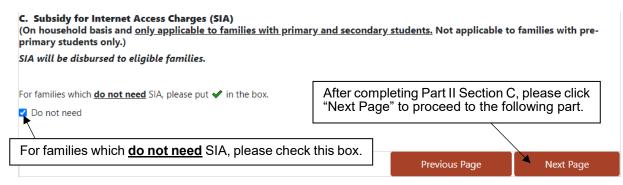
3.1.3 Applicant should refer to the following codes and select the applicable class level attended by his / her child(ren) in this school year from the dropdown menu:

	J I	
(i)	Whole-day Child Care Centre (group aged 0-2):	N1
(ii)	Whole-day Child Care Centre (group aged 2-3):	N2
(iii)	Nursery class in kindergarten:	K1
(iv)	Lower class in kindergarten:	K2
(v)	Upper class in kindergarten:	K3
(vi)	Primary 1 to 6:	P1 / P2 / P3 / P4 / P5 / P6
(vii)	Secondary 1 to 3:	S1 / S2 / S3
(viii)	Secondary 4 to 6:	S4 / S5 / S6
(ix)	Diploma Yi Jin:	DYJ
(x)	Others (e.g. Tertiary Level):	Others

3.1.4 If applicant wishes to amend the application details after submission of the Pre-filled E-Form (including applying for additional scheme(s) / amending scheme(s) that have been applied for), <u>please submit the request in writing</u>, together with justification, and post it to the SFO within 30 days from the submission date of the Pre-filled E-Form. Application for additional scheme(s) / amending the scheme(s) to apply for must be duly signed by the applicant with the Household Application Number / the HKID Card No. 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 Pre-filled E-Form.

3.2 Subsidy for Internet Access Charges (SIA)

The applicant does not need to apply for SIA, which is on a household basis and only applicable to families with <u>primary and secondary students.</u> Families will be disbursed the subsidy provided that they can pass the means test and the student-applicant(s) can meet the eligibility criteria for SIA. This subsidy is not applicable to families with pre-primary students only.



- 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 and not in employment during the assessment year. They must, throughout the assessment year, 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 <u>OR</u> totally supported by the applicant or his / her spouse.
 - Remarks: Applicant or his / her spouse should continue to support their parent in this school year and the form of support should be similar to that in the year of assessment. As the number of family members may affect directly the level of assistance the applicant's family is eligible for, the SFO has the right to request applicants to provide supporting documents including tenancy agreement, residential address proof or receipt of the home for the elderly, etc. for verification of the dependence of the parents or request applicants to explain in detail the dependence status of the parents for the SFO's consideration.

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 Pre-filled E-Form by uploading a separate sheet with the applicant's signature and submitting copies of the identity documents of the dependent parents provided in the form. If applicant has already submitted copies of the identity documents of the dependent parents in the application in previous years, the applicant is not required to submit these documents again in this school year (except for those who have replaced / obtained the Hong Kong Smart Identity Cards but have not submitted the updated information to the SFO before).

D. Dependent Parent (If Applicant or his/her spouse have no dependent po	arent, please do not fill out the spaces below.)			
Is / are the dependent parent(s) (i) currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment during the assessment period?#				
	plete Part 'D' and refer to Paragraph 3.3 of "Notes on How to Complete and Return f "Dependent Parent". Please also provide supporting documents for dependence of the ss proof or receipt of the home for the elderly, etc.)			
Dependent Parent 1 Name in Chinese 陳大福	Please check the appropriate box. If Yes, please skip Section D. If No, please continue to complete Section D and refer to Paragraph 3.3.1 of this Notes for definition of "Dependent Parent".			
Name in English * CHAN TAI FUK HKID Card No.*	Please enter the personal particulars of dependent parent(s) and provide a copy of their identity documents (e.g. the Hong Kong Smart Identity Card).			
E1234567	(e.g. the riong rong email identity early).			
	h 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")			
Other Identity Document No.	If the dependent parent is not a holder of the HKID Card, please complete these two fields by referring to Paragraph 2.1 of this Notes.			
Year of Birth*	Applicant should read Paragraph 3.3.1 (A), (B) and (C) of this Notes carefully and check the appropriate box(es).			
Dependency Status (at least 6 months during 1.4/2021 to	o 31.3.2022)*			
Please select one of the following dependency status 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 appli After completing all items in Part II Section D, please click "Next Page" to proceed to the following part.				
his/her spouse	Previous Page Next Page			

Part III Residential Address

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

	Idress ss provided in Part I is not your residential s, otherwise do not fill out the spaces belo		idential address in
Flat (室)	Floor (樓)	Block (座)	
Name of Building			
Estate / Village			
No. & Name of Street			bleting Part III, k "Next Page"
District			ed to the
Area 🔵 1. HK 📃 2. KLN	3. NT 4. OHK(Outside HK)		
		Previous Page	Next Page

Part IV Family Income

ition * (Please specify period if it is not a whole year) INEMPLOYED (1.4.2021 – 30.4.2021); CLERK (1.5.2021 – 31.12.2021); S al Annual Income (\$) luding bonus / allowance / part-time income (excluding Mandatory Provid ary (\$) * 0000 Siness profit (\$) *(If you did not carry on any business, please input "0" in th 5000 Spouse de of employment Full-time Part-time ition (Please specify period if it is not a whole year)* IOUSEWIFE (1.4.2021 – 30.9.2021); PART-TIME CASHER (1.10.2021 – 3 al Annual Income (\$) luding bonus / allowance / part-time income (excluding Mandatory Provid ary (\$) * 0000	dent Fund (MPF) / Provident Fund contribution by employee) nis field.) 31.3.2022)
luding bonus / allowance / part-time income (excluding Mandatory Provid ary (\$) * 0000 siness profit (\$) *(<i>If you did not carry on any business, please input "0" in th</i> 5000 5000 5000 5000 5000 5000 5000 50	ais field.) 31.3.2022) dent Fund (MPF) / Provident Fund contribution by employee) Please enter the total income (integer without decimal places) in the
luding bonus / allowance / part-time income (excluding Mandatory Provid ary (\$) * 0000 siness profit (\$) *(<i>If you did not carry on any business, please input "0" in th</i> 5000 5000 5000 5000 5000 5000 5000 50	ais field.) 31.3.2022) dent Fund (MPF) / Provident Fund contribution by employee) Please enter the total income (integer without decimal places) in the
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al Annual Income (\$) Iuding bonus / allowance / part-time income (excluding Mardatory Provi ary (\$) *	dent Fund (MPF) / Provident Fund contribution by employee) Please enter the total income (intege without decimal places) in the
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ary (\$) *	Please enter the total income (intege without decimal places) in the
	without decimal places) in the
siness profit (\$) * (If you did not carry on any business, please input &" in t	
	<u>accept estimated amount, and please provide the actual figure</u>
	For other income source, e.g. renta
	income (see item 11 under "Items need to be reported" in Paragraph 5.1 of this
Unmarried child residing with the family (if applicable)	Notes), contribution from children no
me	residing with the family / relatives
HAN TAI MING	friends, alimony or interests from investments, please enter the amoun
de of employment Full-time Part-time	according to the following example.
ition (Please specify period if it is not a whole year)	
VAITER (1.4.2021 – 10.6.2021); UNEMPLOYED (11.6.2021 – 3 4.2022)	
al Annual Income (\$)	
luding bonus / allowance / part-time income (excluding/Mandatory Provid	dent Fund (MPF) / Provident Fund contribution by employee)
ary (\$)	
6000	
iness profit (\$) (If you did not carry on any business, please input "0" in thi	is field.)
▶ ///	
Other income (if applicable)	
ntribution from children not residing together, relatives/or friends (\$)	
2000	
tal income of property, land, carpark, vehicle or v∉ssel (\$)	
6000 rests from investments, fixed deposit (\$)	
000 V mony (\$)	
2 S 2	
ision (excluding lump sum retirement gratuity) (\$)	
sion (exclosing ramp sum retirement gratuity) (3)	
inu's & Children's Compensation (\$)	
dow's & Children's Compensation (\$)	After completing all items
(Å)	in Part IV, please click
ers (\$)	"Next Page" to proceed to
	the following part.

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 13.4 (v) of this Notes.

	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</u> <u>Fund (MPF) / Provident Fund contribution by employee</u>)	1	Financial assistance from the Government, or payment from the assistance programme under the Community Care Fund (such as Comprehensive Social Security Assistance / Old age allowance / Old age living allowance / Disability allowance / Retraining allowance / Work Incentive Transport Subsidy / Working Family Allowance etc.)
2	Double pay / Leave pay	2	Long service pay / Contract gratuity
3	Allowance (including overtime work / living / housing or rent / transport / meals / education / shift allowance, etc.)	3	Severance pay
4	Bonus / Commission / Tips	4	Loans
5	Studentship	5	Lump sum retirement gratuity / Provident fund
6	Wages in lieu of notice of dismissal	6	Inheritance
7	Business profits and other income earned by means of self-employment, such as hawking, driving taxis / minibuses / lorries, and fees for services rendered, etc.	7	Charity donations
8	Alimony	8	Insurance / accident / injury indemnity
9	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)	9	MPF / Provident Fund contribution by employee (the <u>ceiling</u> of contribution needs not to be reported is <u>\$18,000 per year</u>)
10	Interests from fixed deposits, stocks, shares and bonds, etc.		
11	Rental income of property, land, carpark, vehicle or vessel (including Hong Kong, the Mainland and overseas)		
12	Monthly pension / Widow's & Children's Compensation		

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) or the Self-prepared Income Breakdown (i.e. Sample IV) 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.

Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness (Please provide a copy of supporting document)

Name*		
CHAN TAI FUK		
Nature of incapacity or chronic illness*	After comp	leting all items
SUFFERING FROM DIABETES AND REQUIRING REGULAR MEDICAL TREATMENT.	in Part V	, please click e" to proceed to
Medical expenses incurred within the assessment period (\$)*	the followin	ng part.
10400		
	Previous Page	Next Page

6.1 If applicant has incurred medical expenses for family members (for family members who are chronically ill or permanently incapacitated) in the assessment year, he / she may state details of the situation in Part V of the Prefilled E-Form. Applicant must 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 in this school year is being reviewed and will be announced at the website of the SFO (www.wfsfaa.gov.hk/sfo) later.

Part VI Applicant's Bank Account for Payment of Assistance

(The account must be under the applicant's name. Please provide copy of the bank statement / first page of bank book if you wish to update the bank account information.)

Account holder's name in English * CHAN TAI MAN Applicant's bank account no. * Bank Code* Bank Account Number* 024 1234567890		Please verify the pre-filled bank account information carefully. If any amendment is required, applicant may re-enter the correct bank account information. In addition,		
		(e.g. Standard Chartered Bank 003; HSBC 00 Bank name HANG SENG BANK)4; Hang Seng Bank 024)	After completing all items in Part VI, please click "Next Page" to proceed to the following part.
		Previous Page	Next Page	

- 7.1 The SFO has pre-filled the applicant's bank account information on Part VI of the Pre-filled E-Form as provided in the application for the preceding school year. 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, applicant should verify the pre-filled bank account information carefully. If any amendment is required, the applicant may re-enter the correct bank account information in the relevant fields accordingly and provide supporting document¹. 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 a valid local saving account solely under the name of applicant. (It must be recently in use.) Joint account, credit card account, loan account, fixed-deposit account and foreign currency account are not accepted.
- 7.3 The account number, including the bank code, normally does not exceed 15 characters.
- 7.4 For enquiries of "Bank Code", applicant may approach the bank concerned for assistance.
- 7.5 If applicant needs to change the bank account number after submission of the Pre-filled E-Form, please advise the SFO of the change in writing with supporting document showing the name of the bank account holder and account number as soon as possible so as to avoid any delay in the disbursement of financial assistance.

Applicant is not required to provide the relevant supporting document if the requirements mentioned in Footer 4 of Paragraph 13.4 are met.

Part VII Applicant's Supplementary Information

 If you have filled in Part II particulars of any student-applicant who is <u>not</u> a self-bea detail with proof why the application is not submitted by the parent of the student. 	ring child of yours, please specify his/her name and explain in
. If your family is receiving / has received CSSA any time during the period from 1 Ap pecify the relevant duration, names of the family members in receipt of CSSA and gu	
	•••••••••••••••••••••••••••••••••••••••
. If you have special financial hardship, please state details of the situation, relevant c	luration and submit supporting documents.
After completing all items in Part VII, please click "Next Page" to proceed to the following part.	

8.1 If there are substantial changes in the applicant's family particulars after the assessment period (e.g. unemployment or substantial drop in income of a family member, etc.), please provide the relevant information in Item (3) of this part with copy of supporting documents.

Student-applicant's Term-time Residential Address (Applicable to applicants of STS only)

Student-applicant's Term-	time Residential Ado	dress 1		
Name in Chinese				
陳小芳				
Name in English *				
CHAN SIU FONG				
HKID Card No. / Birth Certificate No	. *			
D1234567				
Term-time Residential Address	-	1)		
Flat (室)	Floor (樓)		Block (座)	
A	12			
Name of Building				
HAPPY HOUSE				
Estate / Village				
HARMONY ESTATE		Please check this	s box to confirm th	at the term-time
No. & Name of Street		residential addres	s(es) of relevant stud updated (if applica	dent(s) has/have
District			itor completing all its	una in this name
SHAM SHUI PO Area 1. HK 2. KLN 3.	NT 4. OHK(Outside H	pl	ter completing all ite ease click "Next Paç e following part.	ge" to proceed to
I, the Applicant, confirm applicant(s) above.	that I have checked and u	updated (if applicable) the	term-time residential addro	ss(es) of the student-
			Previous Page	Next Page

9.1 For assessment of STS, the SFO has pre-filled the term-time residential address of student who has successfully applied for STS in the preceding school year on the "Student-applicant's Term-time Residential Address" page of the Pre-filled E-Form. If applicant wishes to continue to apply for STS in this school year, please verify the pre-filled address. If there is any amendment to the address or the pre-printed address is not the student-applicant's term-time residential address (e.g. the student-applicant is living in hostel provided by schools, parents or other organizations, or living with other relatives in another location), please re-enter the student-applicant's residential address in full. The SFO may require the applicant to submit proof of the residential address at a later stage. Please check the box at the bottom of the page to confirm that the term-time residential address(es) of relevant student(s) has/have been checked and updated (if applicable).

9.2 For a student who was not disbursed with STS in the preceding school year but wishes to apply for STS in this school year, the applicant should select "(4) STS" under item 9 of Part IIB for the student. The applicant should also check the appropriate box(es) under items 5 and 8 of Part IIB and provide the term-time residential address of the student in Part III (if different from the correspondence address) so that the SFO may verify the data with the school concerned.

Part VIII Declaration

- 10.1 Applicant and his / her spouse (if applicable) should read through the paragraphs carefully and sign the Declaration digitally or on paper as follows -
 - (i) signing the Declaration with "iAM Smart+" digitally; or
 - (ii) printing the Declaration, signing in the appropriate space provided on the Declaration in black or blue ink and scanning the signed Declaration as one of the supporting documents for submission.

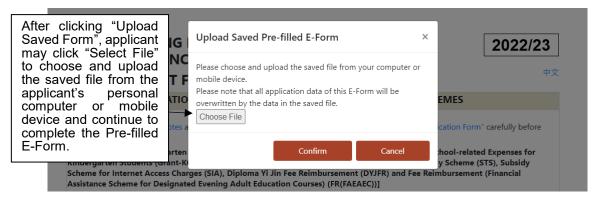
Applicant's Identity Document No. *				
A1234567 Sign with iAM Smart (Applicant)		or his / her spou n the Declaratio		
Date XX / XX / 2022 Spouse's Identity Document No. * RM1234567 Sign with IAM Smart (Spouse) More Info	sign the Declar her spouse m appropriate spa or blue ink and	or his / her spou ration on paper. ay print the De ace provided on I scan the signed documents for s	Applicant eclaration, the Declara d Declaratic	and/or his / sign in the tion in black
Date XX / XX / 2022	After completir please click "N the following pa	ig all items in Pa ext Page" to prod art.	art VIII, ceed to	
	Previous Page	Next Page	Print Decl	aration

Saving and Uploading Pre-filled E-Form

11.1 If applicant needs to save the unfinished Pre-filled E-Form for completion later, please click "Save Application" to download the application data that have already been entered. The application data will be saved in the applicant's personal computer or mobile device as a ".sfo" file. Applicant should record the location of the saved file to facilitate subsequent retrieval and continual completion of the Pre-filled E-Form.

Application Progress	
0% Save Application	Applicant may click "Save Application" to save the application data that have already been entered.

11.2 If applicant wants to restore the application data from a saved file, please click "Upload Saved Form" to choose and upload the saved file from the applicant's personal computer or mobile device. Applicant may continue to complete the Pre-filled E-Form after uploading the saved file.



12.1 Applicant should review all the information on the Pre-filled E-Form to ensure that all the data entered are correct.

To ensure that all the data entered are correct, applicant should review all the information on the E-Form. If applicant needs to amend the information of the E-Form, please click "Modify" at the relevant Part and re-enter the relevant information.				
After reviewing and confirming all the completed information on the E-Form is correct, please go to Part VIII and click "Next Page" to proceed to "Supporting Documents" to upload necessary supporting document(s) (if any).				
Part I Particulars of the Applicant Part II Particulars of Family Members and Financial Assistance Schemes being Applied for				
Part III Residential Address Part IV Family Income Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness				
Part VI Applicant's Bank Account for Payment of Assistance Part VII Applicant's Supplementary Information Part VIII Declaration				

Part VIII Declaration

(Applicant and spouse of applicant may choose to provide electronic signatures by "iAM Smart" <u>or</u> click "Print Declaration" to print and sign on the printed copy of the declaration. If applicant and spouse of applicant choose to sign on the printed declaration, applicant should attach and submit the signed declaration under the "Supporting Documents" page.)

I / We have read the "Household Application for Student Financial Assistance Schemes - Guidance Notes" (GN) and "Notes on How to Complete and Return Electronic Household Application Form" (Notes). I / We fully understand and agree to the arrangements stated therein in relation to my / our application. I / We undertake and warrant that I / we shall comply with all provisions in the GN and Notes as may be amended by the Government of the Hong Kong Special Administrative Region (HKSAR) from time to time and such other requirements and directions as specified from time to time by the Government of the HKSAR. I / We hereby declare that

- (a) The information in this application form, supplementary form(s) (if any) and the supporting documents and all other information and representation provided or made by me / us in relation to my / our application are true, complete and accurate. I / We understand and consent that (i) the SFO will assess the eligibility and assistance level of my family based on the information provided by me / us; (ii) the SFO may conduct authentication of my / our application (including home visits and random checking and take other actions as necessary) to investigate and verify whether the information provided in relation to my / our application is true, complete and accurate. I shall fully cooperate, and shall procure my family members to fully cooperate with staff of the SFO; and (iii) the SFO may make adjustment to the assistance level / amount of financial assistance granted based on the findings of the authentication. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of the authentication conducted by SFO staff may lead to revocation of an issued eligibility certificate and withdrawal of the letter notifying the result of my / our application, restitution in full of the assistance granted and possible prosecution. I / We undertake to refund in full the Government of the HKSAR any overpayment of financial assistance granted to me / us under any of the financial assistance schemes and loan schemes administered by the SFO, regardless of the cause for such overpayment, immediately upon request. I / We also agree that if any overpayment was made to me / us or any amount was due to be paid by me / us to the Government under or in connection with any of the financial assistance schemes and loan schemes administered by the SFO, the SFO may set off the amount overpaid or the amount due against the financial assistance which I am / we are entitled to under any financial assistance scheme(s) administered by the SFO.
- (b) I / We give consent to the SFO and its authorized bodies (including but not limited to relevant government bureaux / departments such as the Education Bureau (EDB), Social Welfare Department (SWD), the agents of the SFO / EDB, the schools / institutions concerned, etc.) to process my / our application and use the personal data provided to the SFO in connection with this application form and supplementary form(s) (if any) in accordance with Paragraph 5 of the GN and to liaise with related parties to verify and disclose the information provided by me / us.
- (c) I am / We are authorized by all the family members listed in this application form to give consent and hereby give consent on their behalf to the SFO and its authorized bodies to access such family members' personal data in accordance with Paragraph 5 of the GN and to liaise with related parties to verify and disclose the information provided to the SFO. I / We consent to the SFO and the SWD to carry out the matching procedure for the purposes of processing the application and the granting of other student financial assistance, which may include the recovery of overpayment(s) (if applicable) from me / us.

This declaration shall be governed by and construed in accordance with the laws of the HKSAR. I / We and the Government of the HKSAR shall irrevocably submit to the jurisdiction of the Courts of the HKSAR. I / We have read the provisions of this declaration carefully and fully understood my / our obligations and liabilities under this declaration.

Applicant's Identity Document No. *

A1234563					ds to amend the the Pre-filled E-	
Date			Form,	please	click "Modify" at art and re-enter	
XX / XX / 2022					ormation.	
Spouse's Identity Document No. *	After reviewing ar all the completed ir					-
RM1234567	the Pre-filled E-Form is cor		rrect,			
Date	please go to Part "Next Page" to pr following part.	VIII and occeed to	the			
XX / XX / 2022						
				•		
	Previous Page	Next	Page	Modify	Print Declaration	

Submitting Pre-filled E-Form and Supporting Documents

13.1 Applicant may upload necessary supporting document(s) and submit them together with the completed Pre-filled E-Form.

Signed Declaration (If the	orm is printed and signed)	
	Choose or "drag and drop" files here Accepted format: JPEG, PDF (Maximum number of uploaded file: 5	50)
Identity documents of the	applicant Choose or "drag and drop" files here Accepted format: JPEG, PDF (Maximum number of uploaded file: 5	Please upload each type of supporting document(s) (if any) separately by clicking the buttons under their respective titles to choose the file(s) of scanned copy of supporting document(s) ir your computer/mobile device of directly drag the file(s) to the relevant box(es).
L		
Identity documents of the	applicant's spouse	
	Choose or "drag and drop" files here Accepted format: JPEG, PDF (Maximum number of uploaded file; 5	50)
Other supporting docume	Choose or "drag and drop" files here	Other than the listed types o documents, applicant may submi other relevant supplementary information to the SFO in the "Other supporting documents" field.
lease enter the erification code listed elow for authentication.	Accepted format: JPEG, PDF (Maximum number of uploaded file: 5	50)
	ion code listed below for authentication	Please double-check if the inputted information and uploaded supporting documents are correct before submission.
1600 Please click here to Back Preview	Generate another verification code image.	Applicant may submit the completed Pre- filled E-Form and relevant supporting documents (if applicable) by clicking "Submit" after checking all the inputted information and uploaded supporting documents are correct.
identity documents of De	Confirmation of E-Form Submission	
Please click "Confirm" to confirm the submission of the completed Pre-filled E- Form and relevant supporting documents	Your E-Form application will be submitted to the Studen Office. If you wish to provide other supporting documents and/ supplementary information to the Student Finance Office submission, you may send them to Tsimshatsui PO Box 9	for eafter the
(if applicable).	Confirm	Cancel

Submission Details

Your Electronic Household Application Form for Student Financial Assistance Schemes has been received by the Student Finance Office. Please quote the transaction reference number below for future communication related to this submission, including any enquiries or subsequent submission of supporting documents.

As you have submitted your electronic application form already, please do not complete and submit other paper-based application forms.

Submission Date and Time (YYYY-MM-DD HH:MM:SS): 2022-XX-XX HH:MM:SS Transaction Reference Number: SF0XXXXXXXXXXXX		This message will be displa completion of submission. may print this page for recor	ayed upon Applicant d purpose.
Download Submitted Application	Print Exit		
Applicant may also download a copy of the submitted Pre-filled E-Form for reference.			

- 13.2 For online uploading of documents, please ensure that the scanned documents are clear and legible and take note of the following file formats and uploading limit:
 - (i) File types: Portable Document Format (PDF) or Joint Photographic Expert Group (JPEG); or
 - (ii) Image resolution: 150 300 dots per inch (dpi); and
 - (iii) Total File Uploading Limit for all the documents: 40 Megabytes²
- 13.3 If applicant wishes to submit supporting documents by post after submission of the Pre-filled E-Form, applicant may send copy of the relevant supporting documents separately by post to Tsimshatsui PO Box 96824. Please state clearly the Household Application Number (or the HKID Card No. of the applicant) on the supporting documents and <u>affix sufficient postage</u> on the envelopes. Insufficient postage will lead to non-delivery of the supporting documents, in which case the SFO will not be able to process the application. Applicants should write their correspondence address at the back of envelopes to avoid wrong / unsuccessful delivery.
- 13.4 If the pre-filled data is accurate, applicant is not required to provide copies of the family members' identity documents again (except those who have replaced / obtained the Hong Kong Smart Identity Card which has never been provided to the SFO before). Other supporting documents that **must** be submitted include:
 - (i) Copy of identity documents for any amended and additional family members, including dependent parents (if applicable) (Please refer to Paragraph 3.3.2)³;
 - (ii) (For single-parent families) Copy of supporting documents for separation / divorce or the 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; if applicant is unable to provide the required supporting documents, the SFO reserves the right to process the application on the basis that the applicant is not treated as a single parent. If applicant has declared the situation and submitted relevant supporting documents for separation / divorce or spouse's Death Certificate in the preceding school year, the applicant is <u>still required</u> to declare in writing again that the single-parent family situation remains unchanged in this school year. Where deemed necessary, the SFO may request the applicant to provide such proofs again;
 - (iii) (If applicable) Copy of documentary proof on unavoidable **medical expenses** (for family members who are chronically ill or permanently incapacitated) in the assessment year;
 - (iv) (If applicable) Copy of the **bank statement / first page of bank book** if it is required to update the bank account information⁴; and
 - (v) **Documentary proof on annual income** for the assessment year. Please submit the document in accordance with the requirements listed below:

² In case the total file size exceeds the uploading limit, please consider increasing the image compression level, or lowering the resolution of the JPEG files to decrease the file size, where appropriate.

³ If applicant or the family member(s) meet the following requirements, it is not required to submit the supporting document(s). If necessary, the applicant may still be required to resubmit the relevant document(s). In case of any disputes, the decision of the SFO will be final.

Applicant / the family member(s) has / have a successful application under the financial assistance scheme of the SFO and has / have submitted a copy of their HKID Card in the above successful application; and

[•] There is no change in personal particulars on the HKID Card.

If applicant meets the following requirements, it is not required to submit the supporting document. If necessary, the applicant may still be required to resubmit the relevant document. In case of any disputes, the decision of the SFO will be final.
 Applicant has a successful application under the financial assistance scheme of the SFO and was disbursed with payment

Applicant has a successful application under the financial assistance scheme of the SFO and was disbursed with payment of grant and/or loan to his / her bank account while the applicant has submitted a copy of bank account proof in the above successful application; and

[•] Applicant uses the same bank account in the application for the 2022/23 school year (i.e. the above bank account which has been disbursed with grant and/or loan).

Salaried employed person	 Tax Demand Note issued by the Inland Revenue Department; if not available Employer's Return of Remuneration and Pensions Form; if not available Salary Statement; if not available 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 Income Certificate certified by the employer (See Sample I), etc.
Self-employed driver or person running business (including sole proprietorship business / partnership business / limited company)	 Profit and Loss Account verified by a Certified Public Accountant; if not available Profit and Loss Account prepared on your own (See Sample II or III) <u>and</u> Personal Assessment Notice (if applicable).
Salaried employed or self- employed person who cannot produce any income proofs	Please follow Sample IV 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.)
Person with rental income	 Tenancy Agreement; if not available 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).

<u>Enquiries</u>

14.1 If applicant has any enquiry relating to the completion and submission of Pre-filled E-Form or has not received any acknowledgement of receipt of application by means of SMS or in writing from the SFO within 20 working days after submitting Pre-filled E-Form online, please call our 24-hour enquiry hotline at 2802 2345.

(For salaried employed person who cannot provide items 1 - 4 of income proof as listed in Paragraph 13.4 (v) of the Notes)

(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.

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 oth	ner income (including Hong Kong, the Mainland and
overseas), but excluding Mandatory	Provident Fund / Provident Fund contribution by
employee, in actual figure) during the	e period from 1 April 2021 to 31 March 2022 (please
specify the exact employment period wi	ithin the above-mentioned period if it was less than 12
months: <u>to</u>) is *HK\$
# The above employee works	hours per month / full-time in this company
(120 working hours or above per m	onth) (only applicable to application of whole-day
kindergarten / child care centre fee remi	ission for the group aged 0-3).
Olever the set Free laws of	News of Freedom
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
	uired 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		
company as	His / Her tota	al salary (including allowance,
bonus, double pay, leave pay and oth	her income (including Ho	ong Kong, the Mainland and
overseas), but excluding Mandatory	Provident Fund / Prov	ident Fund contribution by
employee, in actual figure) during th	e period from 1 April 202	21 to 31 March 2022 (please
specify the exact employment period w	vithin the above-mentione	d period if it was less than 12
months: <u>to</u>) is	*HK\$
# The above employee works	hours per montl	h / full-time in this company
(120 working hours or above per m	onth) (only applicable	to application of whole-day
kindergarten / child care centre fee rem	ission for the group aged	0-3).
Signature of Employer:	Name of Employ	/er:
Company Chop:	Telephone No.:	
Company Address:		
Date:		
Date.		
(Note: The original copy of this Certificate	must bear the company cho	op and telephone number of the
employer. Employer's initial is req	uired against any deletion /	amendment.)
* Please specify the currency if salary paid	is not in Hong Kong dollars	
# Please delete the inappropriate sentence	• •	

obtair	ns property	/ pecuniary advantage	ment should be true and co by deception is liable on cor t Ordinance, Chapter 210.	
(For self-emplo mi	: Profit & Lo byed taxi driv nibus driver be filled in d	ver / lorry driver / etc.)	(For person running business partnershi (Can be fill	f <u>it & Loss Account</u> s (including sole proprietorship / ip business)) ed in directly)
Name of family member engaged in the following			Name of family member running the following company (Owner) :	
business	: 		Company name :	
Taxi driver / Lorry driver /		. ,	Nature of business :	
Vehicle owner / Vehicle le License number	essee (please c	sircle)	Company address	
(for vehicle owner only)	:		Sole proprietorship or partnership :	(%)
(I) Profit and Loss Accour	nt		(If it is a partnership, please specify the e.g. Partnership (50%))	ne profit sharing ratio,
(From 1 st April 2021 to 31			(I) Profit and Loss Account	
Income (HK\$) 1. Rent (for vehicle owner	r only)	\$	(From 1 st April 2021 to 31 st March 20	22)
2. Profit from operating b	5,	\$	(A) <u>Gross Income</u> (HK\$)	\$
3. Others (please specify		\$	Expenditure (HK\$)	
breakdown of amounts		Ŷ	(The following is the running cost of th household expenses.)	ne company and should not cover any
		¢	Cost on purchasing merchandise	\$
(A) Total Income		<u>\$</u>	Water charges	\$
Expenditure (excluding ve			Electricity charges Gas charges	<u>\$</u> \$
(1 & 2 are applicable to ve owner)	hicle lessee, 2	to 5 are applicable to vehicle	Telephone charges	\$ \$
owner)			Rent and rates	\$
1. Vehicle rental fee		\$	Salary of employees other than those	
2. Fuel charges		\$	marked '#' below	\$
3. Insurance premium		\$	Transportation costs Traveling expenses	<u>\$</u> \$
4. Maintenance fee		\$	Insurance premium	<u>\$</u>
5. License fees	- 11 : 1 0	\$ \$	Fees for repair and maintenance of	<u>*</u>
Others (please specify breakdown of amounts)		þ	machinery	\$
	,		Others (please specify all items & breakdown of amounts)	\$
(B) Total Expenditure		\$	Other Expenditure (HK\$) # Salary of owner paid by this company	2
Net profit [(A) Total Inco	me – (B) Total	Expenditure*]	# Salary of other family member (Name :	
		\$		\$
(This amount should be filled	in Part IV of the	Household Application Form.)	(B) <u>Total Expenditure</u> (HK\$)	\$
		i.e. $(A) - (B) < 0$, deficit will not be from the gross household income.		
Remark (reason for not be		5	owner / other family member paid by = HK\$	ne – (B) Total Expenditure* + Salary of this company#
(II) Monthly Working Hours	(Only applicable	to application of whole day	(This amount should be filled in Part I	V of the Household Application Form.)
kindergarten / child care cer			* If Gross Income is less than Total Expe	enditure (i.e. (A) – (B) $<$ 0), deficit will not be
Working hours per m		<u> </u>		educted from the gross household income.
Signature of family mem			Remark (reason for not being able to	o provide income proof) :
engaged in the above			(II) Monthly Working Hours (Only ap	plicable to application of whole-day
business (if not the			kindergarten / child care centre fee	
applicant)	·		Working hours per month.	, , , , , , , , , , , , , , , , , , ,
Applicant's Name	:		Owner's Signature (if not the	<u>.</u>
Applicant's HKID No			applicant)	:
	·		Applicant's Name	:
Applicant's Signature	:		Applicant's HKID No	:
Date	:		Applicant's Signature	:
5410	•		Date	:

<u>Sample IV: Self-prepared Income Breakdown</u> (For hawker / construction worker / renovation worker / casual worker / cleaner who cannot provide income proof) (Please fill in <u>all</u> 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.)						
<u>2021</u>				<u>2022</u>		
April :HK \$	September	:HK \$		January	:HK \$	
May :HK \$	October	:HK \$		February	:HK \$	
June :HK \$	November	:HK \$		March	:HK \$	
July :HK \$	December	:HK \$				
August :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, <u>circle the entries and highlight the total amount with color</u> for verification. For any entries other than income, please also <u>make necessary remarks next to them, or else</u> the SFO may include the amount in calculating your family income.)						
Reason for not being able to provide income proof (Please put " \checkmark " 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's Name				Applicant's HKID No :		
Applicant's : Signature			Date :			