

2021/22 Household Application for Student Financial Assistance Schemes

Balance Sheet for Household Income and Expenses

(1.4.2020 to 31.3.2021)

Pupil's Name: _____ Class: _____ Application Form No.: _____
Delete whichever is inapplicable

Average Monthly Income	Average Monthly Expenses
<u>(1) Applicant</u>	
Occupation : _____	#Rent/Mortgage repayment : \$ _____
Average monthly wages : \$ _____	Management fees : \$ _____
Allowance : \$ _____	
Other income : \$ _____	
(e.g. contribution from relatives, pension, profits, rental, backpay, bonus, year-end double pay and part-time job, etc.)	
Total : \$ _____	Electricity charges / Water charges / Fuel charges (per month) : \$ _____
<u>(2) Spouse</u>	
Occupation : _____	
Average monthly wages : \$ _____	
Allowance : \$ _____	
Other income : \$ _____	
(e.g. contribution from relatives, pension, profits, rental, backpay, bonus, year-end double pay and part-time job, etc.)	Telephone charges (per month) : \$ _____
Total : \$ _____	Travelling expenses : \$ _____
<u>(3) Unmarried children residing with the family</u>	
Occupation : _____	Meal charges : \$ _____
Daily wages * : \$ _____	Children's education expenses : \$ _____
Allowance : \$ _____	(e.g. tuition fee, payment for textbooks and stationery, etc.)
Other income : \$ _____	Others : \$ _____
(e.g. contribution from relatives, pension, profits, rental, backpay, bonus, year-end double pay and part-time job, etc.)	(e.g. personal expenses, pocket money for children, entertainment expenses, medical expenses, etc.)
Total : \$ _____	
Average monthly income [(1)+(2)+(3)] : \$ _____	Average monthly expenses : \$ _____
Total annual income (Average monthly income x 12) : \$ _____	Total annual expenses (Average monthly expenses x 12) : \$ _____
(1) If expenses are greater than income, please specify the source of money and provide evidence (e.g. savings, pension, compensation, severance payment, bank overdraft, loan, etc.):	

(2) Any necessary supplementary information may be provided on additional sheets and returned to the Office together with this Balance Sheet.	

My family # (is / is not) in receipt of CSSA from the Social Welfare Department.

Please return the completed Balance Sheet to the Office for processing by fax or mail as soon as possible. Thank you for your co-operation.

Applicant's Signature : _____

Applicant's name : _____

Date : _____