

**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.

**Sample II: Profit & Loss Account**

(For self-employed taxi driver / lorry driver / minibus driver etc.)

**(Can be filled in directly)**

Name of family member engaged in the following business : \_\_\_\_\_

Taxi driver / Lorry driver / Minibus driver (please circle)

Vehicle owner / Vehicle lessee (please circle)

License number (for vehicle owner only) : \_\_\_\_\_

**(I) Profit and Loss Account**  
(From 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021)

**Income (HK\$)**

1. Rent (for vehicle owner only)	\$	_____
2. Profit from operating business	\$	_____
3. Others (please specify all items & breakdown of amounts)	\$	_____
_____		
(A) Total Income	\$	_____

**Expenditure (excluding vehicle mortgages) (HK\$)**  
(1 & 2 are applicable to vehicle lessee, 2 to 5 are applicable to vehicle owner)

1. Vehicle rental fee	\$	_____
2. Fuel charges	\$	_____
3. Insurance premium	\$	_____
4. Maintenance fee	\$	_____
5. License fees	\$	_____
6. Others (please specify all items & breakdown of amounts)	\$	_____
_____		
(B) Total Expenditure	\$	_____

**Net profit [(A) Total Income – (B) Total Expenditure\*]**

\$ \_\_\_\_\_

(This amount should be filled in Part IV of the Household Application Form.)  
\* If Total Income is less than Total Expenditure (i.e. (A) – (B) < 0), deficit will not be counted i.e. business loss cannot be deducted from the gross household income.

Remark (reason for not being able to provide income proof) : \_\_\_\_\_

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**(II) 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.

Signature of family member engaged in the above business (if not the applicant) : \_\_\_\_\_

Applicant's Name : \_\_\_\_\_

Applicant's HKID No : \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**Sample III: Profit & Loss Account**

(For person running business (including sole proprietorship / partnership business))

**(Can be filled in directly)**

Name of family member running the following company (Owner) : \_\_\_\_\_

Company name : \_\_\_\_\_

Nature of business : \_\_\_\_\_

Company address : \_\_\_\_\_

Sole proprietorship or partnership : \_\_\_\_\_ ( %)

(If it is a partnership, please specify the profit sharing ratio, e.g. Partnership (50%))

**(I) Profit and Loss Account**  
(From 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021)

(A) **Gross Income (HK\$)** \$ \_\_\_\_\_

**Expenditure (HK\$)**  
(The following is the running cost of the company and should not cover any household expenses.)

Cost on purchasing merchandise	\$	_____
Water charges	\$	_____
Electricity charges	\$	_____
Gas charges	\$	_____
Telephone charges	\$	_____
Rent and rates	\$	_____
Salary of employees other than those marked '#' below	\$	_____
Transportation costs	\$	_____
Traveling expenses	\$	_____
Insurance premium	\$	_____
Fees for repair and maintenance of machinery	\$	_____
Others (please specify all items & breakdown of amounts)	\$	_____
_____		

**Other Expenditure (HK\$)**

# Salary of owner paid by this company	\$	_____
# Salary of other family member paid by this company (Name : _____)	\$	_____
_____		

(B) **Total Expenditure (HK\$)** \$ \_\_\_\_\_

Household Income = (A) Gross Income – (B) Total Expenditure\* + Salary of owner / other family member paid by this company#  
= HK\$ \_\_\_\_\_

(This amount should be filled in Part IV of the Household Application Form.)  
\* If Gross Income is less than Total Expenditure (i.e. (A) – (B) < 0), deficit will not be counted i.e. business loss cannot be deducted from the gross household income.

Remark (reason for not being able to provide income proof) : \_\_\_\_\_

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**(II) 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.

Owner's Signature (if not the applicant) : \_\_\_\_\_

Applicant's Name : \_\_\_\_\_

Applicant's HKID No : \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Sample IV: Self-prepared Income Breakdown  
 (For hawker / construction worker / renovation worker / casual worker / cleaner  
 who cannot provide income proof)  
 (Please fill in all of the following items)  
 (Can be filled in directly)

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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>2020</u>	<u>2021</u>
April :HK \$ _____	September :HK \$ _____
May :HK \$ _____	October :HK \$ _____
June :HK \$ _____	November :HK \$ _____
July :HK \$ _____	December :HK \$ _____
August :HK \$ _____	January :HK \$ _____
	February :HK \$ _____
	March :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, **circle the entries and highlight the total amount with color** for verification. For any entries other than income, please also **make necessary remarks next to them, or else the SFO may include the amount in calculating your family income.**)

Reason for not being able to provide income proof (Please put "✓" 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 : \_\_\_\_\_