Means Test Assessment Form for Mainland University Study Subsidy Scheme 2021/22

(# Please put a "✓" in the appropriate box,* delete the inappropriate item(s) and @ are optional items)

Part I Personal Particulars of the Student's Father/Mother or Guardian (as recognised under the Guardianship of Minors Ordinance, Cap 13)

1. Name in Chinese ____ 2.Title @ # ☐ A. Mr. ☐ B. Ms. ☐ C. Miss
3. Name in English ____ **C**
4. Correspondence Address *(in English)* Flat ____ Floor ____ Block ____
   Name of Building ____
   Name of Estate/Village ____
   No. & Name of Street ____ **U**
   District ____
   Area # ☐ 1. HK ☐ 2. KLN ☐ 3. NT ☐ 4. OHK(Outside HK)
5. Year of Birth ____
6. HKID Card No. ____ ( )
   (If not available, please provide other identity document type and number in the boxes below) **M**
   Other Identity Document Type: ____ *(Please refer to Paragraph 7.8.1.1 of the Guidance Notes)*
   Other Identity Document No.: ____
7. Home Tel. No. @ ____
8. HK Mobile Phone No. ____
9. Marital status between 1.4.2020 and 31.3.2021 **SP**
   # ☐ **A.** Married
   (Please provide information on spouse in Part II)
   ☐ **B.** * Divorced/Separated/Widowed/Single/Others (Please specify：_____)
   (Please provide copies of relevant supporting documents. Information on spouse need not be provided in Part II)

Part II Particulars of Family Members

A. Spouse of the person specified in Part I

1. Name in Chinese ____
2. Name in English ____ **C**
3. Year of Birth ____
4. HKID Card No. ____ ( ) **M**
   (If not available, please provide other identity document type and number in the boxes below)
   Other Identity Document Type: ____ *(Please refer to paragraph 7.8.1.1 of the Guidance Notes)*
   Other Identity Document No.: ____
5. HK Mobile Phone No. @ ____

B. Unmarried children residing with the person named in Part I (including (i) the student; (ii) for children other than the student, please provide a list starting from the youngest child)

		Student	Other unmarried child residing with the family 1	1	2
1.	Name in Chinese	____	____		
2.	Name in English	____	____	**C**	**C**
3.	Date of Birth	D ____ M ____ Y ____	D ____ M ____ Y ____		
4.	HKID Card No./ Birth Certificate No.	____ ( )	____ ( )		
	If not available, please provide:				
	Other Identity Document Type	____ *(Please refer to Paragraph 7.8.1.1 of the Guidance Notes.)*	____ *(Please refer to Paragraph 7.8.1.1 of the Guidance Notes.)*		
	Other Identity Document No.	____	____		
5.	Status in 2020-21	# ☐ **A.** Attending schools ☐ **B.** In employment ☐ **C.** Unemployed ☐ **D.** Others	# ☐ A. Attending schools ☐ **B.** In employment ☐ **C.** Unemployed ☐ **D.** Others	**S**	**S**

	Other unmarried child residing with the family 2	Other unmarried child residing with the family 3	3	4
1. Name in Chinese				
2. Name in English			C	C
3. Date of Birth	D M Y	D M Y		
4. HKID Card No./ Birth Certificate No.	( )	( )		
If not available, please provide:				
Other Identity Document Type	*(Please refer to Paragraph 7.8.1.1 of the Guidance Notes.)*	*(Please refer to Paragraph 7.8.1.1 of the Guidance Notes.)*		
Other Identity Document No.				
5. Status in 2020-21	# **A.** Attending schools **B.** In employment **C.** Unemployed **D.** Others	# **A.** Attending schools **B.** In employment **C.** Unemployed **D.** Others	S	S

C. Is/are the dependent parent(s) of the person named in Part I the recipient(s) of the Comprehensive Social Security Assistance (CSSA)? # **Yes** **No**

(If "Yes", please skip Section C. If "No", please proceed to the rest of Section C and refer to Paragraph 7.8.2.2 of the Guidance Notes for the definition of "dependent parent".) Please also provide supporting documents for verification of the dependence of the parents, including tenancy agreement, residential address proof or receipt for residing in an elderly home, etc.)

Name of Dependent Parent	HKID Card No. (please provide a copy) and Year of Birth	Dependency Status (Please put a ✓ in the appropriate box) at least 6 months between 1.4.2020 and 31.3.2021			
		Residing with the family of the person specified in Part I	Residing in premises owned or rented by the person specified in Part I or his/her spouse	Resided in an elderly home and the expenses were fully paid by the person specified in Part I or his/her spouse OR totally supported by the person specified in Part I or his/her spouse	
(1) Name in Chinese Name in English	HKID Card No.: ( ) or Other Identity Document Type: *(Please refer to Paragraph 7.8.1.1 of the Guidance Notes.)* Other Identity Document No.: Year of Birth:				C
(2) Name in Chinese Name in English	HKID Card No.: ( ) or Other Identity Document Type: *(Please refer to Paragraph 7.8.1.1 of the Guidance Notes.)* Other Identity Document No.: Year of Birth:				C

Part III Residential Address

(If the correspondence address provided in Part I of the application form is not the residential address of the person named in part I, please provide the full residential address in English in the following boxes; otherwise there is no need to complete this part)

Residential Address	Flat Floor Block
Name of Building	
Name of Estate/Village	
No. & Name of Street	
District	
Area	# 1. HK 2. KLN 3. NT 4. OHK(Outside HK)

Part IV Family Income

Please provide information on the position and relevant actual income (including part-time income, which should be entered as an integer without decimal places) of the father/mother/guardian of the student and those of his/her family member(s) during the period from **1 April 2020 to 31 March 2021** and provide copies of the relevant income proof (please refer to Paragraph 8.2 of the Guidance Notes). For housewives, the unemployed and retirees, please specify their status and the relevant duration(s). If necessary, a separate sheet endorsed with the signature of the father/mother/guardian of the student may be used to provide supplementary information. For self-employed persons, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to Attachment VI of Guidance Notes) or Personal Assessment Notice issued by the Inland Revenue Department). The EDB/SFO may assess the income of the father/mother/guardian of the student and those of his/her family member(s) based on the data/information obtained from the relevant government departments (e.g. Census and Statistics Department) if no proof or detailed calculation of the total income earned during the year of assessment is provided by the father/mother/guardian of the student.

Father/mother/guardian of the student and his/her family member(s)	Mode of Employment	Position (Please specify the period if the position is not held for the entire year)	Total Annual Income ($) (including bonus/allowance/part-time income (excluding Mandatory Provident Fund/Provident Fund contribution by employee))		For Office Use
① Father/mother/guardian of the student	# ☐ Full-time # ☐ Part-time		Salary ($) Business profit ($)		
② Spouse of the person specified in Item 1 above	# ☐ Full-time # ☐ Part-time		Salary ($) Business profit ($)		
③ Unmarried child residing with the person specified in Item 1 above (if applicable) Name:_____	# ☐ Full-time # ☐ Part-time		Salary ($) Business profit ($)		
④ Unmarried child residing with the person specified in Item 1 above (if applicable) Name:_____	# ☐ Full-time # ☐ Part-time		Salary ($) Business profit ($)		
⑤ Other income (if applicable)	Contribution from children not residing together, relatives or friends ($)	Rental income from properties/lands/car parking spaces/vehicles/vessels ($)	Interest income from fixed deposits, stocks, bonds etc.($)	Alimony ($)	
	Pension (excluding lump sum retirement gratuity) ($)	Widow's & Children's Compensation ($)	Others ($)		
	Total =				

OM

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

Name	Nature of incapacity or chronic illness	Medical expenses incurred within the assessment period ($)

Part VI Supplementary Information on the Father/Mother/Guardian of the Student *(Please use separate sheets if necessary)*

1. If the student/unmarried child/children residing with the family specified in Part II is/are not the biological child/children of the father/mother/guardian of the student, please specify his/her/their name(s) and state the reasons for the application not being submitted by the biological parent(s) of the student and provide relevant proof.

   _____ Y

2. If the family of the father/mother/guardian of the student was in receipt of CSSA any time during the period between 1 April 2020 and the time of submission of application, please specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number.

   _____ Y

3. If the father/mother/guardian of the student has experienced special financial hardship, please give details of the situation, the duration of such hardship, and submit supporting documents.

   _____ Y

Part VII Declaration

I/We have read the "Guidance Notes on Application for Mainland University Study Subsidy Scheme 2021/22" (Guidance Notes) (M3). 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 Guidance 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 the 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 Education Bureau (EDB)/Student Finance Office (SFO) under the Working Family and Student Financial Assistance Agency will assess the eligibility and assistance level of my family based on the information provided by me/us; (ii) the EDB/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 EDB/SFO; and (iii) the EDB/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 the staff of EDB/SFO 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 EDB/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 EDB/SFO, the EDB/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 EDB/SFO.

(b) I/We give consent to the EDB/SFO and its authorised bodies (including but not limited to relevant government bureaux/departments such as the EDB, Social Welfare Department (SWD), the agents of the EDB/SFO, the schools/institutions concerned, etc.) to process my/our application and use the personal data provided to the EDB/SFO in connection with the application form and supplementary form(s) (if any) in accordance with Paragraph 5 of the Guidance Notes and to liaise with related parties to verify and disclose the information provided by me/us.

(c) I am/We are authorised by all the family members listed in the application form to give consent and hereby give consent on their behalf to the EDB/SFO and its authorized bodies to access such family members' personal data in accordance with Paragraph 5 of the Guidance Notes and to liaise with related parties to verify and disclose the information provided to the EDB/SFO. I/We consent to the EDB/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.

Signature of Student's Father/Mother/Guardian* : _____ **Date** : _____

Signature of Spouse of Student's Father/Mother/Guardian* : _____ **Date** : _____

Signature of Student : _____ **Date** : _____

For Office Use: ☐ E