

Notes on How to Complete and Return Household Application 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 fill in the form clearly in black or blue ink and complete Parts I to VIII according to the instructions stated in the Household Application Form and this Notes.

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 9.2 of this Notes for details. Please note that applicants must provide the required supporting documents; otherwise, the Student Finance Office (SFO) will not be able to process the application.
- Please follow the instructions stated on the "Cover Sheet for Supporting Documents" [SFO 108] and submit copies of identity documents of the applicant and those of the family members (including the dependent parent(s) (if applicable)) claimed in the form together with copies of other document proof related to the application.

Completion of Household Application Form

1. 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)

| | | | |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1. Name in Chinese | 陳 大 文 | 2. Title @ | |
| 3. Name in English | C H A N T A I M A N | | |
| 4. Correspondence Address | (Please fill out in English) | | |
| | Flat | A | |
| | H A P P Y H O U S E | | |
| | H A R M O N Y E S T A T E | | |
| | S H A M S H U I P O | | |
| District | # | 1. HK | <input checked="" type="checkbox"/> 2. KLN |
| Area | | | |
| 5. Year of Birth | 1 | 9 | 6 2 |
| 6. HKID Card No. | A | 1 | 2 3 4 5 6 (7) |
| | (If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.) | | |
| | Other Identity Document Type: (Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form") | | |
| | Other Identity Document No.: | | |
| 7. Home Tel No. @ | 1 | 2 | 3 4 5 6 7 8 |
| 8. HK Mobile Phone No. | 1 | 2 | 3 4 5 6 7 8 |
| 9. Email Address | c h a n t m @ g m a i l . c o m | | |
| 10. Your marital status during the period from 1.4.2022 to 31.3.2023 | | | |
| # | <input checked="" type="checkbox"/> A. Married | <input type="checkbox"/> B. * Divorced / Separated / Widowed / Single / Others (Please specify : _____) | |
| | (Please provide spouse's information in Part II) (Please provide copies of supporting documents, and spouse's information need not be provided in Part II) | | |

Applicant must provide the correct correspondence address. Otherwise, the SFO will not be able to contact the applicant in writing. If the applicant can only confirm the place of residence after submitting the application, please inform the SFO the new correspondence address in writing once it is available. If the applicant is not residing in Hong Kong, please provide a Hong Kong correspondence address for future correspondence.

If the applicant is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 1.1 of this Notes.

To facilitate the SFO to issue acknowledgement of receipt of applications and the related payment information (if applicable) by means of SMS, please fill in the applicant's Hong Kong mobile phone number.

Please use block letters; write the surname starting from the first box; and leave a space between each word.

Please fill in the HKID Card No. with reference to the example as shown in the box.

Please fill in the marital status during 1.4.2022 to 31.3.2023. If applicant is "Married", please put "✓" in the box next to item (A) and provide spouse's information in Part II of the application form.

If applicant is a single-parent during 1.4.2022 to 31.3.2023, please follow the example below, put "✓" in the box next to item (B) and delete the inapplicable status.

B. * Divorced / Separated / Widowed / Single / Others (Please specify : _____)

(Please provide copies of supporting documents, and spouse's information need not be provided in Part II)

11. Paper-based application form is needed in the next school year
 (Note: Applicants who do not put "✓" in the box will be treated as opting for electronic application form in the next school year. To facilitate application and for environmental protection, the SFO encourages applicants to submit electronic application.)

Applicants who do not put "✓" in the box will not receive paper-based pre-printed application form from the SFO in the next school year. To facilitate submission of electronic application, the SFO will issue an Access Code for getting the pre-filled electronic application form online and other relevant information to applicants concerned by batches from around mid March 2024.

1.1 If the applicant is not a holder of the Hong Kong Identity Card, please fill in the item of "Other Identity Document Type" using the following codes and provide the relevant identity document number with copy of the identity document:

| | | | | | |
|----------------------|-------|-----------------------------|-------|------------------------------------|-------|
| Passport | 0 2 | Re-entry Permit | 0 3 | Certificate of Identity | 0 4 |
| Document of Identity | 0 5 | Entry Permit | 0 6 | Declaration of ID for Visa Purpose | 0 7 |
| One-way Permit | 0 8 | Mainland identity documents | 0 9 | Others | 9 9 |

2. Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

2.1 Spouse, student-applicants and unmarried children residing with the family

A. Spouse

1. Name in Chinese: 黃 小 芬

2. Name in English: W O N G S I U F A N

3. Year of Birth: 1 9 6 4

4. HKID Card No.: B 1 2 3 4 5 6 (7)
(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)
 Other Identity Document Type: _____
(Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")
 Other Identity Document No.: _____

5. HK Mobile Phone No. @: 1 2 3 4 5 6 7 8

Please use block letters; write the surname starting from the first box; and leave a space between each word.

Please fill in the HKID Card No. of your spouse claimed in the Form with reference to the example as shown in the box.

If your spouse is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 1.1 of this Notes.

Please fill in the HKID Card No. / Birth Certificate No. of the student-applicant / unmarried child residing with the family claimed in the Form with reference to the example as shown in the box and submit a copy of the relevant identity document (if applicable).

If the student-applicant / unmarried child residing with the family is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 1.1 of this Notes.

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 | Student-applicant 2 / Unmarried child residing with the family 2 |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name in Chinese | 陳 小 芳 | 陳 大 明 |
| 2. Name in English | C H A N S I U F O N G | C H A N T A I M I N G |
| 3. Date of Birth | D 0 1 M 0 1 Y 2 0 0 8 | D 0 1 M 0 1 Y 2 0 0 2 |
| 4. HKID Card No. / Birth Certificate No. If not available, please provide: Other Identity Document Type | D 1 2 3 4 5 6 (7) _____ <i>(Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")</i> | C 1 2 3 4 5 6 (7) _____ <i>(Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")</i> |
| 5. Status for 2022-23 | # <input checked="" type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other | # <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other |
| 6. Name of School / Institution in 2023/24 | NUMBER ONE SECONDARY SCHOOL | |
| 7. Class level in 2023/24 | S 4 | |
| 8. Mode of study | # <input checked="" type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time | # <input type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time |
| 9. Apply for schemes <i>(On student basis and you may choose more than 1 item, if applicable)</i> | # <input checked="" type="checkbox"/> Need <input type="checkbox"/> Do not need # Kindergarten & below levels: <input type="checkbox"/> (1)KCFRS + (2)Grant-KG [^] <i>(^ Grant-KG only applicable to KG students (K1-K3))</i> # Primary & secondary levels or equivalent: <input checked="" type="checkbox"/> (3) TA <input checked="" type="checkbox"/> (4) STS <input type="checkbox"/> (5) DAEFR / DYJFR <input type="checkbox"/> (6) FR(FAEAEAC) | # <input type="checkbox"/> Kindergarten & below levels: <input type="checkbox"/> (1)KCFRS + (2)Grant-KG [^] <i>(^ Grant-KG only applicable to KG students (K1-K3))</i> # Primary & secondary levels or equivalent: <input type="checkbox"/> (3) TA <input type="checkbox"/> (4) STS <input checked="" type="checkbox"/> (5) DAEFR / DYJFR <input type="checkbox"/> (6) FR(FAEAEAC) |

If applicant wishes to apply for financial assistance for the child in the 2023/24 school year (including KCFRS, Grant-KG, TA, STS, DAEFR / DYJFR and FR(FAEAEAC)), please put "✓" in the appropriate box(es) under items 5, 8 and 9. If the unmarried child is studying at tertiary institution in 2023/24, please choose "Do not need" under the item of "Apply for schemes".

If applicant wishes to apply for financial assistance for pre-primary students (including (1) KCFRS and (2) Grant-KG), please put "✓" in the box. Eligible KG student-applicants (K1-K3) will be provided with fee remission under KCFRS (if applicable) and Grant-KG. Eligible children receiving whole-day child care services (N1 & N2) will be provided with fee remission under KCFRS only.

- 2.1.1 If applicant has more than 4 unmarried children residing with him / her, please supplement their information in the format as at Section B under Part II of the application form by appending a separate sheet with the applicant's signature. Copies of the identity documents of all unmarried children included in the Form should be provided.
- 2.1.2 Applicant's spouse and children in receipt of Comprehensive Social Security Assistance (CSSA) will not be counted as 'family members' under the Adjusted Family Income (AFI) mechanism.
- 2.1.3 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 benefiting from double subsidies, the applicant is liable to refund the overpaid amount forthwith upon the request of the SFO.
- 2.1.4 Applicant should fill in the class level attended by his / her child(ren) in 2023/24 using the following codes:

- | | | |
|-------------------------------------------------------|---|---|
| (i) Whole-day Child Care Centre (group aged 0-2) | N | 1 |
| (ii) Whole-day Child Care Centre (group aged 2-3) | N | 2 |
| (iii) Nursery class in kindergarten | K | 1 |
| (iv) Lower class in kindergarten | K | 2 |
| (v) Upper class in kindergarten | K | 3 |
| (vi) Primary 1 to 6 | P | 1 |
| (vii) Secondary 1 to 3 | S | 1 |
| (viii) Secondary 4 to 6 | S | 4 |
| (ix) Diploma of Applied Education / Diploma Yi Jin | Y | J |
| (x) Others (e.g. Tertiary Level) | O | L |
- / P 2 / P 3 / P 4 / P 5 / P 6
- / S 2 / S 3
- / S 5 / S 6

- 2.1.5 If applicant wishes to amend the application details after submission of the Household Application Form (including applying for additional scheme(s) / amending scheme(s) that have been applied for), please submit the request in writing, together with justification, and post it to the SFO within 30 days from the submission date of the application form. Application for additional scheme(s) / amending the scheme(s) to apply for must be duly signed by the applicant with the application number / the HKID card number 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 application form.

2.2 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 students of primary and secondary levels. 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.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| C. Subsidy for Internet Access Charges (SIA) | |
| <i>(On household basis and only applicable to families with students of primary and secondary levels. Not applicable to families with pre-primary students only.)</i> | |
| SIA will be disbursed to eligible families. | |
| For families which <u>do not need</u> SIA, please put "✓" in the box on right-hand side. | <input checked="" type="checkbox"/> Do not need |

For families which **do not need** SIA, please put "✓" in the box provided.

2.3 Dependent parent

- 2.3.1 Dependent parent refers to the applicant's parents, including in-laws, who is not a recipient of the CSSA at the time of submission of application. They must, throughout the normal assessment year (1 April 2022 to 31 March 2023), not in employment and 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 OR totally supported by the applicant or his / her spouse.

Remarks: Applicant or his / her spouse should continue to support their parent in the 2023/24 school year and the form of support should be similar to that in the year of assessment. Besides, as the number of family members may affect directly the level of assistance the applicant's family is eligible for, please send the completed application form together with documentary proof for supporting the parents (e.g. tenancy agreement, residential address proof or receipt of the home for the elderly, etc.) to the SFO by post.

- 2.3.2 Please submit copies of the identity documents of the dependent parents provided in the form.

Please fill in the personal particulars of dependent parent(s) and provide a copy of their identity documents (e.g. the Hong Kong Smart Identity Card) and documentary proof for supporting the parents (if applicable).

Please put "✓" in the appropriate box. If yes, please skip Part "D". If no, please continue to complete Part "D" and refer to Paragraph 2.3.1 of this Notes.

D. Dependent Parent

(i) Currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment during the assessment period?
 # Yes (Need not complete Part 'D') No (Continue to complete Part 'D' and refer to Paragraph 2.3 of 'Notes on How to Complete and Return Household Application Form' on the definition of 'Dependency')

| Name of Dependent Parent | HKID Card No. (Please provide copy) and Year of Birth | Dependency Status (Please put "✓" in the appropriate box) at least 6 months during 1.4.2022 to 31.3.2023 | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 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 applicant or his/her spouse OR totally supported by the applicant or his/her spouse |
| (1) Name in Chinese: 陳 大 福 Name in English: C H A N T A I F U K | HKID Card No. E 1 2 3 4 5 6 (7) or Other Identity Document Type: _____ (Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form") Other Identity Document No.: _____ Year of Birth: 1 9 4 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the dependent parent is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 1.1 of this Notes.

Applicant should read Paragraph 2.3.1 (A), (B) and (C) of this Notes carefully and put "✓" in the appropriate box(es).

3. Part III Residential Address

3.1 Applicant should provide the residential address in this part so that the SFO can arrange to conduct home visits for the selected applicants. If the applicant's residential address is the same as the correspondence address provided in Part I of the application form, the applicant is not required to complete this part.

4. Part IV Family Income

If applicant, his / her spouse or unmarried child residing with the family was **unemployed** during the assessment period, please complete the fields according to the following example.

Please provide the total income (integer without decimal places), for the period from 1 April 2022 to 31 March 2023. **The SFO will not accept estimated amount, and so please provide the actual figure.** For other income source, e.g. rental income (see item 11 under "Items need to be reported" in Paragraph 4.1 of this Notes), contribution from children not residing with the family / relatives / friends, alimony or interests from investments, please state the amount according to the following example.

| Applicant and Family Member | Mode of employment | Position (Please specify period if it is not a whole year) | Total Annual Income (\$) (Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)) | | | | For Office Use |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|--------------|----------------|
| | | | Salary (\$) | Business profit (\$) | Interest from investments, fixed deposit (\$) | Alimony (\$) | |
| ① Applicant | # <input checked="" type="checkbox"/> Full-time | Unemployed (1.4.2022 - 30.4.2022) | 8 0 0 0 0 | | | | |
| | # <input type="checkbox"/> Part-time | Clerk (1.5.2022 - 31.12.2022) | | 4 5 0 0 0 | | | |
| ② Spouse | # <input type="checkbox"/> Full-time | Self-employed Driver (1.1.2023 - 31.3.2023) | 3 0 0 0 0 | | | | |
| | # <input checked="" type="checkbox"/> Part-time | Housewife (1.4.2022 - 30.9.2022) Part-time Cashier (1.10.2022 - 31.3.2023) | | | | | |
| ③ Unmarried child residing with the family (if applicable) Name: CHAN TAI MING | # <input checked="" type="checkbox"/> Full-time | Waiter (1.4.2022 - 10.6.2022) | 3 6 0 0 0 | | | | |
| | # <input type="checkbox"/> Part-time | Unemployed (11.6.2022 - 31.3.2023) | | | | | |
| ④ Unmarried child residing with the family (if applicable) Name: | # <input type="checkbox"/> Full-time | | | | | | |
| | # <input type="checkbox"/> Part-time | | | | | | |
| ⑤ Other income (if applicable) | Contribution from children not residing together, relatives or friends (\$) | | 1 2 0 0 0 | Rental income of property, land, carpark, vehicle or vessel (\$) | | 9 6 0 0 0 | |
| | Pension (excluding lump sum retirement gratuity) (\$) | | | Interests from investments, fixed deposit (\$) | | 5 0 0 0 0 | |
| | Widow's & Children's Compensation (\$) | | | Alimony (\$) | | | |
| | Others (\$) | | | | | | |
| Total = 304000 | | | | | | | |

The total amount is for reference only. The SFO will assess the eligibility of a family for student financial assistance and its assistance level according to the AFI mechanism stated in Paragraph 3 of the Guidance Notes.

- 4.1 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 9.2 (vi) 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 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 CSSA / 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 | | |

- 4.2 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.

5. Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness

(Please provide a copy of supporting document)

| Name | Nature of incapacity or chronic illness | Medical expenses incurred within the assessment period (\$) | | | | | |
|--------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| CHAN Tai-fuk | Suffering from diabetes and requiring regular medical treatment. | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> | 1 | 0 | 4 | 0 | 0 |
| 1 | 0 | 4 | 0 | 0 | | | |

- 5.1 If applicant has incurred medical expenses for family members (for family members who are chronically ill or permanently incapacitated) during the period from 1 April 2022 to 31 March 2023, he / she may state details of the situation in Part V of the application 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 for each family member is \$22,790 per year in 2023/24).

- (ii) (For **single-parent families**) Copy of supporting documents for separation / divorce or 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;
- (iii) (If applicable) Copy of **documentary proof on supporting the dependent parents**;
- (iv) (If applicable) Copy of documentary proof on unavoidable **medical expenses** (for family members who are chronically ill or permanently incapacitated) for the period from 1 April 2022 to 31 March 2023;
- (v) Please provide copy of the **bank statement / first page of bank book** (Note 2); and
- (vi) **Documentary proof on total income** for the period from 1 April 2022 to 31 March 2023. Please submit the document in accordance with the requirements listed below:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Salaried employed person | <ul style="list-style-type: none"> (1) Tax Demand Note issued by the Inland Revenue Department; if not available (2) Employer's Return of Remuneration and Pensions Form; if not available (3) Salary Statement; if not available (4) 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 (5) 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) | <ul style="list-style-type: none"> (1) Profit and Loss Account verified by a Certified Public Accountant; if not available (2) Profit and Loss Account prepared on your own (See Sample II or III) <u>and</u> (3) 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 | <ul style="list-style-type: none"> (1) Tenancy Agreement ; if not available (2) 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). |

Note 1: If applicant / family member(s) meet the following requirements, it is not required to submit the supporting document(s):

- 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.

Note 2: If applicant meets the following requirements, it is not required to submit the supporting document:

- Applicant has a successful application under the financial assistance scheme of the Working Family and Student Financial Assistance Agency 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 2023/24 school year (i.e. the above bank account which has been disbursed with grant and / or loan).

Regarding to the above exemption mentioned in Notes 1 and 2, applicant must write correctly and clearly the information of the Identity Card and bank account number on the Application Form. 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.

Enquiries

10.1 For enquiries relating to the completion and submission of household application form, please call our 24-hour enquiry hotline at 2802 2345.

Sample I: Income Certificate

(For salaried employed person who cannot provide items 1-4 of income proof as listed in Paragraph 9.2 (v) of the "Notes on How to Complete the Form")

(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 other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2022 to 31 March 2023 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: _____ to _____) is *HK\$ _____.

The above employee works _____ hours per month / full-time in this company (120 working hours or above per month) (only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3).

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 employer. Employer's initial is required 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 _____ (HKID Card No. _____) is employed by this company as _____. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2022 to 31 March 2023 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: _____ to _____) is *HK\$ _____.

The above employee works _____ hours per month / full-time in this company (120 working hours or above per month) (only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3).

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 employer. Employer's initial is required against any deletion / amendment.)

* Please specify the currency if salary paid is not in Hong Kong dollars.

Please delete the inappropriate sentence.

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 April 2022 to 31 March 2023)

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) : _____

(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 April 2022 to 31 March 2023)

(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) : _____

(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)

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>2022</u> | <u>2023</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 : _____