

Working Family Allowance Scheme

Supplementary Sheet to Application Form (WFA002B)

Please provide the information not yet reported in Application Form due to insufficient space in this Supplementary Sheet. (If the supplementary sheet is still insufficient, please make additional photocopies to provide the relevant information.)

Part 2 (II) All Household Member(s) Living on the Same Premises (continued)

Household Member	Household Member
<p>Q.1 Name in English:</p> <p>_____</p> <p style="text-align: center;">(Surname) (Name)</p> <p>Q.2 Name in Chinese (Optional):</p> <p>_____</p> <p style="text-align: center;">(Surname) (Name)</p> <p>Q.3 Relationship with the Applicant:</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Child <input type="checkbox"/> Grandchild</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Others: _____</p> <p><input type="checkbox"/> Sibling</p> <p>Q.4 Hong Kong Identity Card No.:</p> <p>_____ ()</p> <p>Q.5 Month and Year of Birth:</p> <p>____ (mm) ____ (yyyy)</p> <p style="font-size: small; border: 1px solid black; padding: 2px;">For those applying for the Child Allowance, please complete Q.6 to Q. 7^{Note}</p> <p>Q.6 Does the member hold a Hong Kong Birth Certificate?</p> <p><input type="checkbox"/> Yes. Please fill in the number:</p> <p>_____ ()</p> <p><input type="checkbox"/> No. If the member does not hold a Hong Kong Identity Card concurrently, please provide details of another identity document:</p> <p>Type: _____</p> <p>No.: _____</p> <p>Q.7 If the member has reached the age of 15 during the Claim Period, did he/she attend any full-time non-post-secondary programme (e.g. full-time primary and secondary education or courses below the sub-degree level)?</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> The entire Claim Period</p> <p style="padding-left: 100px;"><input type="checkbox"/> The following claim month(s):</p> <p>_____</p> <p><input type="checkbox"/> No</p>	<p>Q.1 Name in English:</p> <p>_____</p> <p style="text-align: center;">(Surname) (Name)</p> <p>Q.2 Name in Chinese (Optional):</p> <p>_____</p> <p style="text-align: center;">(Surname) (Name)</p> <p>Q.3 Relationship with the Applicant:</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Child <input type="checkbox"/> Grandchild</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Others: _____</p> <p><input type="checkbox"/> Sibling</p> <p>Q.4 Hong Kong Identity Card No.:</p> <p>_____ ()</p> <p>Q.5 Month and Year of Birth:</p> <p>____ (mm) ____ (yyyy)</p> <p style="font-size: small; border: 1px solid black; padding: 2px;">For those applying for the Child Allowance, please complete Q.6 to Q. 7^{Note}</p> <p>Q.6 Does the member hold a Hong Kong Birth Certificate?</p> <p><input type="checkbox"/> Yes. Please fill in the number:</p> <p>_____ ()</p> <p><input type="checkbox"/> No. If the member does not hold a Hong Kong Identity Card concurrently, please provide details of another identity document:</p> <p>Type: _____</p> <p>No.: _____</p> <p>Q.7 If the member has reached the age of 15 during the Claim Period, did he/she attend any full-time non-post-secondary programme (e.g. full-time primary and secondary education or courses below the sub-degree level)?</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> The entire Claim Period</p> <p style="padding-left: 100px;"><input type="checkbox"/> The following claim month(s):</p> <p>_____</p> <p><input type="checkbox"/> No</p>

Note If the household member living on the same premises meets the eligibility criteria for the Child Allowance, it is necessary to provide relevant documentary proof. Eligible children must be aged below 15, or aged between 15 and 21 receiving full-time education (but not post-secondary education).

Please put a "✓" in the appropriate box(es).

Please turn over

Part 3 Income from Work and Paid Working Hours of the Applicant/Household member(s) whose paid working hours are aggregated to apply for WFA (continued)

Q.1 If the Applicant/household member(s) whose paid working hours are aggregated to apply for WFA was/were engaged in more than one job or there are other household member(s) whose paid working hours are aggregated to apply for WFA during the Claim Period, please provide the details of each job of the member(s) concerned.

Name of Household Member(s) reporting paid working hours	Claim Month	___/20___	___/20___	___/20___	___/20___	___/20___	___/20___
	Job Details	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed ^{Note3} Industry: _____ Position: _____ Name of the Company/Employer: _____ Telephone No.: _____					
	Monthly Income from Work ^{Note1} (HK \$)	\$	\$	\$	\$	\$	\$
	Monthly Paid Working Hours ^{Note2}						
	Job Details	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed ^{Note3} Industry: _____ Position: _____ Name of the Company/Employer: _____ Telephone No.: _____					
	Monthly Income from Work ^{Note1} (HK \$)	\$	\$	\$	\$	\$	\$
	Monthly Paid Working Hours ^{Note2}						
	Job Details	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed ^{Note3} Industry: _____ Position: _____ Name of the Company/Employer: _____ Telephone No.: _____					
	Monthly Income from Work ^{Note1} (HK \$)	\$	\$	\$	\$	\$	\$
	Monthly Paid Working Hours ^{Note2}						
	Job Details	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed ^{Note3} Industry: _____ Position: _____ Name of the Company/Employer: _____ Telephone No.: _____					
	Monthly Income from Work ^{Note1} (HK \$)	\$	\$	\$	\$	\$	\$
	Monthly Paid Working Hours ^{Note2}						

Note 1 Income from work generally includes salaries (excluding mandatory contributions to the Mandatory Provident Fund/provident funds), allowances, self-employed persons' profits from operating business and fees received from providing services, etc. Please refer to Section 3.3 of the Guidance Notes for details.

Note 2 Please read Section 3.2 of the Guidance Notes for the methods of calculating the monthly paid working hours. The Applicant/household member(s) whose paid working hours are aggregated to apply for WFA cannot receive the individual-based WITS of the Labour Department concurrently.

Note 3 Self-employed persons can use Forms WFA005B, 006B or 007B to report income; the relevant forms are printed on blue paper for easy differentiation.

Please put a "✓" in the appropriate box(es).

Please turn over

Part 4 Information on Household Income (continued)

During the Claim Period, if the household member(s) reported in Part 2 of Application Form and/or this Supplementary Sheet to Application Form received an allowance under the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families (“Carer Allowance”) or an allowance under the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities (“PWD Carer Allowance”), or if household member(s) ^{Note} received the individual-based WITS, the amount of subsidy or allowance received will be counted towards the household income in the same claim month. The household applying for WFA is not required to report the three types of subsidy or allowance in this part. The WFAO will verify your application on the basis of the information provided by the Social Welfare Department and Labour Department in respect of the above-mentioned types of subsidy or allowance.

Q.1 Apart from the above-mentioned subsidy or allowance, please provide information on the income of the Applicant and all household member(s) living on the same premises in the Claim Period that has not yet been reported in Part 4 of the Application Form [e.g. **income from work** (except those reported in Part 3 of the Application Form and/or this Supplementary Sheet to Application Form), **rental income**, **alimony received**, **contributions from relatives or friends not living on the same premises** and **monthly pension**, etc.].

Name of Applicant or Household Member(s)	Income Item	Claim Months and Income Amount (HK\$)					
		__/20__	__/20__	__/20__	__/20__	__/20__	__/20__
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

Note The Applicant/household member(s) whose paid working hours are aggregated to apply for WFA cannot receive the individual-based WITS concurrently. Please refer to Section 3.5.2 of the Guidance Notes for details.

Please turn over

Part 5 Information on Household Assets (continued)

Q.1 Please provide information on the value of all the assets, within and outside Hong Kong, of the Applicant and all household member(s) living on the same premises as in the last month of the Claim Period not yet reported in Part 5 of the Application Form [e.g. **bank deposits** in personal/joint/company accounts, **cash savings**, **cash values of insurance policies** (including dividends), **stocks**, **non-self-occupied properties** (including those outside Hong Kong), **parking spaces**, **vehicles**, **business licences of vehicles**, **loans that have not yet been recovered**, **gold bars**, **gold coins** or other assets]. For details, please refer to Section 3.4 of the Guidance Notes.

Name of Applicant or Household Member(s)	Details of Asset Item	Date of Valuation	Value (HK\$) <i>(If not in HKD, please specify currency)</i>	Percentage of Share <i>(if jointly-owned)</i>
		___/___/20__		%
		___/___/20__		%
		___/___/20__		%
		___/___/20__		%
		___/___/20__		%
		___/___/20__		%
		___/___/20__		%
		___/___/20__		%
		___/___/20__		%

Part 6 Declaration by Applicant (continued)

The Applicant must read and sign on this part to declare the following –

- (1) I and my household member(s) (if any) as reported in this Supplementary Sheet to the Application Form (WFA002B) and the Application Form (WFA001B) have read the Guidance Notes for Applications under the Working Family Allowance (“WFA”) Scheme (“Guidance Notes”) and Additional Information for Guidance Notes, including information on the monthly household income and asset limits. I and my household member(s) (if any) understand and agree to the arrangements in relation to applications for WFA and agree to comply with all the requirements set out in the Guidance Notes.
- (2) Since an application for WFA is made on a household basis, my household member(s) (if any) has/have agreed that –
 - (i) I shall submit the application on behalf of my household; and
 - (ii) the Working Family Allowance Office (“WFAO”) of the Working Family and Student Financial Assistance Agency can disburse the full payment approved under this application direct to the bank account held by me.
- (3) The information provided in the Application Form, Supplementary Sheet(s) and/or Supplementary Form(s) (if applicable), any representations made in relation to this application, and the documentary proof submitted are true, complete and accurate. I undertake to report any correction of the information in the relevant forms and provide the relevant information to the WFAO as soon as possible to facilitate the WFAO’s consideration of my household’s eligibility for WFA.
- (4) I and my household member(s) (if any) –
 - (i) have read the Personal Information Collection Statement (“PICS”) and understand its content, and agree that the WFAO and its agents can handle and use the personal data provided in this application in accordance with the PICS and the Guidance Notes; and disclose to and verify with the concerned parties, companies or organisations the personal data of myself and my household member(s) and the information on companies under any name(s) of myself and/or my household member(s);
 - (ii) agree that where necessary, the WFAO may contact me or any of my household member(s) to vet or clarify any information in this application.
 - (iii) agree that relevant Government bureaux/departments/organisations (including but not limited to the Social Welfare Department, the Labour Department, the Immigration Department, the Census and Statistics Department, the Housing Department, the Land Registry, banks, employers, and schools/educational institutions) to release our respective personal data and the information on companies under any name(s) of myself and/or my household member(s) to the WFAO for the purpose of processing and vetting any information in this application.
 - (iv) understand that the WFAO reserves the right to review this application and may, as and when necessary, adjust the amount of allowance that may be disbursed to my household;
 - (v) agree to refund in full the Government of the Hong Kong Special Administrative Region any overpaid allowance received by my household, or agree that the concerned overpaid amount be offset by the WFAO against the allowance(s) approved in my household’s future applications upon the request of the WFAO; and
 - (vi) understand that wilfully making a false statement, misrepresentation or concealment of any information in order to obtain WFA by deception is a criminal offence, the commission of which, in addition to being disqualified for WFA, can lead to imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).

Name of Applicant	Signature	Date