

Working Family Allowance Scheme

Self-declared Statement on Working Hours/Income from Work (WFA009B)

[Applicable to persons who are unable to provide relevant documentary proof for special reasons]

- ⇒ If the Applicant and/or other household member(s) is/are unable to provide copies of documentary proof (See Section 10 of the Guidance Notes) or an Employer's Certification (see WFA008B for a sample) for (a) working hours or (b) income from work, he/she may fill in this Self-declared Statement.
- ⇒ The Working Family Allowance Office (WFAO) will examine the information provided in the Self-declared Statement and where necessary, may request the Applicant or the concerned household member(s) to provide supplementary information, attend an interview or make a statutory declaration of the information provided. The WFAO will in individual cases consider whether to accept the Self-declared Statement submitted by the household as documentary proof of the relevant item(s).

Name of Applicant/Household Member: _____

1. In respect of the job (Name of Company/Employer: _____) reported in the Application Form (WFA001B)/Supplementary Sheet to Application Form (WFA002B) #, I am unable to provide copies of the following documentary proof (may select more than one item):

- Working hours (only applicable to the Applicant or the household member reporting the working hours)
- Days of other paid absence and usual daily working hours (only applicable to those reporting the working hours derived from paid absence)
- Income from work

2. I am unable to provide copies of the documentary proof for the following reason:

- The company by which I was employed has been wound up, and I cannot obtain the documentary proof from the ex-employer and do not have any other proof
- My employer cannot provide relevant documentary proof due to special reasons, details of which are as follows: _____
- Other reasons (please specify): _____

3. Payment method of my salary for the above job is:

- By cash/cash cheque
- By crossed cheque/bank transfer
- Others (please specify): _____

Supplementary information: _____

| | |
|-------------|--|
| Declaration | I and the household member reported in this form hereby declare that the above information is true, complete and accurate. We 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). |
|-------------|--|

Signature of Applicant: _____

Signature of concerned Household Member (if applicable): _____

Date: _____

Please delete whichever is not applicable.
 Please put a "✓" in the appropriate box(es).