

Application for Financial Assistance

Dear Applicant: As an IPC Charity, it is our hope that we will be able to provide a place for qualified applicants regardless of their finances. However, our funds for Financial Aid is limited and should be provided to those most in need. We seek your cooperation to provide us the following information and documentation to help us target our support to those most deserving.

Section A (Applicant's Details – To be completed and signed by Applicant)

1. Name of Applicant (as in NRIC):
2. NRIC #:
3. Address of Property Owned by Applicant (Singly /Jointly Owned)* *(please attach latest property tax bill from IRAS):*

4. **Applicant's Monthly Income***

Source of Monthly Income	Amount
CPF Payout	
Insurance / Annuities	
Money from Family	
Rental Income	
Other income (government subsidy, if applicable)	

Other information to support your application: (e.g. current fees, length of stay):

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5. Applicant's CPF Balance **(please attach statements for the last 12 months):*

Ordinary Account	\$
Special Account	\$
Retirement Account	\$
Medisave Account	\$

6. Applicant's Bank Balance and CDP/Stock Portfolio Account *(please provide latest statements):*

Bank / Stock		Balance	\$
Bank / Stock		Balance	\$
Bank / Stock		Balance	\$
Bank / Stock		Balance	\$

7. Applicant's Latest Income Tax Assessment *(please attach latest IRAS statement.*

If the applicant is exempt from filing with IRAS, please write "EXEMPT"): statement):

\$ _____

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8. Declaration by Applicant:

I declare that all the information provided by me in this form is true, correct and accurate.

I understand and acknowledge that if any of the information provided by me in this form is false or inaccurate, any financial assistance by the St. John's Home For Elderly Persons could be withdrawn.

Applicant:	
Date:	
Signature	

For Official Use	
Checked by:	
Designation	
Approved by:	
Designation	

To protect your privacy, please submit this application to our office in person or mail it marked as "Private & Confidential" to:

General Manager, St. John's Home for Elderly Persons, 69 Wan Tho Ave, Singapore 347601.

As email is not secure, please DO NOT send it to us via email.
 For urgent submission, you can fax it to us at (65) 6285 4885.

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Section B (To be Completed and Signed by Sponsor)

1. **Name of Applicant** (as in NRIC):

2. **Name of Sponsor** (as in NRIC):

3. **Relationship to Applicant:**

(For familial relationship, please specify the relationship. If not related by family ties, please indicate "Not Related"). Family members refers to all related family members (by blood, marriage or legal adoption) including in-laws, siblings, grandchildren, uncles, aunts, nephews, nieces, cousins, step and legally adopted children, among others.

4. **Sponsor's NRIC #:**

5. **Sponsor's Mailing Address:**

6. **Sponsor's Email:**

(Note: If "Not Related", skip 7. to 13.)

7. **Address of Properties Owned by Sponsor (Singly /Jointly Owned)*** *(please attach latest property tax bill from IRAS):*

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8. Sponsor's Monthly Income

Source of Monthly Income	Amount
Salary & Wages	\$
CPF Payout	\$
Insurance / Annuities	\$
Money from Family	\$
Rental Income	\$
Other income (government subsidy, if applicable)	\$

9. Sponsor's CPF Balance **(please attach statements for the last 12 months):*

Ordinary Account	\$
Special Account	\$
Retirement Account	\$
Medisave Account	\$

10. Sponsor's Bank Balance and CDP/Stock Portfolio Account *(please provide latest statements):*

Bank / Stock		Balance	\$
Bank / Stock		Balance	\$
Bank / Stock		Balance	\$
Bank / Stock		Balance	\$

11. Sponsor's Latest Income Tax Assessment *(please attach statement):*

\$ _____

12. Sponsor's Other Information:

Are you currently on Workfare Payout?	YES / NO
Do you have a CHAS card?	YES / NO If YES, what colour? (RED / BLUE / GREEN)

Note that all information provided is strictly confidential and will only be used for the intended purpose of assessing the applicant's financial aid.

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13. Sponsor's Household Monthly Income

The following is to help St. John's Home assess the financial ability of the Sponsor to contribute to the Applicant's upkeep and fees in determining the Applicant's eligibility for Financial Assistance.

Please attach latest salary slip or any proof of income for each person who is a family member of the Sponsor and living in the same household (latest IRAS statement or any proof of income showing monthly income). *Family members refers to all related family members (by blood, marriage or legal adoption) including in-laws, siblings, grandchildren, uncles, aunts, nephews, nieces, cousins, step and legally adopted children, among others.*

Note:

- a. It is important to list ALL members of your household including those who are dependents and may not be working or have any monthly income.**
- b. In the event that both sponsors are from the same household, the second sponsor is required to complete Section B. However, only ONE Sponsor's Household Monthly Income form (section 13), need to be completed.**

#	Name	Relationship to Main Applicant	Occupation	Employer	Declared Income (*)
i.					
ii.					
iii.					
iv.					
v.					

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14. Declaration by Sponsor:

I declare that all the information provided by me in this form is true, correct and accurate.

I understand and acknowledge that if any of the information provided by me in this form is false or inaccurate, any financial assistance by St. John's Home For Elderly Persons could be withdrawn.

Sponsor:	
Date:	
Signature	

For Official Use	
Checked by:	
Designation	
Approved by:	
Designation	

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