

For Official Use Only	
Date Given	Date Received
Serial No.	

Please submit your application with 1 photo showing clearly your face with no headscarf or cap covering your forehead.

Please print your full name at the back of the photos.

City Harvest Church HEALTH ASSISTANCE SCHEME (HAS)

A. Application

- i. Case Type *
- New Application
 - Re-application
- ii. Status of Applicant *
- City Harvest Church Member
 - Dependent of City Harvest Church Member
- (Specify Name: _____ /NRIC: _____
Nature of Relationship: Son/Daughter/Others (please specify _____))

* Please tick accordingly

B. Personal particulars

Name (Miss/Mr/Mrs)		NRIC No.
Home Address		Postal Code
Home Tel No.	Pager No.	HP No.
Date of Birth	Place of Birth	Citizenship

C. Family housing (Please provide CPF Statement / Rental Contract)

a. Status of Ownership	b. Type of House
<input type="checkbox"/> Full Ownership (Housing loan paid off completely)	<input type="checkbox"/> * Bungalow/Semi-Detached or Terrace House/HUDC
<input type="checkbox"/> Paying Housing loan by monthly installments through:	<input type="checkbox"/> * 5-room flat /5-room executive/Condominium
1. CPF S\$ _____/mth	<input type="checkbox"/> * 3-room flat/4-room flat
2. Cash S\$ _____/mth	<input type="checkbox"/> * 1 room flat/2-room flat
<input type="checkbox"/> Rental Paying monthly Rent S\$ _____/mth	<input type="checkbox"/> * Others (Please specify) _____

Please tick the relevant box and *circle where appropriate to provide the information requested

(Please provide OFFICIAL DOCUMENTARY EVIDENCE of the payment of housing loan if paying by CASH, or paying rent)

D. Family income and expenses

Important:

In this section, please provide OFFICIAL DOCUMENTARY EVIDENCE of salaries or any form of income, allowances as claimed, of all immediate family members, i.e. Latest pay slips for past 2 months and CPF Contribution Statement for past 12 months, and any other related documents, e.g. proof of siblings studying, scholarship/ bursary awarded etc. Please kindly note that incomplete or unofficial documentary proof will NOT be accepted, and will render an application void.

a. Particulars of working family members who reside with you

Name	Relationship	Marital Status	Age	Occupation	*Gross Monthly Income	Amount contribute to Family
*Gross Monthly income (before CPF deduction)					Total S\$	

b. Particulars of working family members who live away from home

Name	Relationship	Marital Status	Age	Occupation	*Gross Monthly Income	Amount contribute to Family
*Gross Monthly income (before CPF deduction)					Total S\$	

c. Particulars of dependents (non-working) on family income

Name	Relationship	Age	Reason for Unemployment	If Studying	
				State Institution/ Year/ Course of Study	Scholarship/Bursary/ Loan awarded (if any)

d. Monthly family expenses

(Please provide OFFICIAL DOCUMENTARY EVIDENCE of Expenses as claimed)

Monthly Expenses	Amount (S\$)
Housing Bills	Utility Bills: S\$ _____ Conservancy Bills: S\$ _____ Home Telephone/Mobile Phone: S\$ _____ Others: (Please specify) _____ : S\$ _____
Combined Family Insurance Premium	S\$
Parental Support (i.e. \$ given to parents)	S\$
Additional Children's Education Expenses (E.g. Tuition Fee, Enrichment Courses)	S\$
Family Transportation	S\$
Food (i.e. groceries, eating expenses)	S\$

*Other Loans (Please specify) (E.g. Education Loans, business loans, vehicles loans, credit card debts, loan sharks, regular monthly medical expenses etc)	_____ : S\$ _____ _____ : S\$ _____
Total	S\$

e. Other financial information

(Please provide OFFICIAL DOCUMENTARY EVIDENCE of financial assets as claimed.)

Other Sources	Amount (S\$)
Savings (CASH)	S\$
Fixed Deposits	S\$
Unit Trusts/Shares	S\$
Investments/Other properties	S\$
Rental income	S\$
Others (Please specify): _____	S\$

E. Applicant's personal income and expenses

a. Sources of your estimated monthly financial support

Source	Amount (S\$)
Allowances from Children	S\$
Allowances from Relatives/Guardians/Close friends*	S\$
Job: *Yes/No (Full Time/Part time*) Job title/Nature: _____	S\$
Others sources of income (Please specify): _____	S\$
Total	S\$

*Delete where inappropriate

b. Your estimated monthly expenditure

Breakdown	Amount (S\$)
Transportation	S\$
Accessories (i.e. Clothing/gifts)	S\$
Food	S\$
Personal Mobile phone Bills	S\$
Others (Please specify): _____	S\$
Total	S\$

*Delete where inappropriate

CHECKLIST

This Application must be accompanied by ONE copy of each of the following:

- NRIC
- Official documentary evidence of family income/salaries, i.e. CPF Statement for past 12 months, past 2 months salary pay-slip or income tax statement
- Official documentary evidence of cost of fees for siblings in School/College/University
- Official documentary evidence of credit loans/loansharks/educational loans, etc, and any outstanding bills
- Official documentary evidence of monthly housing loan payment (if paying by Cash)
- Official documentary evidence of payment of rental fees (if current stay is in rented house/room)
- A passport size photograph

All applicants are required to attend an interview by a City Harvest Church staff, who will appraise the suitability and eligibility of the applicants and the merits of the application, and thereafter make recommendations to the Management Board of City Harvest Church either to approve or reject the application. The Management Board reserves the right to approve or reject an application in its sole and absolute discretion without assigning any reason whatsoever. A review of the applicants' performance will be conducted by City Harvest Church acting in its sole and absolute discretion. Should an applicant, or an applicant's son/daughter/other family member or relative whom the applicant is a dependent of, or the recommender of the applicant cease to be a member or regular attendee of the church, City Harvest Church has the right to reduce, withdraw, suspend or terminate all forms of assistance, and for such period as it deems fit or necessary.