

C. Dependent Parent (Should not be a recipient of the Comprehensive Social Security Assistance (CSSA). Copies of their identity documents should be provided as proof.) (Please refer to Paragraph 3.2 of Part B of the Guidance Notes for definition of "Dependent Parent" and details of CSSA)

1. Name in English _____
 HKID Card No. _____ () Name in Chinese _____
 Date of Birth D ____ M ____ Y ____
 Status # A residing with the applicant B residing at another residential premises owned or rented by the applicant or his/her spouse
 (# Please circle one appropriate box) C residing in his/her own premises, rented premises or elderly homes and is totally supported by the applicant or his/her spouse

2. Name in English _____
 HKID Card No. _____ () Name in Chinese _____
 Date of Birth D ____ M ____ Y ____
 Status # A residing with the applicant B residing at another residential premises owned or rented by the applicant or his/her spouse
 (# Please circle one appropriate box) C residing in his/her own premises, rented premises or elderly homes and is totally supported by the applicant or his/her spouse

Part III Family Income

Please provide information on your position, occupation and relevant income and those of your family member(s) during the period from **1 April 2010 to 31 March 2011**. If you / your family member(s) was a housewife, was unemployed or has retired during the period, please specify the status and relevant duration. Additional sheet signed by the applicant may be added if there is insufficient space to provide the information. The SFAA may make adjustment and apply benchmark figures on the basis of statistical information provided by relevant government departments (e.g. Census and Statistics Department) to assess your income and those of your family member(s) if no income proof or detailed calculation of income earned during the assessment period is provided.

Applicant and Family Member	Position	Occupation	Office Tel. No.	Total Annual Income (\$) (please fill in actual figure without decimal places)	For Office Use
① Applicant				① _____	_____
② Spouse				② _____	_____
③ Unmarried child residing with the family (if applicable) Name: _____				③ _____	_____
④ Unmarried child residing with the family (if applicable) Name: _____				④ _____	_____
⑤ Other income (if applicable) # Rental income / alimony / contribution from children, relatives or friends / others (please specify: _____)				⑤ _____	_____
Total, i.e. ① + ② + ③ + ④ + ⑤ = \$				↓	_____

Part IV Other Special Family Information

- If you have filled in Part II particulars of any member who is **not** a self-bearing child of yours, please circle the box at the right, specify his/her name and state the reasons for declaring him/her as a family member. Yes
- If your family is receiving / has received CSSA any time during the period from 1 April 2010 to the time of submission of application, please circle the box at the right, specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number. Yes
- If you have special financial hardship / incurred medical expenses for family members who are chronically ill or permanently incapacitated, please circle the box at the right, state details of the situation, relevant duration and submit supporting documents. Yes

Part V Declaration

I have read the "Guidance Notes on Application for Assessment of Eligibility for Financial Assistance for Primary and Secondary Students" (GN) and fully understand and agree to the arrangements stated therein in relation to my application. I undertake and warrant that I shall comply with all requirements and specifications set out in the GN in making this application. I hereby declare that:

- The information in this application and the supporting documents provided by me are true, complete and accurate. I understand and consent that (i) the Student Financial Assistance Agency (SFAA) will assess the eligibility and assistance level of my family based on the information provided by me; (ii) the SFAA is authorized to conduct authentication of this application (including home visits and random checking) to verify whether the information provided therein is true, complete and accurate. I and my family members will fully cooperate with staff of the SFAA; and (iii) the SFAA may make adjustment to the assistance level / amount of financial assistance granted based on the findings of authentication. Any misrepresentation, concealment of facts, providing misleading or false information or intentional obstruction of SFAA staff in their course of authentication will lead to disqualification, restitution in full of the assistance granted and possible prosecution. I commit to refund the HKSAR Government any overpayment of financial assistance granted (including financial assistance provided under other financial assistance scheme(s) administered by the SFAA) immediately upon request.
- I give consent to the SFAA and its authorized bodies to process my application and use the personal data provided to the SFAA in connection with this application in accordance with Paragraph 5 of Part A of the GN and to liaise with related parties to verify and disclose the information provided by me.
- I am authorized by all the family members listed in this application to give consent and hereby give consent on their behalf to the SFAA and its authorized bodies to access such family members' personal data in accordance with Paragraph 5 of Part A of the GN and to liaise with related parties to verify and disclose the information provided to the SFAA.

Date : _____

Signature of Applicant: _____