



### Part III Particulars of Other Family Members

#### 13. Unmarried Children Residing with the Family

(Please use additional sheets if space below is insufficient for reporting all unmarried children residing with the family.)

**Present Status** (Please circle the appropriate box)

Name (Excluding the Student-applicant)	HKID Card No. (Please attach a copy)	Studying (Excl. part-time studies)	Employed	Just Graduated <sup>#</sup>	Unemployed / Others
(a) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )	<input type="text"/> H <input type="text"/>	<input type="text"/> I <input type="text"/>	<input type="text"/> J <input type="text"/>	<input type="text"/> K <input type="text"/>
(b) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )	<input type="text"/> H <input type="text"/>	<input type="text"/> I <input type="text"/>	<input type="text"/> J <input type="text"/>	<input type="text"/> K <input type="text"/>
(c) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )	<input type="text"/> H <input type="text"/>	<input type="text"/> I <input type="text"/>	<input type="text"/> J <input type="text"/>	<input type="text"/> K <input type="text"/>
(d) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )	<input type="text"/> H <input type="text"/>	<input type="text"/> I <input type="text"/>	<input type="text"/> J <input type="text"/>	<input type="text"/> K <input type="text"/>

<sup>#</sup> Please submit a copy of the graduation certificate or the student ID card.

#### 14. Dependent Parents (Should not be a recipient of the Comprehensive Social Security Assistance (CSSA))

(Please refer to Section 5.11 of the Guidance Notes for definition)

Name of dependent parent(s)	HKID Card No. (Please attach a copy)	Status (Please refer to the Note on the right and circle the appropriate box)
(a) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )	<input type="text"/> L <input type="text"/> M <input type="text"/> N
(b) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )	<input type="text"/> L <input type="text"/> M <input type="text"/> N
(c) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )	<input type="text"/> L <input type="text"/> M <input type="text"/> N
(d) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )	<input type="text"/> L <input type="text"/> M <input type="text"/> N

**Note**

For a continuous period of not less than 6 months from 1.4.2009 to 31.3.2010:-

- L: Residing with the applicant's family and supported by the applicant or his/her spouse
- M: Taking up permanent residence at another premises owned or rented by the applicant or his/her spouse
- N: Living in his/her own premises, rented premises or elderly homes and is totally supported by the applicant or his/her spouse

### Part IV Family Income

#### 15. Please provide information on your position, occupation and relevant income and those of your family member(s) during the period from 1 April 2009 to 31 March 2010.

If you/your family member(s) have retired, were unemployed or was a housewife during the period, please specify the status and relevant duration. If your spouse had deceased, you and your spouse had divorced or separated, or your spouse had received CSSA during part or the entire period aforementioned, please provide supporting documents with specification on the date.

Applicant and Family Members	Occupation (Please state the period)	Name of Organization & Office Tel. No.	Total Income of Family Members* ( \$ )	For Official Use			
(a) Applicant Name:	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(b) Spouse Name:	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(c) Unmarried child residing with the family Name:	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(d) Unmarried child residing with the family Name:	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(e) Other Incomes ( \$ )	Contributions from relatives/friends/children not residing with the family	Rental income	Interest from fixed deposits / shares	Alimony / pension §	Widow's & children's compensation	Others	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

\* Income from employment includes those from salary of full-time / part-time / temporary job / casual labour (including Mandatory Provident Fund and Provident Fund), double pay, leave pay / pay in lieu of leave, all kinds of allowance, bonus / commission / tips, wages in lieu of notice of dismissal, profit from business / investment, etc.

§ Excluding the lump sum pension.

Attention: (1) Please use additional sheets if more than 2 unmarried children residing with the family are earning incomes.  
 (2) Please submit the relevant documentary proof for the above for assessment. If no documentary evidence can be provided, please refer to Section 5.13 of the Guidance Notes and provide details of the family income by completing Annex 2. For such cases, the Student Financial Assistance Agency (SFAA) reserves the right to apply benchmark figures on the basis of the statistical information provided by relevant government departments, such as the Census and Statistics Department (C&SD) to assess the income of the applicant and/or the family members.

**Part V Comprehensive Social Security Assistance (CSSA) (Excluding Old Age / Disability Allowance)**

16. If the student is receiving CSSA from the Social Welfare Department (SWD), please circle the box on the right.  Y \*

17. If any other family members are receiving CSSA from the SWD, please circle the box on the right.  Y \*

\* Please specify the names of the family members, the effective date and CSSA reference number below and also attach documentary proofs such as the notification letter or the Certificate of Medical Waiver for CSSA recipients.

Name of family member: \_\_\_\_\_ Effective date: \_\_\_\_\_ CSSA ref.: \_\_\_\_\_

Attention: The student-applicant must not be in receipt of CSSA in his/her own name or under the applicant's family. If any member of your family received assistance from CSSA during the period from 1 April 2009 to 31 March 2010, please provide the relevant documents. Besides, if the student-applicant or any family member has successfully applied for the CSSA after submitting this application, please inform this office as soon as practicable.

**Part VI Other Special Family Information**

18. If the applicant has filled in name of any unmarried child in Part III who is **not** a self-bearing child, please specify his/her name, state the reasons for declaring him/her as a family member and submit relevant supporting documents.


19. If you have any special financial hardship / have incurred medical expenses for family members who are **chronically ill or permanently incapacitated**, state the details and submit relevant supporting documents.


**Part VII Declaration**

I have read and fully understood the Guidance Notes on the GMMG Scheme. I declare that:

1. The information in this application and the supporting documents provided by me are true, complete and accurate. The dependent parent(s) claimed by me in this application fulfill the criteria as stipulated in the Guidance Notes.
2. I understand and consent that:
  - (i) the GMMG Selection Committee (Committee) will assess the eligibility and assistance amount of my family under the GMMG scheme based on the information provided in this application, and / or in my or my spouse's Application for Assessment of Eligibility for Financial Assistance for Primary and Secondary Students (if applicable);
  - (ii) the SFAA is authorized to conduct authentication of this application (including home visit 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;
  - (iii) the SFAA may make adjustments to the assistance level / amount of financial assistance granted based on the findings of the authentication. Any misrepresentation, concealment of facts, providing misleading or false information or intentional obstruction of SFAA staff in the course of authentication will lead to disqualification, restitution in full of the assistance granted and possible prosecution; and
  - (iv) 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.
3. I have read and given consent to the Committee, the SFAA and its authorized bodies to process and use the personal data of myself and the student-applicant provided to the SFAA in connection with this application in accordance with Section 3 of the Guidance Notes. I have been authorized by all the family members listed in this application to give consent and hereby give consent on their behalf to the Committee, the SFAA and its authorized bodies to process and use such family members' personal data in accordance with Section 3 of the Guidance Notes. I also give my consent and consent on behalf of all family members for the Committee and the SFAA to liaise with related parties to verify and disclose the personal data provided by me and all family members in this application form. Related parties include the present / previous employer(s) of myself / my spouse / unmarried children residing with the family, schools, government departments such as the Education Bureau, the Social Welfare Department and the Inland Revenue Department.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

*(This part must be duly signed. Otherwise, the application will not be processed.)*

**Part VIII Checklist**

**Attention**

It is the responsibility of applicants to complete the application form fully and truthfully and to provide all supporting documents. The Student Financial Assistance Agency will assess the eligibility for and the level of financial assistance to be granted based on the information provided by the applicants in this application and/or the application for the primary and secondary student financial assistance. Insufficient information / misrepresentation of facts will render the application disqualified for further processing.

Please check the following items carefully. Put a “✓” for the completed tasks and a “✗” for any items not applicable.

**Personal Identification**

- 1. Copies of the HK Identity Card of the applicant, the applicant’s spouse, the student-applicant and all other members mentioned in this form affixed onto *Annex 1*.
- 2. A copy of the student’s valid travel document for students whose HK Identity Cards bear the symbol ‘C’ (Conditional stay).

**Family Background**

- 3. For single-parent families, a copy of the divorce certificate, death certificate or report of the missing persons.
- 4. For applicant who is not the parent of the student-applicant, the reasons why the application is not submitted by the parent provided in a letter.

**Income Certificates**

5. Please submit the documentary proof of the total income earned by the applicant / applicant’s spouse / unmarried children residing with the family for the period from 1 April 2009 to 31 March 2010 in accordance with the requirements listed below:

(a) Salaried employed person	<ul style="list-style-type: none"> <li>➤ Tax Demand Note issued by Inland Revenue Department; if not available</li> <li>➤ Employer’s Return of Remuneration and Pensions Form; if not available</li> <li>➤ Salary Statement; if not available</li> <li>➤ Bank transaction record showing payment of salary, allowance, etc.(together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks); if not available</li> <li>➤ Income Certificate certified by the employer (See Annex 4), etc.</li> </ul>	<input type="checkbox"/>
(b) Self-employed vehicle driver, sole proprietor or partner of partnership business	<ul style="list-style-type: none"> <li>➤ Profit and Loss Account verified by a Certified Public Accountant ; if not available</li> <li>➤ Profit and Loss Account prepared on your own (See Annex 3) <u>and</u></li> <li>➤ Personal Assessment Notice (if applicable).</li> </ul>	<input type="checkbox"/>
(c) Salaried employed or self-employed person (except category (b) above) who cannot produce any income proofs	<ul style="list-style-type: none"> <li>➤ Please follow Annex 2 to provide Self-prepared Income Breakdown detailing the calculation of the reported income and explaining why income proof cannot be produced. (The SFAA reserves the right to decide whether applications from those applicants who cannot provide justification for not producing income proof would be accepted.)</li> </ul>	<input type="checkbox"/>
(d) Landlord with rental income	<ul style="list-style-type: none"> <li>➤ Tenancy Agreement ; if not available</li> <li>➤ Bank transaction record showing rental income (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFAA may include the amount in calculating family income).</li> </ul>	<input type="checkbox"/>

**Medical Expenses of Chronic Diseases**

6. For family members (including dependent parents) who are chronically ill or permanently incapacitated, the following documents are required as proof for any medical expenses incurred:

(a) Medical Report	Medical History / Report for the period 1 April 2009 to 31 March 2010 (Please list the details)	<input type="checkbox"/>
(b) Proofs of Medical Expenses	Proofs for Medical Expenses (such as medical receipts), showing the items and amount for the period 1 April 2009 to 31 March 2010	<input type="checkbox"/>

**For Official Use**


香港智能身份證副本 / 郵寄地址

**Copies of Hong Kong Smart Identity (HKSID) Cards / Mailing Address**

A. 請把學生、申請人及 / 或配偶及所有在第三部份所填報家庭成員的香港智能身份證副本貼在下面及後頁適當的空格內。

(如沒有香港智能身份證人士，請夾附其他有關的身份證明文件副本，如香港出世紙、回港證、簽證身份書、單程證或中華人民共和國居民身份證等。)

Please paste the **HKSID Card copies** of the **student-applicant**, the **applicant** and/or the **applicant's spouse** and **all the family members listed in Part III** in the appropriate spaces below and overleaf.

(As for those who do not possess a Hong Kong Smart Identity Card, please attach copies of other identity documents, such as Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purpose, One-way Permit or Mainland Identity Card, etc.)

申請人 <b>Applicant</b>
香港智能身份證副本 Copy of the HKSID Card

申請人 Applicant

申請人配偶 <b>Spouse of the Applicant</b>
香港智能身份證副本 Copy of the HKSID Card

配偶 Spouse

申請學生 <b>Student-applicant</b>
香港智能身份證副本 Copy of the HKSID Card

申請學生 Student-applicant

家庭成員 <b>Family Member</b>
香港智能身份證副本 Copy of the HKSID Card

家庭成員 Family Member

**B. 申請人郵寄地址 Applicant's Mailing Address**

(請以正楷填寫本回條 Please complete this address-slip in BLOCK LETTERS)

姓名 Name: _____ 地址 Address: _____ _____ _____	姓名 Name: _____ 地址 Address: _____ _____ _____	姓名 Name: _____ 地址 Address: _____ _____ _____
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家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HKSID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HKSID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HKSID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HKSID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HKSID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HKSID Card

家庭成員 Family Member

## 收入自述書

## Self-prepared Income Breakdown

(適用於未能提供收入證明的申請人如小販、三行工人、裝修工人、地盤雜工、散工、清潔工人等。)

(For applicants who cannot provide income proofs such as hawker, construction worker, renovation worker, casual worker, cleaner, etc.)

## 警告 / WARNING

申請人必須詳實填妥申請書。如有虛報或隱瞞事實，學生資助辦事處可能會取消申請人的申請資格及／或要求申請人全數歸還已發給的資助金額，更有可能將事件轉交警方檢控。申請人須注意，根據盜竊罪條例(香港法例第210章)，任何人士以欺詐手段取得財物／金錢利益是違法行為，一經定罪，可被判入獄十年。

This application must be completed FULLY and TRUTHFULLY. Any misrepresentation or concealment of facts may lead to disqualification of application and/or full recovery of financial assistance already granted, and possible prosecution by the Police. Applicants are reminded that it is an offence to obtain property/pecuniary advantage by deception. Any person who does so commits an offence and is liable on conviction to imprisonment for 10 years under the Theft Ordinance, Chapter 210.

(必須填寫下列所有項目)  
(Please fill in all of the following items)

從事下述行業的家庭成員姓名 : \_\_\_\_\_  
Name of the family member engaged in the following business : \_\_\_\_\_  
(每份收入自述書只可填寫一位家庭成員的收入資料)  
(Each self-prepared income breakdown should contain the income information of ONE family member only)

此家庭成員與申請人的關係：# 申請人 / 申請人配偶 / 申請人子女 (#請圈一項)  
The relationship between this family member and the applicant : # Applicant / Spouse / Child (# please circle as appropriate)

行業 (例：建造業) : \_\_\_\_\_  
Nature of Industry (e.g. Construction) : \_\_\_\_\_

職位 (例：三行工人) : \_\_\_\_\_  
Position (e.g. construction worker) : \_\_\_\_\_

實際收入 (如該月份沒有收入，請填上\$0，切勿漏空任何月份)  
Actual Income (If you do not have any income in a specific month, please fill in \$0. Do not leave any month blank.)

2009				2010	
4月 : HK\$ _____	9月 : HK\$ _____	1月 : HK\$ _____			
April : HK\$ _____	September : HK\$ _____	January : HK\$ _____			
5月 : HK\$ _____	10月 : HK\$ _____	2月 : HK\$ _____			
May : HK\$ _____	October : HK\$ _____	February : HK\$ _____			
6月 : HK\$ _____	11月 : HK\$ _____	3月 : HK\$ _____			
June : HK\$ _____	November : HK\$ _____	March : HK\$ _____			
7月 : HK\$ _____	12月 : HK\$ _____				
July : HK\$ _____	December : HK\$ _____				
8月 : HK\$ _____					
August : HK\$ _____					
全年合共 : HK\$ _____					
Total Annual Income : HK\$ _____					

支取薪金方法 (請圈以下適當方格，可選擇多項)  
Payment method (Please circle the appropriate item. More than one item may be selected.)

A 現金 / 現金支票  
By Cash / Cash cheque

B 劃線支票 / 自動轉賬 (請提供銀行存摺副本連戶口持有人姓名頁以茲證明)  
By Crossed Cheque / Direct Credit (please provide a copy of the transaction record together with the page showing the name of the bank account holder for verification)

未能提供收入證明文件的原因 (請圈以下適當方格)  
Reason for not being able to provide income proof (Please circle the appropriate box)

A 沒有固定僱主。  
I have no fixed employer.

B 前受僱的公司已倒閉，未能向前僱主索取證明文件。  
The company I worked for has wound up and I cannot obtain documentary proof from the ex-employer.

C 其他，請註明：  
Others, please specify : \_\_\_\_\_

聲明：本人謹此聲明，以上資料均屬完整真確。  
Declaration : I declare that the above information is true and complete.

從事上述行業的家庭成員簽名 (如非申請人) : \_\_\_\_\_  
Signature of family member engaged in the above business (if not the applicant) : \_\_\_\_\_

申請人姓名 : \_\_\_\_\_ 申請人香港身份證號碼 : \_\_\_\_\_  
Name of Applicant : \_\_\_\_\_ HKID No. of Applicant : \_\_\_\_\_

申請人簽名 : \_\_\_\_\_ 日期 : \_\_\_\_\_  
Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

(適用於的士司機 / 貨車司機 / 小巴司機)  
(For taxi driver / lorry driver / minibus driver)

(適用於獨資經營及合夥業務人士)  
(For sole proprietorship or partnership business)

從事下述職業的家庭成員姓名  
Name of family member engaged in the following business : \_\_\_\_\_

的士司機 / 貨車司機 / 小巴司機 (請圈一項)  
Taxi driver / Lorry driver / Minibus driver (please circle)

車主 / 租車司機 (請圈一項)  
Vehicle owner / Vehicle lessee (please circle)

牌照編號 (車主適用)  
License number (for vehicle owner only) : \_\_\_\_\_

**營業損益表 / Profit & Loss Account**  
由2009年4月1日至2010年3月31日 / From 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010

**收入項目 / Income (HK\$)**

租金 (只適用於車主)  
Rent (for vehicle owner only) \$ \_\_\_\_\_

自營業務之收益  
Profit from operating business \$ \_\_\_\_\_

其他 (請註明)  
Others (please specify) \$ \_\_\_\_\_

總收入 / Total Income \$ \_\_\_\_\_

**支出項目 / Expenditure (HK\$)**  
(不包括車輛按揭金額) (excluding vehicle mortgages)  
(第1及2項適用於租車司機, 第2至5項適用於車主)  
(1 & 2 are applicable to vehicle lessee, 2 to 5 are applicable to vehicle owner)

1. 租車支出 / Vehicle rental fee \$ \_\_\_\_\_

2. 燃油費 / Fuel charges \$ \_\_\_\_\_

3. 保險 / Insurance premium \$ \_\_\_\_\_

4. 維修 / Maintenance fee \$ \_\_\_\_\_

5. 牌費 / License fees \$ \_\_\_\_\_

6. 其他 (請註明) / Others (please specify) \$ \_\_\_\_\_

總支出 / Total Expenditure \$ \_\_\_\_\_

淨盈利 (即總收入 - 總支出)  
Net profit (Total Income - Total Expenditure) \$ \_\_\_\_\_

備註 (未能提供收入證明文件的原因) :  
Remark (reason for not being able to provide income proof): \_\_\_\_\_

從事上述行業的家庭成員簽名 (如非申請人)  
Signature of family member engaged in the above business (if not the applicant) : \_\_\_\_\_

申請人姓名  
Name of Applicant : \_\_\_\_\_

申請人香港身份證號碼  
HKID No. of Applicant : \_\_\_\_\_

申請人簽名  
Signature of Applicant : \_\_\_\_\_

日期  
Date : \_\_\_\_\_

經營下述公司的家庭成員姓名  
Name of family member running the following company : \_\_\_\_\_

公司名稱  
Company name : \_\_\_\_\_

業務性質  
Nature of business : \_\_\_\_\_

公司地址  
Company address : \_\_\_\_\_

獨資或合夥  
Sole proprietorship or partnership : \_\_\_\_\_  
(如屬合夥, 請說明利潤分配比率, 如 50%利潤)  
(If it is a partnership, please specify the profit sharing ratio, e.g. Partnership 50%)

**營業損益表 / Profit & Loss Account**  
由2009年4月1日至2010年3月31日 / From 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010

(A) 總收益 / Gross Income (HK\$) \$ \_\_\_\_\_

**支出項目 / Expenditure (HK\$)**  
(以下所有支出均屬經營生意支出, 不應包括家庭開支)  
(The following are all running costs of the company and should not cover any household expenses.)

購貨成本 / Cost on purchasing merchandise \$ \_\_\_\_\_

水費 / Water charges \$ \_\_\_\_\_

電費 / Electricity charges \$ \_\_\_\_\_

煤氣費 / Gas charges \$ \_\_\_\_\_

電話費 / Telephone charges \$ \_\_\_\_\_

租金及差餉 / Rent and rates \$ \_\_\_\_\_

其他僱員薪金 / Salary of other employees \$ \_\_\_\_\_

運輸費 / Transportation costs \$ \_\_\_\_\_

交通費 / Traveling expenses \$ \_\_\_\_\_

保險費 / Insurance premium \$ \_\_\_\_\_

機器維修費 / Fees for repair and maintenance of machinery \$ \_\_\_\_\_

其他 (請註明) / Others (please specify) \$ \_\_\_\_\_

**其他支出項 / Other Expenditure (HK\$)**

\* 申請人在此公司支取的薪金  
Salary of applicant paid by this company \$ \_\_\_\_\_

\* 申請人配偶在此公司支取的薪金  
Salary of spouse paid by this company \$ \_\_\_\_\_

\* 同住未婚子女<sup>§</sup>在此公司支取的薪金  
Salary of unmarried children residing with the family<sup>§</sup> paid by the company \$ \_\_\_\_\_

(<sup>§</sup>姓名 / Name : \_\_\_\_\_)

(B) 總支出 / Total Expenditure (HK\$) \$ \_\_\_\_\_

家庭收入 = (A) 總收益 - (B) 總支出\* + 申請人 / 配偶 / 同住未婚子女在此公司的薪金  
Household Income = (A) Gross Income - (B) Total Expenditure\* + Salary of applicant / spouse / unmarried children residing with the family paid by this company #

= HK\$ \_\_\_\_\_

\*若公司總收益少於總支出, 營業虧損不可由家庭總收入中扣除。  
If Gross Income is less than Total Expenditure, business loss cannot be deducted from the gross household income.

備註 (未能提供收入證明文件的原因) :  
Remark (reason for not being able to provide income proof): \_\_\_\_\_

東主簽名 (如非申請人)  
Owner Signature (if not the applicant) : \_\_\_\_\_

申請人姓名  
Name of Applicant : \_\_\_\_\_

申請人香港身份證號碼  
HKID No. of Applicant : \_\_\_\_\_

申請人簽名  
Signature of Applicant : \_\_\_\_\_

日期  
Date : \_\_\_\_\_

## 申請人 / 申請人配偶 / 同住未婚子女收入證明書

## INCOME CERTIFICATE

## FOR APPLICANT / APPLICANT'S SPOUSE / UNMARRIED CHILDREN RESIDING WITH THE FAMILY

(適用於受薪行業而沒法提供糧單、薪俸稅單、領取薪金的銀行自動轉賬紀錄或

其他收入證明的申請人/配偶/同住未婚子女)

(For applicant / applicant's spouse / unmarried children residing with the family who cannot produce Salary Statement, Salaries Tax Demand Note, Bank Statement showing autopayment of salaries or other income proofs)

第一部 申請學生及申請人個人資料(此欄由申請人填寫)

Part I Particulars of Student-applicant and Applicant (To be completed by Applicant)

學校名稱

Name of School \_\_\_\_\_

學生姓名

Name of Student \_\_\_\_\_

班級

Class \_\_\_\_\_

申請人姓名

Name of Applicant \_\_\_\_\_

與學生關係

Relationship with Student \_\_\_\_\_

第二部 申請人/申請人配偶/同住未婚子女<sup>#</sup>入息資料(此欄由申請人/申請人配偶/同住未婚子女<sup>#</sup>僱主填寫)Part II Particulars of Income of Applicant/Applicant's Spouse/Unmarried Children Residing with the Family<sup>#</sup> (To be completed by Employer of Applicant / Applicant's Spouse / Unmarried Children Residing with the Family<sup>#</sup>)

## 收入證明書 / Income Certificate

茲證明 \_\_\_\_\_ (香港身份證號碼 \_\_\_\_\_) 乃本公司職員，職位是 \_\_\_\_\_。

在 2009 年 4 月 1 日 至 2010 年 3 月 31 日期間 (如不足十二個月，請註明受僱日期：\_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 至 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日)，其總薪金 (包括津貼、僱員強積金供款、佣金、花紅、雙糧、假期工資等其他收入) 的全年總和為港幣 \_\_\_\_\_ 元\*。

This is to certify that \_\_\_\_\_ (HKID Card No. \_\_\_\_\_) is employed by this company as \_\_\_\_\_. His/Her total salary (including allowance, Mandatory Provident Fund contribution by employee, bonus, double pay, leave pay and other income) during the period from 1 April 2009 to 31 March 2010 (please specify the employment period if it was less than 12 months: from \_\_\_\_\_ to \_\_\_\_\_) is \*HK\$ \_\_\_\_\_.

僱主簽名

Signature of Employer : \_\_\_\_\_

僱主姓名

Name of Employer : \_\_\_\_\_

公司蓋章

Company Chop : \_\_\_\_\_

聯絡電話

Telephone No. : \_\_\_\_\_

公司地址

Company Address : \_\_\_\_\_

日期

Date : \_\_\_\_\_

(注意：本證明書必須是正本，並備有公司蓋章及僱主聯絡電話。如有塗改，請僱主在旁加簽。)

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any amendment.)

\*如此職員支取薪金並非港幣，請註明貨幣種類。

\* Please specify the currency if salary paid is not in Hong Kong dollars.

# 請刪除不適用者。 Please delete where inappropriate.



1. Objective

1.1 The objective of the Government Matriculation Maintenance Grants (GMMG) is to give financial assistance to needy students who are pursuing a full-time Hong Kong Advanced Level Examination course in secondary schools approved by the Education Bureau.

2. Eligibility

2.1 The applicant must be financially in need as assessed under a means test. He/She must be a parent of the student. If both parents have deceased or are unable to exercise their guardianship, the applicant must be the guardian who supports the student.

2.2 The student must be a Hong Kong resident who is not in receipt of Comprehensive Social Security Assistance (CSSA) in his/her own name or under the applicant's family. He/She must be pursuing a full-time Hong Kong Advanced Level Examination course in secondary schools approved by the Education Bureau. However, S6 or S7 repeater will not be considered unless under very special circumstances.

2.3 Assessment of eligibility:

- The Adjusted Family Income (AFI) mechanism has been used as the means test to assess the applicant's eligibility for assistance, based on the following formula:

$$AFI = \frac{\text{Gross annual income of the family}}{\text{Number of family members} + (1)}$$

- Gross annual income of the family includes the annual income of the applicant and the spouse; 30% of the annual income of unmarried children residing with the family (if applicable); the contributions from relatives / friends / children not residing with the family (if applicable); and income from other sources such as rent, interest from fixed deposits and stocks.
- The members of a family normally refer to the applicant, spouse, unmarried children residing with the family and the dependent parent(s) of the family.
- For single-parent families of 2 to 3 members, the "plus 1 factor" in the divisor of the AFI formula will be increased to 2.
- The calculated AFI indicates whether an applicant is eligible for assistance. The example below helps illustrate the calculation of AFI.

For a family of 4 members comprising the applicant, his spouse, an unmarried son living with the family (all three of them are working) and a daughter studying in a secondary school with contribution amounting to \$10,000 from relatives, the calculation of the AFI is as follows:

(a) Total income of applicant from employment	\$	3	0	0	0	0
(b) Total income of spouse from employment	\$	1	2	0	0	0
(c) Total income of unmarried children residing with the family	\$	7	2	0	0	0
(d) Others (contribution from relatives)	\$	1	0	0	0	0

$$AFI = \frac{\$30,000 + \$12,000 + (\$72,000 \times 30\%) + \$10,000}{4 + 1} = \$14,720$$

- An applicant's assistance level will be determined by comparing the AFI of the applicants' family with the AFI eligibility benchmark under the primary and secondary student financial assistance schemes. In the 2010/11 academic year, if the calculated AFI of the family falls between 0 and 20,966, the applicant will be eligible for full level of assistance under the primary and secondary student financial assistance schemes. Applicants who share similar family financial circumstances with those expected to obtain full assistance under the primary and secondary student financial assistance schemes will be considered for the maintenance grants. (Attention: applicant is not required to have successfully obtained full assistance under the primary and secondary student financial assistance schemes before he/she submits his/her application).
- For applicants who have successfully applied for financial assistance for their children attending primary or secondary schools for the same school year, the Student Financial Assistance Agency (SFAA) may adopt the information they provided in the application for the primary and secondary student financial assistance to assess their application for the GMMG and to determine the assistance level.

### **3. Provision / Handling of Personal Data**

- 3.1 It is the responsibility of applicants to complete the application form fully and truthfully and to provide all supporting documents. The SFAA will assess the eligibility for and the level of assistance to be granted based on the information provided by the applicants. Insufficient information / misrepresentation of facts will render the application disqualified for further processing.
- 3.2 The SFAA will use the personal data in the application and any supplementary information provided on the request of the SFAA for the following purposes:
- Activities relating to the processing and authentication of the application;
  - Activities relating to the recovery of overpayments, if any;
  - Activities relating to the matching of personal data provided against other databases of the SFAA and the Social Welfare Department as may be required;
  - Statistics and research purposes; and
  - Processing of applications related to other student financial assistance schemes administered by the SFAA / its agents / other relevant government bureaux/departments.
- 3.3 The personal data and the supplementary information provided may be disclosed to government bureaux / departments, related schools or organizations for the purposes stated in Sub-section 3.2 above; or where the applicant has given consent to such disclosure; or where such disclosure is authorized or required by law.
- 3.4 All personal data given in the application form are subject to investigation, including home visit and detailed vetting, by the GMMG Selection Committee (the Committee) and the SFAA. During detailed vetting or home visits, the SFAA may seek additional information from the applicant, contact other government bureaux/departments and organizations, including the employers of the family members, to verify the information provided by the applicant in the application. Based on the findings, the SFAA will make adjustments if necessary to the grant including recovery of overpaid grant. At the same time, the SFAA will request the applicant to repay any overpaid assistance granted to the applicant under all other financial assistance schemes administered by the SFAA. Any willful misrepresentation and concealment of facts will lead to disqualification, restitution of the grant paid in full and possible prosecution by the Police.
- 3.5 All documents submitted are not returnable. However, in accordance with Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance, Chapter 486, the applicant has the right to obtain, access and make corrections to the personal data in the application. He/She can also obtain copies of his/her personal data subject to the payment of necessary administrative charges. Such request should be addressed to the Assistant Controller (Administration), SFAA.

- 3.6 Applicants who do not wish to submit the required photocopies of the HK Identity Cards or other personal data via the school may present them in person by making an appointment with the SFAA by phone before the deadline for submission of the documents.

#### 4. Application Procedure and Payment of Grants

- 4.1 The completed application form, together with the supporting documents, should be **duly signed by the School Principal and stamped with a school chop**. It should be returned **via the School Principal on or before 30 September 2010** to the Secretary of the GMMG Selection Committee at Room 1217, 12/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon.
- 4.2 The amount of grants shall be determined by the Committee having regard to the number of applicants, their financial circumstances and the availability of funds. In 2009/10, the amount of the one-off grant disbursed to each successful applicant was about HK\$2,170 on average.
- 4.3 Schools will be notified of the results of the applications in January 2011, who will be requested to inform the students accordingly. Payment of grants to successful students will be arranged through schools in around February and March 2011.
- 4.4 Students awarded with the grants may be required to refund the amount they received if they fail to complete the course. Grants are not renewable. Students who wish to continue to receive grants on promotion to S7 must re-apply.
- 4.5 If there is overpayment due to error of calculation or assessment, applicants are liable to refund the overpaid amount.

#### 5. How to Complete the Application Form

##### **WARNING**

This application must be completed FULLY and TRUTHFULLY. Any misrepresentation or concealment of facts may lead to disqualification of application and/or full recovery of financial assistance already granted, and possible prosecution by the Police. Applicants are reminded that it is an offence to obtain property/pecuniary advantage by deception. Any person who does so commits an offence and is **liable on conviction to imprisonment for 10 years** under the Theft Ordinance, Chapter 210.

- 5.1 Application form should be completed in **block letters using black or blue ball pen**. The following points should be carefully studied before completing every item of the form.

#### Part I Particulars of Student

- 5.2 The Name and HKID Card No. of the student should be provided as shown in the example below:

1. Name of Student (As shown on HKID Card)	C	H	A	N	T	A	I	M	A	N
2. HKID Card No. (Please attach a copy)	A	1	2	3	4	5	6	(7)		
2a. If “***” or “*” is shown on the HKID Card, please circle the ‘Y’ box on the right.										Y

- 5.3 The student-applicant’s Chinese name should be provided in the appropriate box on the right side of item 2.
- 5.4 For items 3 and 4, the name and address of the school in English should be inserted in the box provided.

- 5.5 For item 5, the appropriate box should be circled. For example, if the student-applicant attended Secondary 5 / Form 5 in 2009/10 and is now going to be promoted to Secondary 6 / Form 6 in 2010/11, the information should be provided as shown below:

5. Class			
(a) Class attended in the Academic Year 2009/10	<input checked="" type="checkbox"/> A <input type="checkbox"/> S5	<input type="checkbox"/> B <input type="checkbox"/> S6	<input type="checkbox"/> C <input type="checkbox"/> S7
(b) Class attended in the Academic Year 2010/11	<input type="checkbox"/> D <input checked="" type="checkbox"/> S6	<input type="checkbox"/> E <input type="checkbox"/> S7	

Applicants can fill in the rest of the form for selection items by the same method.

## Part II Particulars of Applicant and his/her Spouse

- 5.6 For items 6 and 9, the English and Chinese (if applicable) name of the Applicant / Spouse as shown on the HKID Card should be provided.
- 5.7 For items 7 and 10, the HKID No. should be clearly put down. If neither the applicant nor the spouse possesses a Hong Kong Identity Card, the number of the identity document and a copy of the document, such as Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purpose, One-way Permit and Mainland Identity Card should be provided. Refer to Section 5.2 above as an illustration.
- 5.8 For item 8, the appropriate box should be circled to indicate the relationship between the applicant and the student-applicant. Refer to Section 5.5 above as an illustration. If the applicant is not the parent of the student-applicant, written explanation on why the application is not submitted by the student's parent should be provided separately.
- 5.9 For items 11 and 12, the residential address and phone no. should be provided.

## Part III Particulars of Other Family Members

- 5.10 For item 13 – **Unmarried Children Residing with the Family:** The data of any other unmarried children living with the applicant should be provided as appropriate, and the appropriate box(es) circled to indicate their present status. Copy of their identity document(s) should be affixed onto Annex 1. If the child has just graduated from school in the 2009/10 academic year, please circle the box under “Just Graduated” and provide a copy of the graduation certificate or the student ID card.
- 5.11 For item 14 – **Dependent Parents:** The data of the parent(s) who are dependent on the applicant should be provided and the appropriate box(es) circled to indicate the status of their dependency. Copy of their identity document(s) should be affixed onto Annex 1, and the relevant documents submitted as proofs. Dependent parent means any of the applicant's parents, including in-laws, who is not in receipt of CSSA (excluding Old Age / Disability Allowance) and, who, for a continuous period of not less than 6 months throughout the year of assessment (1 April 2009 - 31 March 2010), has:
- resided / been residing with the applicant's family and been supported by the applicant or the applicant's spouse; or
  - taken up permanent residence at another premises owned or rented by the applicant or his/her spouse (i.e. Name of the applicant and / or spouse should be shown on the relevant lease documents); or
  - been living in his / her own premises, rented premises or residing in elderly homes and been totally supported by applicant or his/her spouse.

Remarks: The status of support rendered by the applicant or his/her spouse to their parents in the 2010/11 academic year should be similar to that in the year of assessment. Applicants may be required to provide supporting documents including tenancy agreement, proof of residential address or receipt of the home for the elderly, etc. for verification.

**Part IV Family Income**

5.12 Types of incomes to be reported and those not to be reported are listed for your reference.

Items to be reported		Items need not be reported	
1	Salary (including the salary of applicant, spouse and unmarried children residing with the family for full-time, part-time or temporary job inclusive of Provident Fund or Mandatory Provident Fund contribution)	1	Old age allowance
2	Double pay / Leave pay	2	Disability allowance
3	Allowance (including housing/travel/meals/education/shift allowance, etc.)	3	Long service payment / Contract gratuity
4	Bonus / Commission / Tips	4	Severance pay
5	Wages in lieu of notice of dismissal	5	Loans
6	Profit from business / investment	6	Lump sum retirement gratuity / Provident Fund
7	Alimony	7	Inheritance
8	Contributions from relatives / friends / children not residing with the family (in the form of cash, or provision of accommodation, water, electricity or fuel, or subsidies for other living expenses, etc.)	8	Charity donations
9	Interests from fixed deposits, stocks & shares, etc.	9	Comprehensive Social Security Assistance
10	Rental Income	10	Retraining allowance
11	Pension (excluding the lump sum pension) / Widow's & Children's Compensation	11	Insurance / Accident / Injury indemnity

5.13 For item 15 - **Occupation and Total Annual Family Income:** Information of the family members' employment and their respective annual incomes, if applicable, for the 12 months during the period from 1 April 2009 to 31 March 2010 should be provided with relevant documentary proofs. If applicants cannot provide any income proof for special reasons, please notify the SFAA in writing, providing justifiable reasons and the detailed calculation of income by completing Annex 2. (Refer to Section 5.20). Otherwise, the SFAA may make adjustments and apply benchmark figures (based on statistical information provided by the relevant government departments, such as the Census and Statistics Department) to assess the incomes of applicants and their family members. If necessary, the SFAA may require the applicants to provide documentary proof of items which is not listed above or seek further clarification for amounts that were used for maintaining the living of family but have not been accounted for in the application such as savings, loans, and may request the applicants to produce documentary proof including bank savings records, duly signed declaration from the debtor, etc. In case no valid proof is provided, the amounts for maintaining the living of the family may be taken as part of the family income. Any of the family members who is a housewife / unemployed person / retiree should be clearly stated (with dates). Other incomes received by the family under item (e) should be listed out.

Part IV Family Income							
15. Please provide information on your position, occupation and relevant income and those of your family member(s) during the period from <b>1 April 2009 to 31 March 2010</b> . If you/your family member(s) have retired, were unemployed or was a housewife during the period, please specify the status and relevant duration. If your spouse had deceased, you and your spouse had divorced or separated, or your spouse had received CSSA during part or the entire period aforementioned, please provide supporting documents with specification on the date.							
Applicant and Family Members	Occupation (Please state the period)	Name of Organization & Office Tel. No.	Total Income of Family Members* ( \$ )			For Office Use	
(a) Applicant Name: Mary Wong	Office Clerk (1.4.2009 to 31.3.2010)	ABC Company (Tel: 2123-4567)	9   6   0   0   0				
(b) Spouse Name: Peter Chan	Retired (with effect from 1.2.2009)	ABC Bank	0				
(c) Unmarried child residing with the family Name: Chan Yi-man	Construction Site Worker (1.4.2009 to 31.3.2010)	Casual Worker	7   2   0   0   0				
(d) Unmarried child residing with the family Name: Chan Siu-man	Cleaner (1.4.2009-12.7.2009) unemployed (with effect from 13.7.2009)	EFG Cleansing Ltd.	5   7   6   0   5				
(e) Other Incomes (\$)	Contributions from relatives / friends / children not residing with the family	Rental income	Interest from fixed deposits / shares	Alimony / pension \$	Widow's & children's compensation	Others	
	\$12,000	Nil	\$1,573	\$41,532	\$2,500		

## **Part V Comprehensive Social Security Assistance (CSSA) (Excluding Old Age / Disability Allowance)**

5.14 Items 16-17: The box should be circled as appropriate, and the names of the family members who are in receipt of CSSA (if any), the effective date and the Social Welfare Department's File Ref. No. should be provided. Relevant documents should be attached as proof, such as the notification letter or the Certificate of Medical Waiver for CSSA recipients.

5.15 The student-applicant **must not be in receipt of CSSA** in his/her own name or under the applicant's family. If any family member has successfully applied for the CSSA after submitting the application form, this should be reported to the GMMG Selection Committee Secretariat as soon as practicable.

## **Part VI Other Special Family Information**

5.16 Items 18-19: Other special family information for the assessment, if any, should be provided with relevant documentary proof to facilitate the Committee's consideration.

## **Part VII Declaration**

5.17 The paragraphs should be read through carefully. If the applicant fully understands and agrees to the content of the declaration, he/she should sign and fill in the date in the space provided.

## **Part VIII Checklist**

5.18 The checklists should be read through to ensure that copies of the relevant documents have been provided as attachments to this form. Annexes 1-4 will facilitate the applicant to provide relevant documentary proofs for assessment.

5.19 **Annex 1 – Copies of HKSID Cards / Mailing Address:** The copies of the HKSID Cards of all the family members the applicant has mentioned in this form should be pasted. The applicant's mailing address should be put down in the space provided.

5.20 **Annex 2 – Self-prepared Income Breakdown:** If the applicant/applicant's spouse/unmarried children residing with the family are self-employed (except those described in Annex 3) , or have no fixed income, and cannot produce any income proofs, Annex 2 should be filled in.

5.21 **Annex 3 – Profit and Loss Account:** If the applicant / applicant's spouse / unmarried children residing with the family are self-employed vehicle driver, sole proprietor or partner of partnership business, Annex 3 should be completed.

5.22 **Annex 4 – Income Certificate:** If the applicant / applicant's spouse / unmarried children residing with the family are salaried but cannot produce Salary Statement, Salaries Tax Demand Note, Bank Statement showing autopayment of salaries or other income proofs, this form should be completed. The applicant may make copy of the form if more than one income certificate are necessary.

## **6. Enquiries**

6.1 For enquiries, please telephone the SFAA at 2150 6108 or 2150 6110.  
(Enquiry Hours : Monday to Friday (8:45 a.m. – 1:00 p.m. and 2:00 p.m. – 5:45 p.m.))

6.2 Automated Telephone Enquiry Hotline: 2802 2345

6.3 Website Address: <http://www.sfaa.gov.hk/>