


TEMPORARY RELIEF FUND APPLICATION FORM

 <p>People's Association</p>	<p>Date</p> <p>Case Reference ID.:</p> <p>SSO/CC:</p> <p>(For official use only)</p>
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Please make sure you meet the eligibility criteria below and submit the following copies of documents to apply for the Temporary Relief Fund.

<p><u>Eligibility criteria</u></p> <ol style="list-style-type: none"> a. SC/PR aged 16 years and above b. Has a gross monthly household income¹ of ≤\$10,000, or a gross monthly per capita income² of ≤\$3,100 prior to loss of job or income c. Am a self-employed person (SEP) or an employee. Full-time students and full-time National Servicemen (NSFs) are not eligible for the Temporary Relief Fund d. Is not a current beneficiary of ComCare assistance or Temporary Relief Fund e. Was retrenched or suffered substantial (at least 30%) loss of personal income³ due to COVID-19.* <p>*The loss of job/income must have taken place after 23 Jan 2020 when COVID-19 first occurred in Singapore.</p>	<p><u>Copies of Documents Required</u> (attach to this form and submit together)</p> <ol style="list-style-type: none"> a. NRIC b. Relevant documents indicating loss of job due to COVID-19* (e.g. retrenchment letter, contract termination), if applicable c. Relevant documents indicating loss of income due to COVID-19 (e.g. payslips/CPF statement), if applicable
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Please complete all sections, sign this form and submit it together with copies of the required documents to the nearest Social Service Office (SSO) or Community Centre/Club in person. Your application will only be processed when the complete set of form and documents have been received.

INFORMATION ON APPLICANT/HOUSEHOLD MEMBER			
Name of applicant (as in NRIC):		NRIC No.:	
		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity (as in NRIC):	<input type="checkbox"/> Chinese	Date of Birth	
	<input type="checkbox"/> Malay		
	<input type="checkbox"/> Indian	_____	
	<input type="checkbox"/> Others _____		

¹ Refers to the total monthly salary of you and your household members before CPF deduction.
² Refers to the total gross monthly household income divided by the number of household members.
³ Refers to your total monthly salary before CPF deduction.

Nationality:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR		
Mobile No.: (Preferred)		Home No.:	
Email Address [optional]	<i>[You will be notified via this email address when the assistance is credited to your bank account]</i>		
Home Address (as in NRIC):			Postal Code:
Household Size:	Total no. of household members : _____ where household members include the applicant, spouse, children and relatives staying within the same residential address		
Received Other ComCare Assistance or Temporary Relief Fund	I *am/am not currently being assisted under any ComCare scheme I *have/have not already applied or received this Temporary Relief Fund from an SSO or CC. (*Please circle as appropriate).		
INCOME AND EMPLOYMENT DECLARATION SECTION			
Please tick the checkbox which is applicable to you			
<input type="checkbox"/> I lost my job due to COVID-19 (e.g. retrenched, termination of contract) If you tick this checkbox, please fill up the rest of the fields in the column below and attach proof of loss of job.		<input type="checkbox"/> I lost at least 30% of my personal income due to COVID-19 (applies to currently employed persons, self-employed persons, casual workers) If you tick this checkbox, please fill up the rest of the fields in this column below and attach the relevant documents showing the loss of income.	

<ul style="list-style-type: none"> • I lost my job on _____ (<i>insert DD/MM/2020</i>) because: <ul style="list-style-type: none"> a. I was retrenched b. My employment contract was not renewed c. Others: Please specify below • My last drawn gross monthly personal income was \$_____ before I lost my job. • My gross monthly household income was \$_____ before I lost my job. 	<ul style="list-style-type: none"> • I used to earn a gross monthly personal income of \$_____ before I was affected by the economic impact of COVID-19. • Since _____ (<i>insert DD/MM/2020</i>), my gross monthly personal income has decreased to \$_____ due to the economic impact of COVID-19. • Please elaborate how COVID-19 affected your gross monthly personal income (e.g. drop in tourist arrivals affected demand for sight-seeing tours and tour guides' income). <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <ul style="list-style-type: none"> • My gross monthly household income was \$_____ before I was affected by the economic impact of COVID-19.
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COVID-19 Support Grant

The COVID-19 Support Grant provides financial assistance to individuals who lost their jobs or are placed on compulsory no-pay leave as a result of the COVID-19 outbreak, while they find a new job or attend training. You are eligible if you meet the following criteria:

- a. SC/PR aged 16 years and above
- b. Annual Value of property is \$21,000 or below
- c. Lost job or placed on compulsory no-pay leave for ≥ 3 months due to economic impact of COVID-19*
- d. Was employed on a full time or part-time basis (i.e. have employment contract) prior to loss of job or being placed on compulsory no-pay leave. Full-time students, interns and full-time National Servicemen are not eligible for the COVID-19 Support Grant

- e. Has a gross monthly household income⁴ of ≤\$10,000, or a gross monthly per capita income of ≤\$3,100 prior to loss of job or being placed on compulsory no-pay leave
- f. Agrees to participate in Workforce Singapore, Employment and Employability Institute and/or SkillsFuture Singapore for job search/or retraining programme
- g. Is not a current beneficiary of ComCare assistance (i.e. Long-Term Assistance, Short-to-Medium Term Assistance)
- h. Have not previously applied for, received or is currently receiving the COVID-19 Support Grant

The Grant will be open for application in May 2020.

***The loss of job or compulsory no-pay leave of ≥ 3 months must have taken place after 23 Jan 2020 when COVID-19 first occurred in Singapore.**

Yes, I commit to participate in a job search and/or retraining programme under Workforce Singapore (WSG), Employment, Employability Institute (e2i) and/or SkillsFuture Singapore.

By ticking this box, you are applying for the Grant and giving consent to MSF to send your personal information to:

- *WSG, e2i and/or SkillsFuture Singapore for the purpose of providing me with job search and/or retraining services*
- *To IRAS for the purpose of verifying the annual value of the property you are living in.*

The SSO will contact you in May 2020 to inform you if you are eligible for the COVID-19 Support Grant.

DECLARATION

- i. I declare that the information provided in my application is true to the best of my knowledge, information and belief.
- ii. I furnish the information knowing that I may be liable to criminal prosecution under the Penal Code (Chapter 224) if I have stated any information that I know to be false or misleading or do not believe to be true.
- iii. I further understand that the information will be submitted to the Ministry of Social and Family Development and/or to the People’s Association and may be subjected to audits on its authenticity and accuracy. In the event of any false or inaccurate information being submitted, my application may be rejected. In addition, I may be required to repay, in full or part, the assistance which may have been provided to me by the Government.

⁴ Refers to the total monthly salary of you and your household members before CPF deduction. Household members includes the applicant, spouse, children and relatives staying within the same residential address.

- iv. I allow the government and the participating agencies to collect, share, and use my household members' and my personal information, for the purpose of assessing and disbursing the Temporary Relief Fund and all of the following Grant/Services/Schemes to my household:
 - a. The COVID-19 Support Grant, if I have indicated that I am applying for the Grant in the Income Declaration Section of this Application Form and
 - b. Other Services and Schemes i.e. social services and public assistance schemes provided by the Government, Participating Agencies or Social Service Agencies, including Community Care programmes.

Applicant's Signature/ Thumbprint	Date