


**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 bring the following documents before applying for the Temporary Relief Fund.**

<p><b><u>Eligibility criteria</u></b></p> <ul style="list-style-type: none"> <li>a. SC/PR aged 16 years and above</li> <li>b. Has an HHI ≤\$10,000, or a monthly PCI of ≤\$3,100 prior to unemployment (based on self-declaration)</li> <li>c. Is not a current beneficiary of ComCare assistance or Temporary Relief Fund</li> <li>d. Was retrenched or suffered substantial (at least 30%) loss of personal income due to COVID-19.*</li> </ul> <p>*The unemployment/loss of income must have occurred after 23 Jan 2020 when COVID-19 first occurred in Singapore.</p>	<p><b><u>Documents required</u></b></p> <ul style="list-style-type: none"> <li>a. NRIC</li> <li>b. Relevant documents indicating unemployment due to COVID-19* (e.g. retrenchment letter, contract termination), if applicable</li> <li>c. Relevant documents indicating loss of income due to COVID-19 (e.g. payslips/CPF statement), if applicable</li> </ul>
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**Please complete all sections, sign this form and apply at the nearest Social Service Office (SSO) or Community Centre in person. Your application will be processed more smoothly if you complete the form.**

INFORMATION ON APPLICANT/HOUSEHOLD MEMBER			
<b>Name (as in NRIC):</b>		<b>NRIC No.:</b>	
		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Ethnicity (as in NRIC):</b>	Chinese Malay Indian Others	<b>Date of Birth</b>  _____	
		(dd/mm/yyyy)	
<b>Nationality:</b>	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR		
<b>Mobile No.:</b> (Preferred)		<b>Home No.:</b>	

<b>Email Address</b>  [Please complete this if you are applying at a CC]	<i>[You will be notified via this email address when the assistance is credited to your bank account]</i>	
<b>Home Address (as in NRIC):</b>		<b>Postal Code:</b>
<b>Household Size:</b>	Total no. of household members : _____ where <b>household members</b> include the applicant, spouse, children and relatives staying within the same residential address	
<b>Received Other ComCare Assistance or Temporary Relief Fund</b>	I <b>*am/am not</b> currently being assisted under any ComCare scheme  I <b>*have/have not</b> already applied or received this Temporary Relief Fund from an SSO or CC.  (*Please circle as appropriate).	
<b>INCOME AND EMPLOYMENT DECLARATION SECTION</b> <b>Please tick the checkbox which is applicable to you</b>		
<input type="checkbox"/> I am unemployed 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 <b>and attach proof of unemployment.</b>	<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 <b>and attach the relevant documents showing the loss of income.</b>	
<ul style="list-style-type: none"> <li>• I have been unemployed from _____ <i>(insert MM/2020)</i> because:             <ul style="list-style-type: none"> <li>a. I was retrenched</li> <li>b. My employment contract was not renewed</li> <li>c. Others: Please specify below</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• I used to earn a <b>gross monthly personal income</b> of \$_____ before I was affected by the economic impact of COVID-19.</li> <li>• Since _____ <i>(insert month/2020)</i>, my <b>gross monthly personal income</b> has decreased to \$_____ due to the economic impact of COVID-19.</li> </ul>	

- My last drawn **gross monthly personal income** was \$\_\_\_\_\_ before I became unemployed.
- My **gross monthly household income** was \$\_\_\_\_\_ before I became unemployed.

I would like to apply for the COVID-19 Support Grant\* and I commit to actively participate in a job search and/or retraining programme under Workforce Singapore (WSG) or Employment & Employability Institute (e2i).

*\*The COVID-19 Support Grant provides financial assistance to individuals who lost their jobs as a result of the COVID-19 outbreak, while they find a new job or attend training. Applicants should live in a property with an annual value of not more than \$21,000 to be eligible for this Grant. The Grant will be open for application in May 2020.*

*By ticking this box, you are applying for the Grant and giving consent to the SSO to send your particulars to WSG/e2i for employment assistance/retraining and to verify the annual value of the property you are living in with IRAS.*

*The SSO will contact you in May 2020 to inform you if you are eligible for the COVID-19 Support Grant. They will also ask you for your bank account number for the crediting of the Grant.*

- 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).

- My **gross monthly household income** was \$\_\_\_\_\_ before I was affected by the economic impact of COVID-19.

**DECLARATION**

- i. I declare that the above-stated information I have provided are true to the best of my knowledge.
- ii. I understand that any wilful omission or suppression of information may result in the rejection of the application with immediate effect, and lead to action taken against me.
- iii. 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