

TRIBUNAL FOR THE MAINTENANCE OF PARENTS
(Statement of Applicant)

This statement is to assist you in providing information pertaining to your application for maintenance. You are at liberty to use this supplied format or any other format.

Personal Particulars of Applicant

Name : _____
 Sex / Date of Birth : _____
 Race / Place of Birth : _____
 Current Address : _____

Statement of Applicant

I am the above-named person who is applying for maintenance. I wish to state the following:

1 Marital status

No. of marriages/ cohabitations	Name of spouse(s)/partner(s)	Date of marriage/ cohabitation	No. of children	Current status: Married/Cohabited/ Divorced (specify date)/ Separated (specify date)/ Passed away (specify date)
1 st				
2 nd				
3 rd				

2 Employment and Income

*2a I am employed as a _____.

My monthly salary is: \$ _____ (gross) \$ _____ (net).

or

*2b I am currently unemployed.

I was last employed as a _____ on _____ (date).

My last drawn monthly income was: \$ _____ (gross) \$ _____ (net).

2c My monthly income from:

(i) Child(ren)/ friend (s)/ relatives : \$ _____

(ii) Pension/CPF or Insurance annuity : \$ _____

- (iii) Rental/bank interest/shares dividend : \$ _____
- (iv) Financial aid/food rations : \$ _____
- (v) Others (to specify) _____ : \$ _____

2d My spouse's occupation is: _____

My spouse's monthly income is: \$ _____ (gross) \$ _____ (net).

3 Financial Assets

3a I *own / do not own property.
Give description of property, if relevant

3b I *have / do not have savings/other financial resources.
Give details of savings, if relevant, e.g. amount of savings, number of bank accounts, details of resource and total value of shares (if any).

4 Details of Maintenance contribution from children (if any)

Name of child(ren)	Description of contribution(s)

5 Personal Expenses

List expenses incurred per month to meet basic amenities and physical needs including (but not limited to) shelter, food, clothing and medical costs:

Expenses	Amount (\$)
Rental / Mortgage payment: *Cash or / and CPF	
Service & Conservancy Charges / Maintenance	
Utilities	
Food	
Transport	
Medicine / medical treatment	
Monthly maintenance charges in institution	
Miscellaneous (to specify) : _____	
Total	

10 I am applying for maintenance **below the age of 60** for the reason that:

10(a) I have / do not have medical *report / certificate indicating that I cannot be employed for _____ * day / month / year or permanently incapacitated due to suffering from infirmity of mind or body;

*or / and

10(b) I have other special reason (to specify): _____

11 I *attach / do not have documents in support of my physical or mental disability, if any, and any such other documents as may be required.

12 I *have / have not sought financial assistance from Social Service Office (SSO). If yes, name of SSO _____

13 This statement is recorded by me / other person, _____
_____ (name/ agency of recorder of statement).

If recorded by other person: please declare 13a.

13a This statement was read over to me in _____ (language/dialect). I declare that the information in this statement is provided by me to the recorder.

14 I declare that the information given in this Statement is true and correct to the best of my knowledge, information and belief as at _____ (date). I have made full and frank disclosure of my income, expenses, assets and means to the best of my knowledge, information and belief.

15 I take note that this statement will be served on the Respondent(s) together with my application in Form 3.

Dated this _____ day of _____ 20_____.

Signature of Recorder of Statement
(Name : _____)

Signature/Right Thumb Print of
the Applicant

Spoken language/dialect of the Applicant: _____

(*Delete as appropriate.)