

**ADDITIONAL INFORMATION AND SELF-DECLARATION**  
**FOR THE APPLICATION FOR THE STUDENT CARE FEE ASSISTANCE (SCFA)**  
**SUBSIDY AND/OR THE START UP GRANT<sup>1</sup>**

I, \_\_\_\_\_, NRIC/ FIN/ Passport No.: \_\_\_\_\_  
do solemnly and sincerely declare that (choose the Section(s) relevant to you):

**SECTION 1: EMPLOYMENT**

Please tick the situation relevant to you and complete all details within:

<input type="checkbox"/> <b>Salaried Employee without CPF Contribution</b>
(1) I am working for _____ (company name) as a _____ effective from _____. (occupation) (dd/mm/yyyy) Company address and contact details are _____ _____.
(2) My gross monthly income is \$ _____. (include basic pay, regular allowances, regular incentives, overtime and commission)
(3) I declare that I work at least 56 hours per month <sup>2</sup> .

<sup>1</sup> Please note that this self-declaration form is part of the Application Form for SCFA Subsidy and/or the Start Up Grant. If you have been informed that you are required to sign and submit this self-declaration form but fail to do so, your Application Form for SCFA Subsidy and/or Start Up Grant may be rejected.

<sup>2</sup> This is equivalent to either (i) working 2 days per week, if you work 8 hours/day (i.e. full-day work), or (ii) working 4 days per week if you work 4 hours/day (i.e. half-day work).

**Self-employed person without IRAS Notice of Assessment (NOA)**

(1) I am self-employed as a \_\_\_\_\_,  
(occupation)  
effective from \_\_\_\_\_. I work for / own\* \_\_\_\_\_  
(dd/mm/yyyy) (company name)  
\_\_\_\_\_. Company address and contact details are  
\_\_\_\_\_.  
Business registration No.: \_\_\_\_\_ (if applicable).

(2) My gross monthly income is \$ \_\_\_\_\_.  
(include basic pay, regular allowances,  
regular incentives, overtime and commission)

(3) I declare that I work at least 56 hours per month<sup>3</sup>.

*\*Please delete accordingly.*

<sup>3</sup> This is equivalent to either (i) working 2 days per week, if you work 8 hours/day (i.e. full-day work), or (ii) working 4 days per week if you work 4 hours/day (i.e. half-day work).

**SECTION 2: MARITAL STATUS/ CARE ARRANGEMENT**

Please tick the situation relevant to you and complete all details within:

**Biological parents**

(1) I am separated / not in contact\* with my spouse since \_\_\_\_\_.  
(dd/mm/yyyy)

I do not have legal documents of the separation yet.

(2) My spouse's particulars are as follows:

Name of spouse	NRIC / Identification number	Marital status	Last contact (dd/mm/yyyy)

(3) I am now living with my child(ren) in the same address, and I am caring for them. Their particulars are as follows:

S/N	Name of child	Birth certificate number

\*Choose the appropriate situation.

**Non-legal Guardians**

(1) I am the main care-giver for the following child(ren) since \_\_\_\_\_  
(dd/mm/yyyy)

because \_\_\_\_\_

\_\_\_\_\_.

(2) I have not been able to contact the child(ren)'s biological parents since \_\_\_\_\_,  
(dd/mm/yyyy)

and have no knowledge of the biological parents' income.

(3) I am now living with the child(ren) in the same address, and I am caring for them. Their particulars are as follows:

S/N	Name of child	Birth certificate number	Relationship to care-giver

**SECTION 3: OTHERS**

Others

## Declaration by Applicant

1. I understand that the Government of Singapore as represented by the Ministry of Social and Family Development (“MSF”) requires my personal information and the personal information of my family members included in my application for the SCFA Subsidy and/or Start Up Grant (the “Relevant Subsidies”) for the purpose of assessing and/or re-assessing my/our eligibility for the Relevant Subsidies at any point(s) in time during the period of my consent for this application.
2. I declare that the information provided in my application is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or misleading or do not believe to be true.
3. I understand that the onus is on me to ensure that all information provided is true and accurate. In the event of any false or inaccurate information being submitted to MSF, my application may be rejected or any prior approval may be withdrawn. In addition, I may be required to repay, in full or part, the assistance provided to me by the Government.
4. I have read and understood this declaration form fully. The terms of this declaration shall be governed by and construed in accordance with the laws of the Republic of Singapore.

\_\_\_\_\_  
Name and NRIC/FIN/Passport No.

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Date (DD / MM / YYYY)

**Declaration by authorised personnel of SCFA Administrator Student Care Centres (“SCCs”)**

1. I am authorised by the SCC to complete this declaration.
2. I am aware that all information submitted is strictly confidential. The SCC is required to maintain the confidentiality of all such information and records in accordance with law, including the Personal Data Protection Act 2012.
3. I have verified the information that the main applicant has provided in this application to be true, to the best of my knowledge and belief. I understand that I/our SCC may be liable to prosecution for any information furnished which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.

\_\_\_\_\_

Name of SCC

\_\_\_\_\_

Contact No.

\_\_\_\_\_

Name/Designation of Personnel

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (DD / MM / YYYY)