



Date of Submission : _____

Application Number : _____

Application Form for the Trial Scheme on Special Allowance for Households of Transitional Housing (Trial Scheme)

(Supported by the Community Care Fund)

Points to Note

1. Applicants must read carefully and understand the **details** of the Trial Scheme before filling in the information.
2. Applicants must read carefully and understand the part concerning the **collection and processing of personal data** in Part III **Declaration and Undertaking by the Applicant** of the application form before filling in the information.
3. Applicants must read carefully and understand Part III **Declaration and Undertaking by the Applicant** of the application form, and sign that part for confirmation.
4. Please complete this form in **English BLOCK LETTERS** or **Chinese** (if applicable) with a **black / blue ball pen**. For any amendments, please cross out, write again and countersign next to them. Do not use any correction materials.
5. Submission of an **application form**: Applicants should submit the completed and signed application form by mail or by hand to the operating organisation of the transitional housing project under the Funding Scheme to Support Transitional Housing Projects by Non-government Organisations (Funding Scheme) which they have successfully applied for and will be moving into / have moved into for verification.
6. “* ” indicates a mandatory field.
7. Upon receipt of the application form, the operating organisation of the project will verify the eligibility of the application and submit a copy of the assessed application form to the Housing Bureau (HB) for record.
8. In case of doubt, please contact the operating organisation of the project concerned.

Part I – Particulars of the Applicant¹

Name (Chinese)* : _____ (English)* : _____

Identity Document Type^{2*} ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Identity Document No.* : _____

Local Contact Telephone No.* : 852-_____ [with SMS function] Email Address (if any) : _____

Transitional Housing Project to be Allocated / Allocated * : _____

District of the Transitional Housing Project to be Allocated / Allocated (please circle)* : New Territories and Islands / Urban and Extended Urban³ Total Number of Household Members* : _____

¹ The applicant under the Trial Scheme must be the same as the applicant of the beneficiary household under the Funding Scheme. In general, household members residing with the applicant refer to all household members residing with the applicant in the unit allocated under the same Funding Scheme application.

² Identity Document Type: 1. Hong Kong Permanent Identity Card; 2. Hong Kong Identity Card; 3. Hong Kong Re-entry Permit; 4. Document of Identity for Visa Purposes; 5. Permit for Proceeding to Hong Kong and Macao (i.e. One-way Permit); or 6. Passport.

³ New Territories (including Tuen Mun, Yuen Long, Tin Shui Wai, Sheung Shui, Fanling and Tai Po) and Islands (excluding Tung Chung); urban (including Hong Kong Island and Kowloon) and extended urban (including Tung Chung, Sha Tin, Ma On Shan, Tseung Kwan O, Tsuen Wan, Kwai Chung and Tsing Yi).

Part II – Particulars of Applicant and Family Members

Please put a tick “✓” in the appropriate box ☐ (For a family exceeding 6 members, please fill in an additional application form and submit both forms together)

| | Applicant | Family Member 1 | Family Member 2 | Family Member 3 | Family Member 4 | Family Member 5 |
|--|---|---|---|---|---|---|
| Name (Chi)* | Ditto | | | | | |
| Name (Eng)* | Ditto | | | | | |
| Gender* | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Identity Document Type ^{4*} | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |
| Identity Document No.* | Ditto | | | | | |
| Relationship with the Applicant* (Please circle) | (Not Applicable) | Spouse / Father / Mother / Son / Daughter / Grandson / Granddaughter / Grandfather / Grandmother / Elder brother / Younger brother / Elder sister / Younger sister | Spouse / Father / Mother / Son / Daughter / Grandson / Granddaughter / Grandfather / Grandmother / Elder brother / Younger brother / Elder sister / Younger sister | Spouse / Father / Mother / Son / Daughter / Grandson / Granddaughter / Grandfather / Grandmother / Elder brother / Younger brother / Elder sister / Younger sister | Spouse / Father / Mother / Son / Daughter / Grandson / Granddaughter / Grandfather / Grandmother / Elder brother / Younger brother / Elder sister / Younger sister | Spouse / Father / Mother / Son / Daughter / Grandson / Granddaughter / Grandfather / Grandmother / Elder brother / Younger brother / Elder sister / Younger sister |
| Family member pregnant for 16+weeks* | <input type="checkbox"/> Yes, Name of Pregnant Family Member : _____ <input type="checkbox"/> No Week of Pregnancy : _____ (Week) | | | | | |

Part III – Beneficiary of the “Trial Scheme on Special Allowance for Households of Light Public Housing”

Applicant and all family members residing with the applicant must not have benefited from the “Trial Scheme for Special Allowance for Households of Light Public Housing” to be eligible for the special allowance under this Trial Scheme.

Please put a “✓” in the box below to declare that you have not received the special allowance :

☐ I and all of the family members residing with me have never been granted and received the special allowance under the “Trial Scheme for Special Allowance for Households of Light Public Housing”.

Part IV – Declaration and Undertaking by the Applicant (Must be completed and signed)

- Before completing the application form, I have understood the details of the Trial Scheme, the eligibility criteria for application, the arrangements for application assessment and disbursing the allowance as well as the responsibilities of the applicant.
- I understand and agree that, in order to streamline the processing of my application, HB and the operating organisation(s) of the project(s) may collect my personal data and/or those of all of the family members from our application for Public Rental Housing of the Hong Kong Housing Authority (HA) / Transitional Housing / Trial Scheme on Special Allowances for Households of Light Public Housing (LPH) (if applicable) submitted to the Applications Sub-section of the Housing Department (HD) / Task Force on Transitional Housing (TFTH) / Dedicated Team on Light Public Housing and/or operator of the Transitional Housing concerned (if applicable) for the matching procedure as defined in the Personal Data (Privacy) Ordinance (Cap. 486), to facilitate the handling of application for the Trial Scheme from me and all my family members, as well as the related matters. Moreover, HB and the operating organisation(s) of the project(s) may make use of the information provided in this application form / my application for Transitional Housing / my application for Trial Scheme on Special Allowance for Households of LPH (if applicable) for verification with relevant departments/authorities of eligibility for the Trial Scheme for me and/or all of the family members residing with me. The provision of personal data to HB / operating organisation(s) of the project(s) is on a voluntary basis. If I/we fail to provide the requested personal data, HB / operating organisation(s) of the project(s) will not be able to process the application submitted by me and all of the family members residing with me.
- I and/or my family members understand and agree that in processing and assessing my application, HB and the operating organisation(s) of the project(s) may collect my and/or my family members' personal data from relevant government departments, public / private organisations / companies (including but not limited to HKHA, HD, Dedicated Team on LPH, operator(s) of LPH, Hong Kong Housing Society, Mandatory Provident Fund Schemes Authority, financial institutions, banks and insurance companies), and/or any third parties (for example but not limited to employers) in possession of my and/or my family members' personal data, or request the above to disclose such data, including my/our record(s) of receiving the Special Allowance for Households of LPH (if applicable) for the matching procedure as defined in the Personal Data (Privacy) Ordinance (Cap. 486), and for verification and confirmation of eligibility. Whilst the collection of information is in progress, I and/or my family members agree that the personal data contained therein may be disclosed; to the abovementioned organisations and/or third parties. I and/or my family members also authorise the relevant government departments, organisations, companies or persons in possession of my

4 Identity Document Type : 1. Hong Kong Permanent Identity Card; 2. Hong Kong Identity Card; 3. Hong Kong Re-entry Permit; 4. Document of Identity for Visa Purposes; 5. Permit for Proceeding to Hong Kong and Macao (One-way Permit); or 6. Passport.

- and/or my family members' personal data to furnish HB / operating organisation(s) of the project(s) with my and/or my family members' personal data, including record(s) of receiving the Special Allowance for Households of LPH (if applicable), for the vetting of my application.
4. I and/or my family members agree that HB / operating organisation(s) of the project(s) may disclose to HB / HA / HD / the relevant departments, organisations or co-operation units, for carrying out the matching procedure as defined under the Personal Data (Privacy) Ordinance (Cap. 486) and/or transferring the personal data in the application form and all related documents, to process, vet and/or investigate application(s) / case(s). All personal data will be handled in accordance with the policies as revised from time to time by HB / operating organisation(s) of the project(s) and the Personal Data (Privacy) Ordinance.
 5. I and/or my family members agree that the information provided in this application form by us may be used by HB / HA / HD / the relevant Government bureaux / departments and operating organisation(s) of the project(s) for the purposes of statistical surveys or researches, including but not limited to understanding the effectiveness of assistance provided to the beneficiaries and the living conditions of the beneficiaries, on the condition that the resulting statistics and research findings will not be made available in a form which will identify the data subjects or any persons involved. The personal information provided by me and/or my family members is on a voluntary basis.
 6. In accordance with the Personal Data (Privacy) Ordinance (Cap. 486), I and/or my family members have the right to request access to the personal data provided in this application form and in applying for the Trial Scheme, and to request correction of such data by HB / operating organisation(s) of the project(s). All information and documentary proof submitted for the Trial Scheme application will not be returned. Requests for access to personal data should be addressed to the Departmental Data Protection Officer of HD (application should be submitted by post or by fax to the Departmental Data Protection Officer, Hong Kong Housing Authority Headquarters, 33 Fat Kwong Street, Ho Man Tin, Kowloon (Fax number: 2761 6363)). According to the Personal Data (Privacy) Ordinance (Cap. 486), personal data means any data – (a) relating directly or indirectly to a living individual; (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and (c) in a form in which access to or processing of the data is practicable. Application for access to personal data may be subject to a fee.
 7. I declare that the information provided in this application form by me and/or the applicant on my behalf and other information submitted /to be submitted for the project(s) is true and correct. I understand that if I knowingly or wilfully make any false statement or withhold any information or mislead HB / operating organisation(s) of the project(s) in other ways, I may be liable to prosecution and disqualification of application. I understand that if I deliberately provide false information or omit information in order to obtain the special allowance under the Trial Scheme for myself and/or my family members, I could be held criminally liable to, among other offences, fraud under Section 16A of the Theft Ordinance (Cap. 210). Any person who commits an offence of fraud is liable on conviction to imprisonment for a maximum of 14 years. Any such person who has received the special allowance under the Trial Scheme may be required to return the full amount of the special allowance received to HB through the operating organisation(s) of the project(s) immediately.
 8. I declare that I and/or my family members **have never been granted and have never received any special allowance in full or in part under the Trial Scheme.**
 9. I declare that I and/or family members will **reside in the transitional housing project concerned for at least one year.** I understand that if I have resided for less than one year without a valid explanation, or if I am found to be ineligible for the special allowance under the Trial Scheme after moving in, I will be required to return the full amount of the special allowance received to HB through the operating organisation(s) of the project(s).
 10. I understand and agree that no person other than myself and/or the family members listed in this application form shall have any right to enforce or enjoy the benefits of any terms in this application form and/or relevant agreement(s) under the Contracts (Rights of Third Parties) Ordinance (Cap. 623).
 11. I and/or my family members understand that any staff member of the Government / operating organisation(s) of the project(s) who offers to provide assistance in return for remuneration should be reported to the Police or Independent Commission Against Corruption immediately. Attempted bribery is also an offence in law. HB / operating organisation(s) of the project(s) will refer the case to the relevant authorities for investigation. HB / operating organisation(s) of the project(s) reserve(s) the right to cancel the application irrespective of whether the applicant has been convicted of the relevant offence.
 12. I and/or my family members have read, understood and agreed to comply with the above "Declaration and Undertaking", and confirm that all information provided is correct. In the event of any changes, I will notify the operating organisation(s) of the project(s) as soon as practicable.

Attention: (i) The applicant and all of his/her family members aged 18 or above are required to sign below.
(ii) Family member(s) aged under 18 is/are not required to sign below. Nevertheless, the applicant shall be legally liable for the furnished particulars of the family member(s) aged below 18.

| | Name | Signature | Date of Signing (DD / MM / YYYY) |
|---------------|-------|-----------|-------------------------------------|
| Applicant | _____ | _____ | _____ |
| Family Member | _____ | _____ | _____ |
| Family Member | _____ | _____ | _____ |
| Family Member | _____ | _____ | _____ |
| Family Member | _____ | _____ | _____ |
| Family Member | _____ | _____ | _____ |

Part V – To be Completed by the Operating Organisation of the Project

Transitional Housing Project _____ New Territories & Islands / Urban & Extended Urban #

Unit Allocated _____ Date of Signing Tenancy Contract / Agreement# _____

Household Size _____ Date / Expected Date of Moving into the Unit# _____

Assessment Result Eligible / Ineligible# # Please circle as appropriate

Special Allowance Amount _____

Verified by : _____
(Signature, name, position and date)

Reviewed by : _____
(Signature, name, position and date)

Chop of the Operating Organisation of the Project

| District of the Project | New Territories and Islands | Urban and Extended Urban |
|-------------------------|-------------------------------|--------------------------|
| Household Size | Special Allowance Amount (\$) | |
| 1-person | 3,650 | 1,800 |
| 2-person | 5,450 | 2,700 |
| 3-person | 7,100 | 3,550 |
| 4-person | 8,450 | 4,200 |
| 5-person | 9,700 | 4,850 |
| 6-person or above | 11,550 | 5,750 |