



Date of Submission : _____

Application Number : _____

Community Care Fund

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

Points to Note

- Applicants must read carefully and understand the **details** of the Trial Scheme before filling in the information.
- 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.
- Applicants must read carefully and understand Part III **Declaration and Undertaking by the Applicant** of the application form, and sign that part for confirmation.
- 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.
- 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 (**operating organisation**) 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.
- “ * ” indicates a mandatory field.**
- Upon receipt of the application form, the operating organisation will verify the eligibility of the application and submit a copy of the assessed application form to the Housing Bureau (HB) for record.
- In case of doubt, please contact the operating organisation 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* : _____

Part II – Particulars of 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
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 : _____ Week of Pregnancy : _____ (Week)				<input type="checkbox"/> No

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 Type of identity document: 1. Hong Kong Permanent Identity Card; 2. Hong Kong Identity Card; 3. 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 III – Declaration and Undertaking by the Applicant

[Please put a '✓' in the appropriate box (Must be completed and signed)]

1. 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.
2. I and/or my family members understand that in processing and assessing my application, the HB and the operating organisation(s) may collect my and/or my family members' personal data from relevant government departments, public / private organisations (for example but not limited to financial institutions and banks), and/or any third parties (for example but not limited to employers) in possession of my and/or my family members' personal data 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 any organisations and/or third parties in possession of my and/or my family members' personal data to furnish the HB / operating organisation(s) with my and/or my family members' personal data for the vetting of my application.
3. I and/or my family members agree that in processing, vetting and/or investigating my application, the HB / operating organisation(s) may disclose, verify and/or transfer the personal data in the application form and all related documents to the relevant departments, organisations or co-operation units. All personal data will be handled in accordance with the policies as revised from time to time by the HB / operating organisation(s) and the Personal Data (Privacy) Ordinance.
4. I and/or my family members agree that the information provided in this application form by us may be used by the HB / operating organisation(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.
5. I declare that the information provided in this application form by me 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 the HB / operating organisation(s) in other ways, I may be liable to prosecution and disqualification of application, and may be required to return the full amount or part of the special allowance received to the HB through the operating organisation(s) immediately. I understand that deliberate provision of false information or omission of information in order to obtain the special allowance for me and/or my family members by deception is a criminal offence.
6. 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.**
7. 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 or part of the special allowance received to the HB through the operating organisation(s).
8. 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).
9. I and/or my family members understand that any staff member of the Government / operating organisation(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. The HB / operating organisation(s) will refer the case to the relevant authorities for investigation. The HB / operating organisation(s) reserve(s) the right to cancel the application irrespective of whether the applicant has been convicted of the relevant offence.

I 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 as soon as practicable.

Signature of Applicant : _____ Date : _____

Part IV – To be Completed by the Operating Organisation

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)

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

Operating Organisation Chop