

2. Income and Assets

Applicant and Main Family Member Numbers	1.2.1 Applicant						
Occupation							
Job Type (full-time/ part-time/casual/ unemployed/studying)							
Monthly Income #							
Details of Asset Item							
Total assets/ Cash value*							
Remarks							

Average household income# : HK\$ _____ **Total household assets*** : HK\$ _____

#Income includes all income received by family members in the past three months. The definition of income includes but is not limited to work income, Comprehensive Social Security Assistance (CSSA), Working Family Allowance (WFA), Old Age Living Allowance, Old Age Allowance, pensions, and financial assistance from relatives and friends.

*All assets owned by family members in the past three months include, but are not limited to, land/property, cash, bank deposits, the cash value of insurance plans, investments in stocks and shares, and other assets that can be converted into cash, as well as self-occupied properties.

3. The estate of the deceased

- No estate Reserved a booking for grant letter application (date: _____) To be processed
 Others: _____

4. Other financial assistance being applied or received

<u>Applicant or Main Family Member Numbers</u>	<u>Applying</u>	<u>Receiving</u>	<u>Name of Funds / Financial Assistance</u>	<u>Amount</u>
	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive Social Security Assistance (CSSA)	HK\$ per month
	<input type="checkbox"/>	<input type="checkbox"/>	Disability Allowance	HK\$ per month
	<input type="checkbox"/>	<input type="checkbox"/>	Others (please specify):	HK\$ <input type="checkbox"/> Monthly/ <input type="checkbox"/> One-off

5. Reason for application (Please state the emotional status, social support network, financial status and the developmental needs of the applicant(s) and the core family members)

Note : The above information is only used by Hong Kong Sheng Kung Hui Welfare Council for application record and service arrangement. If you fail to provide sufficient and accurate personal information, this service may not be able to process your application.

6. Declaration

- I hereby consent to provide the aforementioned personal information for the purpose of applying for the JC Echoes of Love Fund, and I declare that the information provided in this form is accurate.
- I affirm that the approved funds will be utilized solely by myself or the family member who applied for the grant, in accordance with the approved project.
- I understand and agree that the staff of the project operational partner will contact the referral staff or social worker, as well as the applicant, and may conduct interviews or home visits based on the applicant's needs. Eligible individuals will undergo an asset and income review to assess the necessity and urgency of the services provided.

- If the applicant is aged 18, please fill in the following content:

I confirm that I have read, understand and agree this declaration.

Name of the applicant : _____

Signature : _____ Date : _____

- If the applicant is under 18 years of age or mentally incapacitated , The applicant's parent/ caregiver/ legal guardian should specify the following: :

I, _____ (Name of the applicant's parent/ caregiver/ legal guardian) , acknowledge and accept the above provisions regarding the use of the applicant's personal data.

Signature of the parent/ caregiver/ legal guardian : _____

Name of the applicant : _____ Date : _____

Referral Institution:	
Name of Institution and Unit: _____	Address: _____
Name of Referrer: _____	Position: _____
Telephone no.: _____	Fax: _____
Date: _____	Signature and Agency Chop: _____

Office Use Only:		
Assessment Staff: _____	Verification Staff: _____	Approving Officer: _____
Signature: _____	Signature: _____	Signature: _____
Position: _____	Position: _____	Position: _____
Date: ____ / ____ / ____	Date: ____ / ____ / ____	Date: ____ / ____ / ____



Required supporting documents and instructions for service application

When submitting the service referral form, the **referrer** (i.e. registered social workers from the Government, NGO and the Hospital Authority) shall complete the form and email it together with copies of the following documents (please ensure the copies are legible) to our office:

1. Information on Personal Identity

- Death certificate of the deceased relative (Note 1)
- Hong Kong Identity Card or Birth Certificate of each family member (Note 2)

Note 1 If the death certificate of the deceased relative has not been issued, it can be replaced by a Medical Certificate (Cremation) or Certificate of Order Authorizing Burial of Body (Form 11), etc.

Note 2 If you are unable to provide the relevant identity card, please provide other documents that can identify your Hong Kong resident identity.

2. Information on Household Income

- Documents proving the income of each family member in the last three months
- Document proving validity of CSSA (if any)
- Document proving validity of Disability allowance (if any)

Note: Such as salary statement (payroll), salary and pension or other income certificates reported by the employer; if you have resigned, please submit proof of resignation

3. Information on Household Asset and Address Proof

- All bank passbooks/monthly statements** of each family member, receipts/advice showing the balance of fixed deposits in the last three months; and photocopies of the first page showing the name and account number of the account holder, and all pages showing the deposit and withdrawal records of the account in the last three months (including new accounts opened and closed during the last three months)
- All investments of each family member, documents showing the value of savings or investment-linked insurance plans with cash value and dividends, e.g. annual/ quarterly statement documents/ stocks/ bonds/ funds, etc.
- Other asset proof documents include real estate, parking spaces, bank accounts or assets outside Hong Kong, etc.
- Proof of address (public housing tenants please submit a copy of the lease, other people can submit a copy of the lease within the last three months, electricity bill, water bill, etc.)
- Letters of Administration together with a list of the deceased's assets and liabilities (if any)

4. Other supporting documents (If the main caregiver is not the legal guardian of the applicant)

- Proof of Relationship / Certificate of relationship (e.g. Letter of recommendation from social welfare department or the integrated family service centre's social worker under social welfare department, document of comprehensive Social Security Assistance Appointee, letter of recommendation provided by school principal and school social worker e.t.c.)



Application Notes

- 1 Service Target: Hong Kong residents aged between 0 and 18 throughout the territory (Full-time student aged 18-21 may discretionarily be considered)
- 2 Eligibility:
 - 2.1 Children or Youth who lost parent(s) or legal guardian(s) within the past 30 months
 - 2.2 Fulfill the following household income and asset limits:
 - 2.2.1 Census and Statistics Department 75% of median monthly household income by household size; and
 - 2.2.2 Hong Kong Housing Authority Net Asset Limit for Public Rental Housing
- 3 Application Process:
 - 3.1 The referrer must submit this form and copies of the above-mentioned supporting documents to our office via email.
 - 3.2 The referrer and guardian must ensure that all information in the form is complete and true. In case of violation, this service may postpone processing or not consider the application, and reserve the right to pursue legal liability.

Precautions

1. All service applications **are only accepted** through referrals from registered social workers of the Government, NGO and the Hospital Authority.
2. If the applicant has already received assistance from other funds, this service has the right to reject the application.
3. Applicants and their family members are required to provide all necessary supporting documents. Failure to submit the required supporting documents may affect the applicant's application progress.
4. Applicants must submit all required supporting documents within one month of submitting their application, otherwise their application will be deemed to be automatically abandoned.
5. The validity period for the referral form is three months. Upon expiration, the application will be deemed canceled. If the application needs to be continued, please resubmit the referral.
6. The personal and family information collected from applicants by this service is only used for review purposes. If the applicant fails to provide the Fund with the required personal data, his/her application will not be considered.
7. The data provided by applicants will be processed by The Hong Kong Jockey Club Charities Trust and Hong Kong Sheng Kung Hui Welfare Council in accordance with the Personal Data (Privacy) Ordinance. Applicants' information may be disclosed to relevant staff or volunteers for the purpose of providing services.
8. The Hong Kong Jockey Club Charities Trust and Hong Kong Sheng Kung Hui Welfare Council reserve the right of final approval and decision on all applications.

