

St. John's Home for Elderly Persons Application for Financial Assistance

Dear Applicant: As an IPC Charity, it is our hope that we will be able to provide a place for qualified applicants regardless of their finances. However, our funds for Financial Aid is limited and should be provided to those most in need. We seek your cooperation to provide us the following information and documentation to help us target our support to those most deserving. Thank you. Financial Aid Subcommittee.

Section A (Applicant's Details – To be completed and signed by Applicant)

1. Name of Applicant (as in NRIC):
2. NRIC #:
3. Address of Properties Owned by Applicant (Singly /Jointly Owned)**(please attach latest property tax bill from IRAS):*
4. **Monthly Income***

	Source of monthly income	Amount
i.	CPF Payout	
ii.	Insurance / Annuities	
iii.	Money from Families	
iv.	Rental income	
v.	Other income including government subsidy, if applicable	
	Grand Total	

Additional Information:

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5. Applicant's CPF Balance **(please attach statements for the last 12 months):*

Ordinary Account \$ _____

Special Account \$ _____

Retirement Account \$ _____

Medisave Account \$ _____

6. Applicant's Bank Balance and CDP/Stock Portfolio Account *(please provide latest statements):*

a. Bank/Stock: _____ Balance: \$ _____ Date: _____

b. Bank/Stock: _____ Balance: \$ _____ Date: _____

c. Bank/Stock: _____ Balance: \$ _____ Date: _____

7. Applicant's Latest Income Tax Assessment *(please attach statement):* \$ _____

8. Declaration by Applicant:

**I declare that all the information provided by me in this form is true, correct and accurate.
I understand and acknowledge that if any of the information provided by me in this form is false
or inaccurate, any financial assistance provided by the St. John's Home For Elderly Persons could
be withdrawn.**

Applicant: _____ Date: _____ Signature: _____

Note that all information provided is strictly confidential and will only be used for the intended purpose of assessing the applicant's financial aid.

To protect your privacy, please submit this application to our office in person or mail it marked as "Private & Confidential" to:

General Manager, St. John's Home for Elderly Persons, 69 Wan Tho Ave, Singapore 347601.

As email is not secure, please DO NOT send it to us via email.

For urgent submission, you can fax it to us at (65) 6285 4885.

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Section B (To be Completed and Signed by Sponsor 1)

1. Name of Applicant (as in NRIC):
2. Name of Sponsor (as in NRIC):
3. Sponsor's NRIC #:
4. Sponsor's Mailing Address:
5. Sponsor's Email:
6. Address of Properties Owned by Applicant (Singly /Jointly Owned)* *(please attach latest property tax bill from IRAS):*
7. Sponsor's Monthly Income

	Source of monthly income	Amount
i.	CPF Payout	
ii.	Insurance / Annuities	
iii.	Money from Families	
iv.	Rental income	
v.	Other income including government subsidy, if applicable	
	Grand Total	

8. **Sponsor's CPF Balance***(please attach statements for the last 12 months):

Ordinary Account \$ _____

Special Account \$ _____

Retirement Account \$ _____

Medisave Account \$ _____

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9. Sponsor's Bank Balance and CDP/Stock Portfolio Account *(please provide latest statements):*

a. Bank/Stock: _____ Balance: \$ _____ Date: _____

b. Bank/Stock: _____ Balance: \$ _____ Date: _____

c. Bank/Stock: _____ Balance: \$ _____ Date: _____

10. Sponsor's Latest Income Tax Assessment *(please attach statement):* \$ _____

11. Sponsor's Other information :

i. Are you current on Workfare Payout? (YES/NO)

ii. Do you have a CHAS card? (YES/NO) If Yes, what color? RED/GREEN/BLUE

12. Monthly Income of the Sponsor and members of the Sponsor's household. Please attach latest salary slip or any proof of income, where applicable. (e.g. latest IRAS statement or any proof of income showing monthly income for each person).

Note: It is important to list ALL members of your household including those who are dependents and may not be working or have any monthly income.

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#	Name	Relationship To Sponsor	Occupation	Employer	Monthly Gross Salary	Other monthly income (annuity etc)	Total Monthly Income
i.							
ii.							
iii.							
iv.							
v.							
vi.							
						Grand Total	

13. Declaration by Sponsor:

I declare that all the information provided by me in this form is true, correct and accurate. I understand and acknowledge that if any of the information provided by me in this form is false or inaccurate, any financial assistance provided by the St. John's Home For Elderly Persons could be withdrawn.

Sponsor: _____ Date: _____ Signature: _____

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