

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

**Section C (To be Completed and Signed by Sponsor 2)**

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	
	<b>Grand Total</b>	

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/BUE

**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.							
						<b>Grand Total</b>	

### 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this form is false or inaccurate, any financial assistance provided by the St. John's Home For Elderly Persons could be withdrawn.**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: \_\_\_\_\_

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.