



**Society for Community Organization(SoCO)**  
**Transitional Housing Project:**  
**Everest Residence in Chai Wan**  
**(Project Code: 18)**

**Declaration**

I hereby declare (Please put a “✓” in an appropriate box  and provide the income)

- I am a  casual worker(Occupation/ Job nature), without a fixed employer, and the average monthly income in the past 6 months before application is \$\_\_\_\_\_.  
Except for the above, I have no other income from work.
- I am a  retiree since \_\_\_\_\_ (month/year).
- I am a  unemployed since \_\_\_\_\_ (month/year), and currently unemployed.
- I am a  family caregiver and do not have any job income.
- I am a  student and do not have any job. **Copy of the student ID card showing the student’s name and effective date is attached.**

At present, I have no job and (Please put a “✓” in an appropriate box )

- I rely on \_\_\_\_\_ (name) (relationship to me: \_\_\_\_\_) to support my  daily  expenses. In the past 6 months before application, I received an average of HK\$ \_\_\_\_\_ per month.
- I receive  CSSA of HK\$ \_\_\_\_\_ per month on average (based on the average amount of the subsidy of the month before application and CSSA long-term supplement and/or the extra payment of CSSA (if applicable)). **Copies of relevant supporting documents are attached.**
- I receive the  Old Age Living Allowance/Old Age Allowance/Disability Allowance of HK\$ \_\_\_\_\_ per month on average. **Copies of relevant supporting documents are attached.**
- I rely on  personal savings to support daily expenditure.

I declare that the information provided in this form and the attached document(s) (including supplementary information and document(s) (if any)) are true and correct. I understand any incorrect/inaccurate information provided in this form, regardless of whether the incorrect/inaccurate information provided affects my eligibility to apply for a transitional housing project, may render this application invalid. SoCO shall terminate the lease of the allocated transitional housing.

Signature of Declarant : \_\_\_\_\_  
(Must be identical to application form)

Name of Declarant : \_\_\_\_\_

HKID card number : \_\_\_\_\_ ( )

Date (date/month/year) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Delete whichever is inappropriate