



The Society for Community Organization  
Ying Wa Street  
Modular Social Housing of Cheung Sha Wan  
TENACITY RESIDENCE

Internal use
Date of submission:
Application No.:

### Declaration for Application

I hereby declare to SoCO that:

I am a casual worker of (please state your trade / occupation) without any fixed employer(s) Note 1. The average monthly income for the past \*12 calendar months/\_\_\_\_\_ calendar months Note 2 before the date of declaration is HK\$ . Except the above, I have no other employment income

I have \* retired @ / lost my job since to declare the income for the past \*6 calendar months/\_\_\_\_\_ calendar months Note 1 and submit the relevant documentary proofs).

I am a housewife.

I am a student and copy of my student card for the current academic year (with student name and validity period shown) is attached.

I have no job now and depend on\_\_\_\_\_ (Name) to support my daily expenses. For the 6 calendar months before the date of declaration, I received an average amount of HK\$ per month.\*Pension / Comprehensive Social Security Assistance (CSSA) Note 2/ Maintenance fee / Others (please specify: ) for living with supporting documents as attached.

I received an average amount of HK\$ \_\_\_\_\_ per month (Calculation is based on the received amount of the whole calendar month and the monthly average long term supplement of CSSA and / or Government's extra allowance of one month CSSA payment, if applicable, before the date of declaration).\*Old Age Living Allowance / Old Age Allowance Note 2/ Disability Allowance / Community Care Fund's/One-off Living Subsidy for Low-income Households Not Living in Public Housing and Not Receiving CSSA / Working Family Allowance for living with supporting documents as attached. The amount received is HK\$ per month (The amount is to be excluded from computing the average monthly income. If you are receiving allowance(s) other than the abovementioned, please declare the allowance(s) as "Others" in the second option of item 2).

Savings for living.

Signature of Declarant : \_\_\_\_\_

(Must be the same as that on the application form)

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

H.K.I.D. No. \_\_\_\_\_

Date (dd/mm/yyyy) : \_\_\_\_\_

(Declaration date must match with the date on the application)

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Contact: Miss Chui, Miss Cheung, Miss Wu, Mr. Lai, Miss Lui

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