

Nam Cheong Street Modular Social Housing Application Form

For Internal Use

Received Date: _____

Application No.: _____

Part 1 Information of the Applicant

Name of Applicant: _____	Phone no. (Home): _____	Mobile: _____
Address: _____		

Part 2 Personal Data of Family Members (Please fill in the required information or tick the appropriate box)

	Applicant	Family Member 1	Family Member 2
Name in Chinese (if applicable)			
Name in English	--		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (DD/MM/YYYY) (age)	/ / ()	/ / ()	/ / ()
Type of identity document ¹	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Identity document no.			
Relationship with applicant	/		
Residency in HK (no. of months)			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Others: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Others: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Others: _____
Pregnant over 16 weeks?	<input type="checkbox"/> Yes, Week of Pregnancy: _____ week <input type="checkbox"/> No		
Chronic illness /disability (please specify)	<input type="checkbox"/> Yes () <input type="checkbox"/> No	<input type="checkbox"/> Yes () <input type="checkbox"/> No	<input type="checkbox"/> Yes () <input type="checkbox"/> No
Are you receiving any services from any social service organizations? e.g. family support services, child and youth services, community services or day care centre for the elderly etc.	1. <input type="checkbox"/> Yes (Please specify: _____) 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes (Please specify: _____) 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes (Please specify: _____) 2. <input type="checkbox"/> No
Children with special education needs (please specify)	--	<input type="checkbox"/> Yes () <input type="checkbox"/> No	<input type="checkbox"/> Yes () <input type="checkbox"/> No

Part 3 Current Living Condition (Please fill in the required information or tick the appropriate box)

Type of current flat :	<input type="checkbox"/> Suite (with Kitchen & Toilet) <input type="checkbox"/> Partitioned Apartments <input type="checkbox"/> Bed Space <input type="checkbox"/> Street Sleepers <input type="checkbox"/> Others (Please specify : _____)		
Period stayed in current flat : _____ years (or/and) _____ months	Total area of current flat: _____ (square feet)		
Number of family member(s): _____			
Average monthly rent in the past 6 months (utilities fees excluded): HKD\$ _____	Average monthly rent in the past 6 months (utilities fees included): HKD\$ _____		

¹ Types of identity document: 1. Hong Kong Permanent Identity Card ; 2. Hong Kong Identity Card ; 3. Birth Certificate (Applicable for children under age 11) ; 4. HKSAR Re-entry Permit ; 5. Document of Identity for Visa Purposes HKSAR, People's Republic of China ; 6. Permit for Proceeding to Hong Kong and Macau (One-way Permit)

Part 4 Application Status of Public Rental Housing (Please fill in the required information or tick the appropriate box)

Public Rental Housing application no.: _____	Application date for Public Rental Housing: _____ (MM/YYYY) Waiting time for Public Rental Housing: _____ Months (No. of Month)
Choice of District : <input type="checkbox"/> Urban (comprising Hong Kong Island and Kowloon) <input type="checkbox"/> New Territories (comprising Tuen Mun, Yuen Long, Tin Shui Wai, Sheung Shui, Fanling and Tai Po) <input type="checkbox"/> Extended Urban (comprising Tung Chung, Shatin, Ma On Shan, Tseung Kwan O, Tsuen Wan, Kwai Chung and Tsing Yi) <input type="checkbox"/> Islands (excluding Tung Chung)	
During waiting period : 1) Any amendment of information about the application such as addition / deletion of family members, change of scheme, change of choice of district etc. <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Has attended the Hong Kong Housing Authority 's investigation interview? <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Allocated flat by the Hong Kong Housing Authority? Rejected flat allocation for _____ times. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 5 Income & Net Asset Value (in Hong Kong dollars)

	Applicant	Family Member 1	Family Member 2
Working Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Studying	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Studying <input type="checkbox"/> Toddler	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Studying <input type="checkbox"/> Toddler
Occupation/ Studying Class			
Personal average monthly income in the past 6 months ²	(A)	(B)	(C)
Household Average Monthly Income ² in the past 6 months (A) + (B) + (C) = \$ _____ per month			
Monthly income from government's social security scheme	<input type="checkbox"/> 1. Comprehensive Social Security Assistance (CSSA) Scheme \$ _____ <input type="checkbox"/> 2. Old Age Allowance \$ _____ <input type="checkbox"/> 3. Normal / Higher Old Age Living Allowance \$ _____ <input type="checkbox"/> 4. Normal / Higher Disability Allowance \$ _____ <input type="checkbox"/> 5. Working Family Allowance (WFA) \$ _____ <input type="checkbox"/> 6. Half Grant / Full Grant Textbook Assistance Scheme \$ _____ <input type="checkbox"/> 7. Others: \$ _____		
Household Average Monthly Income from government's social security scheme in the past 6 months (including): \$ _____ per month			
Household Net Asset Value ³ (supporting documents required)	<input type="checkbox"/> 1. Deposits \$ _____ <input type="checkbox"/> 2. MPF \$ _____ <input type="checkbox"/> 3. Property \$ _____ <input type="checkbox"/> 4. Others \$ _____		
Total Net Asset Value of the Household (1+2+3+4) = \$ _____			

² Income includes: income from employment and other income (including salary, double pay, allowance, year-end bonus/commissions, business or investment profit, alimony, subsidy from relatives and friends, interest earned from savings and shares, rent income, pension, gratuity); excluding MPF contributions, government funding, charity donation and Community Care Fund)

³ Family Asset includes: land, property (residential units, commercial units, parking spaces), vehicles, taxi/car licenses, investments (saving insurance policies, funds, shares), business and loan to others

Part 6 Intention Assessment (Please fill in the required information or tick the appropriate box)

In this transitional social housing project, "Sharing Economy" is the core concept which aims at developing our residents' habit of mutual benefit and mutual assistance. Please put a "✓" in the appropriate box according to the common will of you and your family members:	Totally agree	Agree	Disagree	Totally disagree
Sharing Economy: I / We agree with the concept of "Sharing Economy" and are willing to exert the spirit of mutual benefit and mutual assistance				
Neighbourhood: I am / We are willing to establish mutual neighbourhood support				
Maintenance of public facilities: I am / We are willing to share and cherish public facilities in the site and the community				
Cleanliness: I am / We are willing to clean the public areas regularly / irregularly				
Sharing skills: I am / We are willing to share my skills or knowledge with others				
Participation: I am / We are willing to participate in activities / groups / events				
Compliance: I / We agree to abide by the terms and conditions of the Licensing Agreement				
Your expected earliest move-in date: _____ (YY) _____ (MM) _____ (DD)				
Have you applied for the transitional social housing projects organized by other organizations? <input type="checkbox"/> Yes, already got an offer <input type="checkbox"/> Yes, on the waiting list <input type="checkbox"/> Yes, but not successful <input type="checkbox"/> No				

Part 7: Exit Plan

If a public rental housing is not yet allocated to you / your family before the end of this tenancy agreement, do you and your family members have a concrete and feasible move out plan? (Please explain)

Part 8 Referee (If applicable)

Name: _____ (Mr./Ms.) Relationship with Applicant: _____

Phone: _____

Part 9 Declaration of the Applicant and Family Members (Please tick the appropriate box)

1.	<input type="checkbox"/>	I / We have read carefully and understood all the application procedures, guidelines and criteria before completing the Application Form. I / We undertake to comply with the relevant requirements / arrangements contained therein, as well as all application / allocation policies and arrangements as may be imposed from time to time. Tung Wah Group of Hospitals shall have the final decision on unit allocation.
2.	<input type="checkbox"/>	As at the date of completing my / our Application Form, I / we have not owned, co-owned, entered into any agreement to purchase any domestic property in Hong Kong or held more than 50% of shares in a company which owns (directly or through its subsidiary) any domestic property in Hong Kong.
3.	<input type="checkbox"/>	I / We agree that Tung Wah Group of Hospitals may, in processing my / our application, collect my / our personal data from relevant government departments, public / private organizations (such as but not limited to financial institutions and banks), and / or any other third party (such as but not limited to employers) possessing my / our personal data for verification and confirmation of my / our eligibility. Whilst the collection of information is in progress, the personal data contained therein may be disclosed to the above mentioned organizations and / or any other third party. In this connection, I / we authorize these organizations and / or any other third party possessing my / our personal data to furnish Tung Wah Group of Hospitals with my / our personal data for the vetting of my / our application.
4.	<input type="checkbox"/>	I / We agree that Tung Wah Group of Hospitals may, in handling, processing and / or investigating on my / our application, disclose, verify and / or transfer my / our personal data in this Application Form and all relevant documents to relevant departments, organizations and / or cooperating entities. All personal data will be handled in accordance with the policies adopted by Tung Wah Group of Hospitals which maybe amended from time to time and the Personal Data (Privacy) Ordinance (Cap. 486).
5.	<input type="checkbox"/>	I / We agree that the personal data in this Application Form can be used for statistical survey or research.
6.	<input type="checkbox"/>	I / We declare that all the above particulars furnished in this Application Form and all information submitted / to be submitted are true and correct. I understand that if I / we knowingly make any false statement or furnish any false information or mislead Tung Wah Group of Hospitals in any other ways, I / we may be prosecuted and immediately lose my / our eligibility of application, or may be required to immediately cease the right of using the flat. I / We understand that any person who intentionally provides false information or omits information in an attempt to fraudulently obtain eligibility for the project commits an offence.
7.	<input type="checkbox"/>	I / We understand and agree that I / we need to move out of the unit at the end of this project or upon receiving an offer of public rental housing.
8.	<input type="checkbox"/>	I / We understand and agree that nothing in this Application Form and / or relevant agreement(s) confers or purports to confer on any third party any benefit or any right to enforce any term of this Application Form and / or relevant agreement(s) pursuant to the Contracts (Rights of Third Parties) Ordinance (Cap. 623).
9.	<input type="checkbox"/>	I / We agree that if this application is being successful, the applicants are automatically being the participants of Jockey Club Incubating Community Participation through Modular Social Housing Pilot Programme.
10.	<input type="checkbox"/>	I / We agree that if this application is being rejected, the application data (including name, number of households, waiting public rental housing's waiting information, contact methods and reasons for the rejection of the application) may be forwarded to other social housing operators for their consideration to contact you to consider other transitional social housing units operate by other organization.

The Applicant and all family members aged 18 or above who are listed in Part 2 are required to sign below. The Applicant shall be held liable for the data of family member(s) aged below 18 furnished herein.

	<u>Name</u>	<u>HKID/HKBC No</u>	<u>Signature</u>
Applicant	_____	_____	_____
Family Member 1	_____	_____	_____
Family Member 2	_____	_____	_____
Date :	_____		

Part 10 Application Result (For Internal Use)

1. Verification of information:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Signature of Staff: _____	Date: _____
2. Date of Interview:	_____	Result : <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Need to arrange Home Visit
3. Date of Home Visit:	_____		

4. Result of Application:

Approved

Fail

Date: _____

Part 11 Supporting Documents

1. Identity Documents of Applicant and Family Members	
Copy of the identification documents of individual family members	<input type="checkbox"/> Hong Kong Smart Identity Card (for persons aged 11 or above) <input type="checkbox"/> Birth Certificate (for persons aged below 11) <input type="checkbox"/> One-way Permit / travel document / passport or related supporting documents (persons who have arrived in Hong Kong for less than 7 years, documents permitting them to land in Hong Kong with the stamp showing the initial date of entry are required).
Copy of relationship proof	<input type="checkbox"/> Birth certificate or notary public certificate. <input type="checkbox"/> Adoption or Appointment of Guardians documents issued by judicial authorities / government departments. <input type="checkbox"/> Declaration
Copy of documents on marital status for married persons	<input type="checkbox"/> Certificate of Marriage. For customary marriage celebrated in Hong Kong, the original of a statutory declaration. <input type="checkbox"/> For the spouse of an applicant / a family member who has no right to land in Hong Kong, a declaration specifying the same together with copy of the certificate of marriage and the identity document of his / her domicile (both front and back sides). <input type="checkbox"/> For a marriage registered on the mainland but without the relevant document, copy of the notary public certificate.
Divorced persons, unmarried single parent or widowed persons	<input type="checkbox"/> Copy of court order of divorce (for proceedings in Hong Kong, the certificate of making Decree Nisi Absolute (Divorce) (Form 6 or 7B)). <input type="checkbox"/> For applications including children under the age of 18, copy of the court order for the custody of children. <input type="checkbox"/> Copy of documents and declaration relating to divorce proceedings under process. <input type="checkbox"/> For separated cohabitantes, the female should submit the original of a statutory declaration stating the date of separation after co-habitation and arrangements for the custody of child(ren); while the male should submit a copy of the court order for the custody of child(ren). <input type="checkbox"/> For deceased spouse, copy of the marriage certificate and death certificate. <input type="checkbox"/> Declaration.
Proof of Address	<input type="checkbox"/> Copy of any document bearing the Applicant's residential / correspondence address in Chinese / English (e.g. electricity or water bill).
Proof of rent	<input type="checkbox"/> Copy of rent receipt or tenancy agreement.
Proof of public housing application	<input type="checkbox"/> Copy of a blue acknowledgement card bearing an application number offered by the Hong Kong Housing Authority.
With pregnancy of 16 weeks or above	<input type="checkbox"/> Copy of medical proof issued by registered medical practitioners.
For having long term diseases/disabled family member	<input type="checkbox"/> Copy of medical / disability proof issued by registered medical practitioners or recognized medical personnel.
2. Income Proof and Relevant Declarations for Applicant and Family Members (For the past 6 months)	
Salaried employee (with a regular employer)	<input type="checkbox"/> Copy of Employer Certificate, tax bill, pay slip or bank passbook etc.
Salaried employee (with no regular employer) / Self-employed person	<input type="checkbox"/> Declaration with relevant documents
Comprehensive Social Security Assistance (CSSA) recipient	<input type="checkbox"/> Declaration on the source of financial support together with copy of documents indicating the amount of Comprehensive Social Security Assistance and the Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)
Where Applicant or Family Member are on retirement, unemployed or without any employment	<input type="checkbox"/> Declaration on the source of financial support
Deposit Record	<input type="checkbox"/> Copy of the deposit record of individual family members, e.g. bank passbook, monthly statement etc.
Leased / Vacant land / Landed properties	<input type="checkbox"/> Copy of the latest demand note for rates and government rent <input type="checkbox"/> Declaration
Other sources of income (dividends, bonus, Dividends/ giving-outs of insurance policies, regular interest on fixed deposits, pension, contributions from relatives, etc)	<input type="checkbox"/> Copy of pension documents <input type="checkbox"/> Declaration