



吉祥宝聚寺  
BW MONASTERY

## Community Care Programme 社区关怀计划

BW Monastery (UEN: T02SS0119L)

No. 1 Woodlands Drive 16, Singapore 737764

T: +65 65471580 W: www.bwmonastery.org.sg FB: www.facebook.com/bwm

### OBJECTIVE 宗旨

- |  |                        |
|--|------------------------|
| • To provide short-term financial assistance to those needy individuals and families who need immediate support. | • 提供短期经济援助给迫切需要的个人或家庭。 |
|--|------------------------|

### ELIGIBILITY 申请条件

1. Applicant must be a Singapore citizen or Singapore PR.	1. 申请者必须是新加坡公民或永久居民。
2. Priority will be given to applicant resides in Sembawang GRC.	2. 居住在三巴旺集选区的申请者将优先获得考虑。
3. Household's per capita income (PCI) does not exceed \$700 per month. (PCI = Monthly Gross Household Income / No. of members in the household)	3. 家庭每月人均收入不超过 \$700。 (家庭每月人均收入 = 每月家庭总收入 / 家庭总人数)
4. Household income is the total income of family members who stay in the same household. Nett income is income from salary including regular allowances, but excluding employer and employee's CPF contribution. Income from other sources (e.g. monthly pension, alimony and rental income) should be included as part of nett monthly income.	4. 家庭收入是每个住在同一家庭成员收入的总和。净收入除薪金外，也包含定期津贴或补助，但不包含所缴纳的公积金。其他收入来源（例如每月退休金，赡养费和租金收入）也应是净收入的一部分。
5. National Service allowance earned by NS men is not to be included in household income. Severance compensation and insurance pay-outs are also not to be included.	5. 国民服役所得津贴、遣散补偿和保险支付均不计入家庭收入内。
6. If the income earner is on no-pay leave for 6 months or less, he or she is not considered unemployed. His/her income in other months when he/she was not on no-pay leave should be included for assessment.	6. 赚取收入者如果有六个月或以下的无薪假期，此期间不属于失业者，因此其他月份的收入必须计入家庭收入内。

### NOTE 备注

Not all applicants will receive the financial assistance due to our limited resources. However, we will continue to canvass for more funds to reach out to more beneficiaries. Hence, do not be disappointed if you are not being awarded. Please rest assured that we will keep your records for future consideration if the opportunity arises.	由于资金有限，因此不保证申请一定会获得批准，但请不要失望，因为我们会继续筹集更多款项来资助更多需要受帮助的人士。我们会保存您的申请记录以便未来可以帮助到您。
---	--



# Financial Aid Application Form

## 经济援助申请表

For Official Use Only

Case No.:

To safeguard your own personnel data, only hand over this completely filled application form personally to authorised personnel from BW Monastery wearing an identification pass.

为了避免您个人资料的外泄，请将填妥的申请表亲自交给佩戴吉祥宝聚寺证件的工作人员

### Section I: Particulars of applicant(s) 申请者的资料

Name in NRIC 姓名		Birth Certificate / NRIC No. 出生证 / 居民证号码																					
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td> </tr> </table>														X	X	X	X				
		X	X	X	X																		
Date of Birth 出生日期	Country of Birth 出生地	Contact No. 联络号码																					
<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y															
D	D	M	M	Y	Y	Y	Y																
<input type="checkbox"/> Singapore Citizen 公民 <input type="checkbox"/> Singapore PR 永久居民		<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女																					
Race 种族		Religion 宗教	Marital Status 婚姻状况																				
<input type="checkbox"/> Chinese 华族 <input type="checkbox"/> Malay 马来族 <input type="checkbox"/> Indian 印度族 <input type="checkbox"/> Others (please state) 其他 (请注明) _____			<input type="checkbox"/> Single 单身 <input type="checkbox"/> Married 结婚 <input type="checkbox"/> Divorced 离婚 <input type="checkbox"/> Widow/Widower 寡妇/鳏夫																				
Residential Address 住家地址		Occupation 职业	Nett Salary (less CPF contribution) 净薪金 (扣除公积金之后)																				
			\$ _____																				
Name of Employer / Company (Include self-employed person) 雇主 / 公司名称 (包括自雇者)		If unemployed, please state reason 若失业，请注明原因																					

### Section II: Information on Household Members and Income 同住家庭成员的资料与收入

Other Members 其他成员	Name (as in NRIC) 姓名	NRIC No. 居民证号码	Relationship with Applicant 与申请者的关系	Occupation / Company (If student, please indicate School & Level) 职业 / 公司 (如果是学生，请填写就读学校与年级)	Nett Monthly Income 每月薪金																				
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td> </tr> </table>													X	X	X	X						
			X	X	X	X																			
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td> </tr> </table>													X	X	X	X							
		X	X	X	X																				
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td> </tr> </table>													X	X	X	X								
		X	X	X	X																				
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td> </tr> </table>													X	X	X	X								
		X	X	X	X																				
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td> </tr> </table>													X	X	X	X								
		X	X	X	X																				

**Section III: Other Sources of Income 其他经济来源**

<p>If your family has other sources of income, please tick <input checked="" type="checkbox"/> the appropriate boxes and indicate the amount received every month.</p> <p>如果您家庭有其他的经济来源，请在适合的方格内打勾，并填写每月获得的款额。</p>	<p><input type="checkbox"/> Alimony 赡养费: \$ _____</p> <p><input type="checkbox"/> Rental income 租金收入: \$ _____</p> <p><input type="checkbox"/> Monthly pay-out from CPF retirement account 公积金每月退休金: \$ _____</p> <p><input type="checkbox"/> Insurance compensation (e.g. Dependents' Protection Scheme) 保险赔偿 (例如: 家庭保障计划): \$ _____</p> <p><input type="checkbox"/> Others (Please specify income source and amount received) 其他 (请列下收入来源及每月款额)</p> <p>Income source 收入来源: _____</p> <p>Amount 每个月款额: \$ _____</p>
--	--

**Section IV: Financial, Medical and Other Assurances 经济、医疗及其他援助**

<p>Is your family receiving any financial assistance from other organizations or persons? (Please tick <input checked="" type="checkbox"/> accordingly)</p> <p>您的家庭目前是否有接受任何机构或他人的经济援助? (请在适合的方格内打勾)</p>	<p><input type="checkbox"/> CDAC 华社自助理事会    <input type="checkbox"/> Muis 回教宗教理事会</p> <p><input type="checkbox"/> ComCare 社区关怀基金    <input type="checkbox"/> CDC 社区发展理事会</p> <p><input type="checkbox"/> Pioneer Generation Package 建国一代配套</p> <p><input type="checkbox"/> Silver Support Scheme 乐龄补贴计划</p> <p><input type="checkbox"/> Others (Please specify) 其他 (请注明): _____</p> <p>Amount 款额: \$ _____</p> <p><input type="checkbox"/> Monthly 每月    <input type="checkbox"/> Quarterly 每季度    <input type="checkbox"/> Others 其他 _____</p>
<p>Validity period of receiving financial assistance</p> <p>接受经济援助的有效日期</p>	
<p>Is your family receiving any medical or non-monetary assistance from any organization/person?</p> <p>您的家庭目前是否有接受其他机构、他人的医疗或非金钱援助?</p>	
<p>Briefly state the medical assistance or non-monetary assistance.</p> <p>请简略说明医疗或非金钱援助</p>	

**Section V: Declaration and Authorisation by Applicant 申请者声明与授权**

Please read the following columns carefully and tick  accordingly. (Application form will be returned if any of the columns are not ticked )

请仔细阅读以下的每个栏目，并在格子内  打勾（填写不完整的申请表格将被退回）

I hereby declare the information provided in this application form and supporting documents are true. I will bear all consequences if I provide false information, which will include refunding the value of benefits received.

我确认表格上所提供的资料及附上的文件副本全部属实；我会承担提供不确实资料的所有后果，包括退还所有已经接收的款额或相等款额的相关优惠。

I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for the purpose(s) stated. I trust that the information will strictly be used for the purpose(s) of skills training, job matching, family workfare and support, student education and development support, volunteers programme and other related assistance schemes and programmes. **BW Monastery** also reserves the right to use this information for publicity purposes such as sending alerts and updates of related events and activities through digital and non-digital means.

我完全了解并同意，我所提供的个人资料在列明的情况下，可能被公开给其他机构或个人。我相信有关资料将只用在技能培训、职业配对、家庭就业与援助、学生教育与益智辅助、义工活动以及其他相关的援助计划和活动。**吉祥宝聚寺**也保留使用相关资料作为宣传讯息的权益，包括以数码和非数码方式传达相关活动的提醒和更新讯息。

Remarks 备注

Name, Signature of Applicant and Date

申请者姓名、签名和日期

**For Official Use Only**

Approved for:

Monthly Goodie Bag Support Scheme 每月礼包支援

Approved Date 批准日期: \_\_\_\_\_

Short-term Financial Assistance Scheme 短期经济援助

Approved Date 批准日期: \_\_\_\_\_

Remarks: