



HEB-Ashram Halfway House
(UEN: T09CC0009L)
30 Durban Road Singapore (759642)
Tel:6753 9730 Fax: 6753 3727
Email: enquiries@ashram.org.sg



HEB-Ashram Reference No : # _____

Date Received : _____

GIFT FROM THE HEART

APPLICATION FORM

S/N	REQUIREMENTS	DETAILS	(for Office Use) REMARKS
01	Name of Applicant		
02	NRIC No.		
03	Address	Blk :	
		Road :	
		House Unit : #	
		Estate :	
		Postal District : SE	
04	Contact Details	Residence Tel : Office Tel : Handphone :	
05	E-Mail Address		
06	Citizenship	Singapore Citizen (ONLY SINGAPORE CITIZENS TO QUALIFY)	
07	Date of Birth		
08	Age		
09	Sex	Male / Female	
10	Race	Indian / Malay / Chinese / Others	
11	Religion		
12	Spoken Language(s)		
13	Marital Status	Single / Married / Separated / Divorced / Widower	
14	Type of Accommodation	2 / 3 / 4 / 5 - Roomed Flat Rental / Owned	
15	Occupation	Please specify designation	
16	Type of Employment	Full-Timed / Part-Timed / Temporary / Odd-Job / Self-employed / Unemployed	
17	Employer		
18	Office Address		
19	Net Income	\$	

PARTICULARS OF OCCUPANTS / DEPENDENTS STAYING IN HOUSEHOLD

S/N	NAME	RELATIONSHIP TO APPLICANT	AGE	OCCUPATION	NET INCOME (if any)
01					
02					
03					
04					
05					
06					

FINANCIAL INFORMATION OF HOUSEHOLD

SOURCE OF INCOME	\$\$	EXPENDITURE	\$\$
Total Monthly Household Income : (Net only)		HDB Instalments : (Monthly Cash / Rental Paid)	
Other Source of Income : (e.g. Rent, Part-Time Job, etc.)		Conservancy Charges : (Town Council)	
Financial Assistance (Money / Vouchers etc)	Frequency / Duration	Utilities Bill (Monthly Average): (Water, Gas & Electricity)	
a)		Educational Expenses (Monthly)	
b)		Working Expenses : (inclusive of transportation)	
c)		Outstanding Loans : (indicate monthly payment dues)	
Food Rations from other Organisations:	Frequency / Duration	Food and Housekeeping : (Monthly Average)	
(i)		Medical Expenses : (Monthly)	
(ii)		Others :	
Total Income :		Total Expenditure :	
Savings :			

ADDITIONAL INFORMATION FOR CONSIDERATION, IF ANY
(e.g. Any medical or physically-challenged condition of household member, etc.)

SUPPORTING DOCUMENTS REQUIRED

Note : Please ensure documents submitted are clear copies of the relevant originals and will be subjected to verifications.)	Indicate YES/NO or N/A accordingly:
1. Photocopies of Applicant's and Household Members' NRIC or Birth Certificates	
2. If Applicant or any household Members are employed, one of the following documents need to be submitted accordingly :	
i. Recent Payslips	
ii. Last 15 months' CPF contribution history records	
iii. Income Tax Statements	
3. If Applicant is unemployed, a self declaration letter stating his or her previous employment(s) and reason for current unemployment to be submitted.	
4. If Applicant or any of the household Members are receiving any form of medical treatment, a medical letter needs to be submitted for the current condition of the individual.	
5. If Applicant is divorced, separated or is a widower/widow, supporting document of the current status needs to be submitted.	
6. Any other supporting documents attached :	
a.	
b.	
c.	

DECLARATION

To the best of my knowledge, the information provided by me is true and correct at time of submission of this application. I will notify the Ashram if there is any change(s) to my financial situation or to any relevant information contain herein this application.

Applicant's Signature

Date

REFERRAL MADE BY:	
Name:	HEB / SSPT / SST / SMT / SVKT / SKG / SDMKG / HEB-ASHRAM / SIVADAS-HEB / PRISONS / OTHERS(PLEASE SPECIFY)_____

FOR OFFICE USE	
Total Net Income	
Total Household members	
Per Capita Income realised	
Recommended / Not Recommended	
If recommended, beneficiary time-period to be approved	6 months
REMARKS/MITIGATING FACTORS, IF ANY :	
Assessed by :	Counter Assessed by :
Designation :	Designation :
Date of Assessment :	Date of Assessment :
Signature :	Signature :
APPROVAL BY ASHRAM MANAGEMENT COMMITTEE	
Approve / Reject :	
Signature :	
Date :	
Name of member :	
Designation :	
Remarks (if any)	

Dear Sir/Madam,

I, _____ (Name) _____ (NRIC No) hereby
declare that I have been unemployed for _____ years since _____.

I am unemployed because _____

I confirm the information above is true.

(Signature)

(Date)