





(For Applicants Only)

The Salvation Army Youth, Family and Community Services "Home Plus" Ha Heung Road Social Housing Application Form

Reminder:

- A. Applicants need to understand and accept the Criteria, Procedure and Assessment Terms for application, and should use black or blue pen to fill in the form. For any queries, please contact our responsible colleagues.
- B. Applicants need to submit certificate or supporting documents to verify correct information, and should submit the form & related documents by personal, fax or mail.
- C. Our agency would contact all eligible applicants. For those applicants did not received any notice might consider their application not applicable or waiting, and the Salvation Army (SA) or Hong Kong Council of Social Services (HKCSS) reserve the right for final decision of housing allocation arrangement.

I.) First Part: Personal Information

Name (Chinese if applicable):	(English): Contact Tel:				
Address:	Rental Fees: HKD\$				
Size of Living:(Meter sq) Rating	for Accommodation: (1-10, 1-least, 10-best)				
House Types: Independent Unit/Temporary Unit/Cubicle/Bed-space/Others(pls. specify):					
No of Family Members:Public Housing Registration No/Date of Applying:					

II.) Second Part: Family members Particulars

	Applicants	Member 2	Member 3	Member 4	Member 5
Chi. Name					
English Name					
Sex	M / F	M / F	M / F	M / F	M / F
Birth of date	/ /	/ /	/ /	/ /	/ /
(DD/MM/YY)					
ID Card No.					
Type of ID	HK Permanent ID Card				
Documents	/ HK ID Card				
	/ HK Birth Certificate				
	/ Others:				
Marital Status					





資助機構 Funding Organisation:

THE COMMUNITY CHEST

Special Needs /Chronic illness

III.) Third Part: Family Income

	Applicants	Member 2	Member 3	Member 4	Member 5
Name					
Work Status	Full Time/Part time	Full Time/Part time	Full Time/Part time	Full Time/Part time	Full Time/Part time
	/Retired/ Others	/Retired/ Others	/Retired/ Others	/Retired/ Others	/Retired/ Others
Occupation					
Monthly Income					
Receiving Comprehensive Social Security Allowance \$					
Allowance form	Old Age living Allowance \$ □ Transport Support Scheme \$				
HK Government	□ Working Family Allowance Scheme \$ □ Others(Pls specify:) \$				
Total family Income (including Allowance from HK Gov't) : \$					

IV.) Fourth Part: Agreements on Moving-in

- 1. □ Myself & My family agree to share mutual responsibility and agree the rationale of "Co-living", and agree to follow "Home-Charter"
- 2. D Myself & My family agree to participate "Home-Meeting" & "Home-Gathering" regularly

V.) Fifth Part: Personal/Family Pledge & Commitment

- 1. □ I understand the application procedures & selection criteria and I would follow the agreed terms during application and housing allocation, and I agree that the Salvation Army reserve the right for final decision of housing arrangement.
- 2. I or My family members did not apply other Social Housing operated by HKCSS or other NGOs
- 3. □ I or My family members agreed that SA can disclose/check/transfer my personal information to Government Department, NGOs or other collaborating units while processing /checking or investigating the application. All handling procedures would follow SA Policy and Personal Data (Privacy) Ordinance.
- 4. □ I or My family members agreed that SA can use the information on application forms for statistical and research purpose.
- 5. □ I declare that all information submitted, including those on application form, are true and correct. I understand that I might lose eligibility or the right of social housing units, and might face prosecution if I provide/declare false information or misleading.
- 6. □ I agree and accept to move out if the social housing project period finish or allocated with public housing units.

VI.) Sixth Part: I, the applicant, declare that all information provided by myself or my family members are true and correct and bear legal responsibility for false statement.

	由香港公益金全力贊助 Funded by The Community Chest 社會房屋 共享計劃	社 HKCSS	資助機械	香港	Organisation : 公益全 MMUNITY CHEST
	Name	ID Card No.	Signa	ature	Date
Applica	ant				
VII.) Se	venth Part: Referral Agenc	y (if applicable)			
Re	easons for referral:				
_					
 In	formation of Referral Age	ency:			
	ame of Agency :				
	ontact Address :				
	ontact Phone No :		Fax No :		
Er	nail Address :				
Na	ame of Referrer :				
Si	gnature of Referrer :				
Da	ate:				
					Agency Chop
VIII.) Ei	ghth Part : (fill in by the Sa	lvation Army)			
1. Dat	te of Receiving:	C			Ready: □Yes □No ady:)
2. Dat	te of Reply:				\Box Letter \Box Fax
3. Dat	te of Interview:		□ Accep	ot	Denial

Not Recommend (Reasons: Not Eligible/ Not Applicable)

4. Preliminary Result

Recommend

Remark:





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Verified by:

Signature: