

Name of applicant in English: _____

Community Care Fund
Assistance Programme to Improve the Living Environment of
Low-income Subdivided Unit Households
[Deadline of Application : 31.5.2022]

Application Form

<p>Notes:</p> <p>1. Applicant should read the programme brief and the part of "Personal Information Collection Statement" of this application form clearly before filling in any information.</p> <p>2. Please complete this form in block letters using black or blue ink.</p> <p>If the information provided in this application form is amended, applicant should sign next to the amended part for verification.</p> <p>Please read Part 6 "Declaration and Undertaking by the Applicant/Parent/Guardian/Appointee" of this application form clearly and sign to confirm.</p>	<u>For use by the Service Unit</u>	
	Name of Service Unit:	
	Date of Receipt:	
	Language:	*Chinese / English
	Application No.:	
	Vetting Result:	*Eligible / Ineligible / Withdrawal
	No. of Recipients:	
	Granted Subsidy Amount:	\$

Part 1: Personal Particulars of the Applicant^{<Note 1>} and Household Members

Name in Chinese : _____ Name in English: _____

Identity Document No.: _____ Title: Mr. Ms. Miss

Document Type: *Hong Kong Identity (HKID) Card / Hong Kong Birth Certificate (HKBC)

Date of Birth: _____ (YYYY) _____ (MM) _____ (DD)

Hong Kong resident^{<Note 2>} and living in Hong Kong: Yes No

Mobile phone No.: _____ *(This contact number will be the main contact and receive mobile phone messages in the future)*

Residential address: _____

Living in sub-divided unit (SDU)^{<Note 3>}: Yes No

Received any order due to enforcement actions from government department(s), Yes No
i.e. discontinuation of unlawful domestic use of the building / unit and removal of the related unauthorised building works:

Category of the housing unit currently living: Private Residential Industrial Building Commercial Building
 Others (please specify) _____

Category of the SDU currently living ^{<Note 3>}: A unit of quarters splitted into two or more "externally accessible" units
 Bedspace (Caged Homes) Cocklofts Huts
 Cubicles with Wooden/Concrete Walls Partitions Licensed Structures (Temporary Housing) Squatters
 Rooftop Structures Others (please specify) _____

Facilities in the SDU currently living ^{<Note 3>}:
Living room Shared Private None
Toilet Shared Private None
Kitchen Shared Private None

Please tick the appropriate box(es)

* Please delete as appropriate.

Confidential once filled in information (June 2022)

Name of applicant in English: _____

Total number of persons, including applicant and **household members**<Note 4>: _____ persons

Personal Particulars of **household members** <Note 4> : (If applicable)

Household member (1)

Relationship with the applicant: _____

Name in Chinese: _____

Identity Document No.: _____

Telephone number : _____

Hong Kong resident<Note 2> and currently living in Hong Kong: Yes No

Name in English: _____

Identity Document type: *HKID Card/HKBC

Household member (2)

Relationship with the applicant: _____

Name in Chinese: _____

Identity Document No.: _____

Telephone number : _____

Hong Kong resident<Note 2> and currently living in Hong Kong: Yes No

Name in English: _____

Identity Document type: *HKID Card/HKBC

Household member (3)

Relationship with the applicant: _____

Name in Chinese: _____

Identity Document No.: _____

Telephone number : _____

Hong Kong resident<Note 2> and currently living in Hong Kong: Yes No

Name in English: _____

Identity Document type: *HKID Card/HKBC

Household member (4)

Relationship with the applicant: _____

Name in Chinese: _____

Identity Document No.: _____

Telephone number : _____

Hong Kong resident<Note 2> and currently living in Hong Kong: Yes No

Name in English: _____

Identity Document type: *HKID Card/HKBC

Household member (5)

Relationship with the applicant: _____

Name in Chinese: _____

Identity Document No.: _____

Telephone number : _____

Hong Kong resident<Note 2> and currently living in Hong Kong: Yes No

Name in English: _____

Identity Document type: *HKID Card/HKBC

Household member (6)

Relationship with the applicant: _____

Name in Chinese: _____

Identity Document No.: _____

Telephone number : _____

Hong Kong resident<Note 2> and currently living in Hong Kong: Yes No

Name in English: _____

Identity Document type: *HKID Card/HKBC

Name of applicant in English: _____

Part 2 Personal Particulars of the Parent/Guardian/Appointee (if applicable)

If the applicant is aged below 18 or has been medically certified to be unfit to make a statement, the application should be made by the parent/guardian or the appointee currently approved by Social Welfare Department (SWD) to receive Normal Disability Allowance or Higher Disability Allowance under the Social Security Allowance Scheme on the applicant's behalf, and this part should be completed.

Relationship with the applicant: _____

Name in Chinese: _____

Name in English: _____

Identity Document No.: _____

Contact number: _____

Identity Document type: _____ *HKID Card /Others (Please specify, e.g. Staff card of public officer): _____

Mailing address: _____

Part 3 Financial Situation of the Applicant and Household Members <Note 4 & 5> (Calculated in HKD)

- Applicant and household members are receiving / received assistance under the following schemes when submitting this application:
 - Receiving / Received Comprehensive Social Security Assistance Scheme in any month of the past three months
 - Receiving / Received Working Family Allowance Scheme in past twelve months
 - Receiving / Received School Textbook Assistance Scheme in last school year
 - Receiving / Received Kindergarten and Child Care Centre Fee Remission Scheme in last school year
- (Only applicable to one-person household) Applicant is receiving / received the following allowance when submitting application:
 - Receiving / Received Individual-based Work Incentive Transport Subsidy Scheme in past twelve months
- (Only applicable to elderly applicant) Applicant and **ALL** household members are receiving / received the following allowance:
 - Receiving / Received Normal / Higher Old Age Living Allowance <Note 6> in any month of the past three months (If the applicant or any household members do/did not receive Normal / Higher OALA at the same time, please provide information of monthly income of the applicant and all household members.)
- If the above three conditions are not applicable or related documentary proof cannot be provided, applicant and all household members should fill in the details of monthly income (with or without income). If spaces provided are insufficient, please copy the form and sign on the written documents.

Applicant and household members (If applicable)		Monthly Income (\$) (Income excludes any government subsidy or allowance; Do not fill in approximate figures ; If no income, please fill in "0" <Note 4>)
Applicant		
Household members	Name in English	
Monthly household income (\$) (Total monthly income of all persons listed above)		\$

Part 4 Declaration (If applicable)

Applicants who have obtained appliance(s) / furniture(s) by cash allowance / product donation under **Comprehensive Social Security Assistance / Community Care Fund / CLP Power / HK Electric / Other charity fund or donation, etc.** in the past twelve months. If spaces provided are insufficient, please copy the form and sign on the written documents.

Name of Appliances / Furniture Items	Name of Funding Scheme / Donation	Status of the Appliances / Furniture
(i)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____
(ii)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____
(iii)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____
(iv)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____
(v)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____
(vi)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____
(vii)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____
(viii)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____
(ix)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____
(x)	<input type="checkbox"/> Forget / Do not know	<input type="checkbox"/> In good use <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Others (Please specify) _____

Part 5 Submission of Required Documents

Hereby submit the following copy of documents for the purposes of this application, approved agents may require applicant and household members to provide the original copy of documents for verification:

- Identity Documents of Applicant and Household Members
- Identity Documents of Applicant’s Parent / Guardian / Appointee
(Applicable to applicants aged under 18 or has been medically certified to be unfit to make a statement)
- Resident Card / Tenancy Agreement
- Proof of receiving Comprehensive Social Security Assistance Scheme (If applicable)
- Proof of receiving Normal / Higher Old Age Living Allowance under Social Security Allowance Scheme
(If applicable)
- Proof of receiving Working Family Allowance Scheme (If applicable)
- Proof of receiving Individual-based Work Incentive Transport Subsidy Scheme (If applicable)
- Proof of receiving School Textbook Assistance Scheme (If applicable)
- Proof of receiving Kindergarten and Child Care Centre Fee Remission Scheme (If applicable)
- Proof of monthly income of applicant and household member(s) (If applicable)
- Others (Please specify) _____

Part 6 Declaration and Undertaking by the Applicant/Parent/Guardian/Appointee

1. I, the undersigned, declare that I am the applicant indicated in Part 1 or the parent/guardian/appointee indicated in Part 2 of this application form.
2. I have read/have been read and explained the Brief on the Assistance Programme and the “Personal Information Collection Statement” section of this application form and fully understand and agreed with the content.
3. I agree that the Hong Kong Council of Social Service (HKCSS) / Approved Agents of this programme / SWD, as “related agencies”, may use the data provided by me, including my and/or the applicant’s personal data and those of all household members residing with me/the applicant in Hong Kong, in order to provide me/the applicant with the appropriate assistance or services relevant to my/the applicant’s needs, including but not limited to processing my application/my application on behalf of the applicant for the Assistance Programme (including assessing and/or investigating my/the applicant’s eligibility for the Assistance Programme), releasing subsidy payment to me/the applicant, monitoring and reviewing various services, handling complaints about the services provided to me/the applicant, conducting researches and surveys, preparing statistics and discharging statutory duties. I agree that for the purposes above, related agencies may transfer the data internally and disclose them to the following parties: the Commission on Poverty (CoP), the Community Care Fund Task Force under CoP, the CCF Secretariat, and other parties involved in the assessment of my application/my application on behalf of the applicant or the provision of services/assistance to me/the applicant, such as government bureaux/departments, non-governmental organisations (NGOs) and public utility companies, and complaint handling authorities (such as the Office of The Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc.) if they are handling complaints about the services or assistance provided to me and/or the applicant by related agencies.
4. I agree that related agencies may use my personal data in its possession and obtain my personal data from other government bureaux/departments, the Hospital Authority (HA), relevant service providers, NGOs and public utility companies, etc. for such purposes as verifying the data collected by related agencies under the Assistance Programme and investigating the eligibility of this application for the Assistance Programme, in order to provide me/the applicant with the appropriate assistance or services relevant to my/the applicant’s needs. I also agree that the above government bureaux/departments and organisations may provide the required data and records to related agencies.
5. I confirm that I have consulted all household members residing with me/the applicant in Hong Kong as mentioned in this application form, and have secured their prescribed consent that related agencies may use their personal data in its possession and obtain their personal data from other government bureaux/departments, HA, relevant service providers, NGOs and public utility companies, etc. for such purposes as verifying the data collected by related agencies under the Assistance Programme and investigating my/the applicant’s eligibility for the Assistance Programme, in order to provide me/the applicant with the appropriate assistance or services under the Assistance Programme as needed. I also confirm that I have secured the prescribed consent of all household members for the above government bureaux/departments and organisations to provide the required data and records to related agencies.
6. If I am the “relevant person” (Note 7) in relation to the applicant under the Personal Data (Privacy) Ordinance (Cap. 486) , I confirm that the applicant is incapable of understanding the new purpose of using his/her personal data as described in paragraph 4 above and deciding whether to give the prescribed consent in relation to the new purpose. I hereby, on behalf of the applicant, give the prescribed consent to related agencies for using his/her data in its possession and obtaining his/her personal data from other government bureaux/departments, HA, relevant service providers, NGOs and public utility companies, etc. for such purposes as verifying the data collected by related agencies under the Assistance Programme and investigating the applicant’s eligibility for the Assistance Programme, in order to provide the applicant with the appropriate assistance or services as needed. I hereby, on behalf of the applicant, also give the prescribed consent to the above government bureaux/departments and organisations for providing the required data and records to related agencies.
7. If I am neither the applicant nor the “relevant person” in relation to the applicant under the Personal Data (Privacy) Ordinance (Cap. 486), I confirm that I have consulted the applicant and have secured his/her prescribed consent that related agencies may use his/her data in its possession and obtain his/her personal data from other government bureaux/departments, HA, relevant service providers, NGOs and public utility companies, etc. for such purposes as verifying the data collected by related agencies under the Assistance Programme and investigating the eligibility of this application for the Assistance Programme, in order to provide the applicant with the appropriate assistance or services as needed. I also confirm that the applicant has given the prescribed consent to the above government bureaux/departments and organisations for providing the required data and records to related agencies.

Please tick the appropriate box(es)

* Please delete as appropriate.

Name of applicant in English: _____

8. I understand and agree that related agencies and the CCF Secretariat have the right to conduct comprehensive checks on this application in the course of processing this application or after the payment of the subsidy, to ensure that all data submitted by me/the applicant are true, complete and accurate. I/The applicant and all household members also undertake to co-operate with related agencies and the CCF Secretariat fully, including in the provision of detailed information on financial position and other information for assessment by related agencies and the CCF Secretariat. Related agencies and the CCF Secretariat shall otherwise have the right to disqualify my/the applicant's application and request repayment of the subsidy from me/ the applicant.
9. I declare that all data in this application form and other data submitted under the Assistance Programme are true and correct, and I undertake to notify related agencies forthwith of any change in the data submitted. I understand that I may be liable to prosecution if I knowingly or willfully make any false statement, withhold any data or mislead related agencies and the CCF Secretariat in any other manner to obtain the subsidy under the Assistance Programme. I understand that deliberate provision of false information or omission of information in order to obtain the subsidy under the Assistance Programme by deception is a criminal offence. In addition to becoming ineligible for the subsidy under the Assistance Programme, I may be liable to prosecution and, on conviction, imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).

Name

Signature

Date

Applicant/Parent/Guardian/
Appointee:
(If applicable)

Part 7 Personal Information Collection Statement

The Hong Kong Council of Social Service undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate and securely kept. To ensure you are well informed of the criteria of providing personal data to the Council, please read through this guideline.

Purpose of Collection and Guideline for Use of Personal Data

1. The Hong Kong Council of Social Service will use personal data collected from data subject for the purposes for which it was collected.
2. To provide personal data to the Council is on voluntary basis. However, if you do not provide sufficient personal data, we may not be able to process your application or provide service to you.
3. The Council may use your personal data in future (including name, telephone number, fax number, email, mailing addresses, organization/company/school) for the purposes of providing you with information of the Council, handling application, issuing receipt, research/study/statistics, fundraising appeal, feedback collecting, invitation/promotion of activities/training courses as well as the matters in relation to the Council.

Access to and Correction of Personal Data and Request for cessation of using Personal Data for Promotion Purposes

Apart from the exemptions provided under the Personal Data (Privacy) Ordinance, you are entitled to access and correct your personal data held by the Hong Kong Council of Social Service, and request us to cease to use your personal data for promotion purposes. However, it will not include the personal data deleted after the achievement of the purpose.

If you object the Council to use your personal data for the purposes as stated above, please click "Unsubscribe" on e-notifications, or notice us by mail/fax/email.

Name: The Hong Kong Council of Social Service	Address: 13/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Fax: 2865 4916	Email: council@hkcss.org.hk

Note 1: The applicant must be a Hong Kong resident, and must be ordinarily resident. If the applicant is a minor, the application must be handled by his/her parent / guardian on behalf of the applicant. The applicant must provide Hong Kong identity documents, and detailed information for financial test, and fill in the name, Hong Kong Birth Certificate number/ Hong Kong Identity Card number of all ordinarily residents of household members. Ordinarily residents include persons who temporarily leave Hong Kong and will return to Hong Kong to reside under reasonable expectations, such as business travel, study abroad, seek medical treatment, but not including overseas emigrants and beneficiaries of Portable Comprehensive Social Security Assistance Scheme.

Note 2: Persons holding Hong Kong Identity Cards and ordinarily residing in Hong Kong, not including persons come to Hong Kong for reasons other than residence, such as Hong Kong non-permanent residents and their dependents who have been admitted to Hong Kong to work, study or receive training, and individuals who have entered Hong Kong as visitors, including persons who admitted to work in Hong Kong through Working Holiday scheme. Please see Note 1 for the definition of ordinarily residents.

Note 3: According to Page 13 to 18 of "2016 Population By-census Thematic Report: Persons Living in Subdivided Units", SDUs refer to those formed by splitting a unit of quarters into two or more "internally connected" and "externally accessible" units. "Internally connected" is that the occupants can move between rooms without going outside through a public corridor, landing or staircase; "externally accessible" is that the occupants have direct access to the street, a public corridor or landing without going through someone else's quarters. Under this Assistance Programme, besides households of subdivided units, the targeted beneficiaries also include households living in cubicles, bedspace / cocklofts, rooftop structures, squatters, licensed structures for residential use, huts, industrial buildings and commercial buildings. The above-mentioned private residential housing units are collectively referred as "subdivided units" under the Programme, not including housing or accommodation services provided/subsidized by governmental or non-governmental organisations, such as interim housing and hostel for single persons, or street sleeping locations.

Note 4: Household members generally refer to persons living with the applicant on the same premises in Hong Kong and having close financial ties (but excluding financial ties arising from employment relationship). This definition includes family members and persons who share or are obliged to share the provisions for a living. Household members must be Hong Kong residents (Please see Note 2 for reference). The monthly household income refers to the average monthly income for the three months prior to the month when the application is submitted. Any income received out of those three months can be excluded. For income not paid on monthly basis, e.g. double pay, bonuses, contract gratuity, dividend, etc., it should be apportioned over the period concerned for calculation. Income includes the following items:

1. Employment earnings: salary, double pay/leave pay, work allowance, bonuses / commission / tip / contract gratuity, income from rendering services, business profits, etc.; and

Name of applicant in English: _____

2. Other income: contributions from children, financial assistance from relatives/friends, alimony, monthly pension/widow's and orphans' payment or pensions, investment profits, interest income from fixed deposits, dividends, rental income, etc. But **excludes** employee's mandatory contribution to the Mandatory Provident Fund (MPF) scheme (i.e. the 5% mandatory contributions made by employees to an MPF scheme), financial assistance provided by the Government, charitable donations, subsidies from other assistance programmes under CCF, etc.

Note 5: The applicant must provide **any** notification of result of the assistance schemes, bank passbook records of receiving the subsidy of the assistance schemes / other proof of receiving subsidies, in order to verify his/her eligibility.

- (i) Comprehensive Social Security Assistance Scheme (Applicant and household member(s) are receiving / received in any month of the past three months);
- (ii) Normal / Higher Old Age Living Allowance under Social Security Allowance Scheme (Applicant and household member(s) are receiving / received in any month of the past three months);
- (iii) Working Family Allowance Scheme (Applicant and household member(s) received in past twelve months);
- (iv) Individual-based Work Incentive Transport Subsidy Scheme (Applicant received in past twelve months);
- (v) School Textbook Assistance Scheme (Applicant and household member(s) are receiving when submitting application / received in the last school year); or
- (vi) Kindergarten and Child Care Centre Fee Remission Scheme (Applicant and household member(s) are receiving when submitting application / received at any time in the last school year).

If the applicant cannot provide any proof of the six existing governmental assistance schemes mentioned above, he/she can choose to undergo financial test. The income limit of an eligible household is the 75% of median monthly domestic household income of economically active households, and no asset test will be conducted. For details, please refer to Annex 1 of Programme Brief.

Note 6: If the applicant or any household members are not receiving Normal or Higher Old Age Living Allowance at the same time, the applicant and the household members have to undergo financial test.

Note 7: According to section 2 of the Personal Data (Privacy) Ordinance (Cap. 486) · relevant person, in relation to an individual, means -

- (a) where the individual is a minor, a person who has parental responsibility for the minor;
- (b) where the individual is incapable of managing his own affairs, a person who has been appointed by a court to manage those affairs;
- (c) where the individual is mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap. 136)—
 - (i) a person appointed under section 44A, 59O or 59Q of that Ordinance to be the guardian of that individual; or
 - (ii) if the guardianship of that individual is vested in, or the functions of the appointed guardian are to be performed by, the Director of Social Welfare or any other person under section 44B(2A) or (2B) or 59T(1) or (2) of that Ordinance, the Director of Social Welfare or that other person.

Please tick the appropriate box(es)

* Please delete as appropriate.

Name of applicant in English: _____

For use of Service Unit

The above applicant and household member(s) are ***Eligible / Ineligible** to the application of Community Care Fund Assistance Programme to Improve the Living Environment of Low-income Subdivided Unit Households. The center has checked the relevant proof documents/information, including: identity documents, residence card/tenancy agreement and landlord's signed proof, bank passbooks, related declaration documents, proof of monthly income of applicant and household members, etc. The center has verified the signature of applicant on the declaration of Part 6.

Name of Approved Agent: _____

Unit No. of Approved Agent: _____

Worker-in-charge of the application: _____

Post title of Worker-in-charge: _____

Signature: _____

Date: _____

Name of Centre-in-charge/ Supervisor: _____

Post title of Centre-in-charge/ Supervisor: _____

Signature: _____

Date: _____

Chop by Approved Agent: