



## Application Form

【Pok Oi Hospital Transitional Housing Project】

(For Official Use Only)

Date Registered : \_\_\_\_\_

Application No. : \_\_\_\_\_

### Important Notes:

1. Applicants please read the application guidance notes and the important notes carefully before completing the application form. Should you have any queries, please call enquiry hotline of Pok Oi Kong Ha Wai Village.
2. Applicants please provide all the information required in the application form and prepare relevant supporting documents for vetting interview (if applicable).
3. Applicants can submit application via: (i) Online Application (khw.pokoi.org.hk); (ii) Email (khw-apply@pokoi.org.hk); (iii) By Post; or (iv) In Person (please write on the envelope “Application for Pok Oi Kong Ha Wai Village”)
4. Upon receipt of application, POH will notify the applicant of his/her application number (randomly assigned by computer) via SMS message within 7 working days.
5. Applicant can only submit one application for his/her family. Submission of multiple applications will not be considered.
6. Please refer to the application guidance notes for the arrangement of vetting interview and result announcement.
7. Applicants who do not receive any notification within 6 months from the date of receiving the confirmation of Application Number may consider their applications unsuccessful.
8. If any applicant (including his/her family members) is found liable for violating the “Prevention of Bribery Ordinance of Hong Kong”, POH will report to ICAC and will not accept his/her application.
9. POH reserves the right to change, update and/or revise the information contained in the application form at any time without prior notice and without incurring any obligation whatsoever.
10. POH reserves the right for the final decision on flat allocation.

Please tick ☒ the appropriate box.

### Part 1 Eligibility and Type of Flat for Application

Eligibility for Application (Please select one of the following items only)

- ☐ Type A Applicant (Priority) : Individual or family awaiting Public Rental Housing (PRH) for no less than 3 years
- ☐ Type B Applicant : Individual or family living in inadequate conditions/with special housing needs

Type of Flat for Application

- ☐ 1-2 persons flat ☐ 3-4 persons flat ☐ 5-6 persons flat ☐ Accessible flat

### Part 2 Personal Particulars of the Applicant

Name in Chinese : \_\_\_\_\_ Name in English\* : \_\_\_\_\_

Tel. No. (Home) : \_\_\_\_\_ Tel. No. (Mobile)\* : \_\_\_\_\_ **【Contact/send/receive SMS】**

Email Address : \_\_\_\_\_ 2<sup>nd</sup> Contact Tel. No. : \_\_\_\_\_ **【Relationship with applicant】**

Residential Address\* : \_\_\_\_\_

Region : \_\_\_\_\_ ☐ HK ☐ KLN ☐ NT

Correspondence Address : \_\_\_\_\_ **【If different from above】**

Region : \_\_\_\_\_ ☐ HK ☐ KLN ☐ NT

\* Required field

### Part 3 Basic Information for Applicant and Family Members

[illegible]

Types of identity document:

- ➊ HK Permanent Identity Card;
- ➋ Hong Kong Identity Card;
- ➌ Birth Certificate (applicable for children under 11); and
- ➍ Permit for Proceeding to Hong Kong and Macau (One-way Permit)

### Part 4 Current Dwelling Condition

Accommodation Type : ☐ Suite ☐ Cubicle Apartment/ Subdivided Unit ☐ Relative/Friend's Home ☐ Hotel / Guesthouse ☐ Residential Home/ Transit Centre/ Shelter

☐ Bedspace ☐ Squatter/ Metal Hut ☐ Individual Unit ☐ Homeless ☐ Other: \_\_\_\_\_

Accommodation Facilities (multiple answers allowed) : ☐ With Kitchen & Toilet ☐ No Kitchen & Toilet ☐ Either a Kitchen (with fixed sink) or Toilet

☐ Poor Hygiene ☐ No Window ☐ Evicted/ Harassed/ Threats

☐ Others : \_\_\_\_\_

Size of current flat (net area) and no. of residents : Square feet \_\_\_\_\_ ( ) persons

Average rent for past 6 months (excluding utilities expenses) : HK\$ \_\_\_\_\_ per month

Average utilities expenses for past 6 months : HK\$ \_\_\_\_\_ per month

### Part 5 Public Rental Housing (PRH) Application Status

Application Status : ☐ Do not apply (Reason: \_\_\_\_\_)

☐ In progress (pending to assign the "PRH Application Number")

☐ Applied

PRH Application No. :  Points obtained \* :

PRH Application Date :  /  /  (DD/MM/YYYY)

\* As of the registration date for PRH (applicable to non-elderly one-person applicants)

### Part 6 (A) Income - Household Income (in HK\$)

Type	Applicant	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5
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"/> Other_____	<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"/> Other_____	<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"/> Other_____	<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"/> Other_____	<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"/> Other_____	<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"/> Other_____
Average Monthly Income in the Past 6 Months (Note 2) (mm/yy)	/	\$	\$	\$	\$	\$
	/	\$	\$	\$	\$	\$
	/	\$	\$	\$	\$	\$
	/	\$	\$	\$	\$	\$
	/	\$	\$	\$	\$	\$
	/	\$	\$	\$	\$	\$
Total:	\$ <b>【A】</b>	\$ <b>【B】</b>	\$ <b>【C】</b>	\$ <b>【D】</b>	\$ <b>【E】</b>	\$ <b>【F】</b>

**Average Monthly Household Income in the Past 6 Months: 【A + B + C + D + E + F】 ÷ 6 = \$\_\_\_\_\_**

## Part 6 (B) Income – Government Subsidies (in HK\$)

Average Monthly Subsidies Received from the Government in the past 6 months	<input type="checkbox"/>	1. Comprehensive Social Security Assistant (CSSA)	:	\$ _____	for _____	Person (s)*
	<input type="checkbox"/>	2. Normal / Higher Disability Allowance	:	\$ _____		
	<input type="checkbox"/>	3. Old Age Allowance (Fruit Money)	:	\$ _____		
	<input type="checkbox"/>	4. Normal/ Higher Old Age Living Allowance	:	\$ _____		
	<input type="checkbox"/>	5. Working Family Allowance	:	\$ _____		
	<input type="checkbox"/>	6. Others _____	:	\$ _____		

\* Number of person(s) in a household (including applicant) receiving CSSA.

**Average Monthly Subsidies Received from the Government in the Past 6 Months** (1+2+3+4+5+6) = \$ \_\_\_\_\_

Note 2 Income including: Salary, double pay, leave pay, working allowance, bonus, commission, investment earnings, alimony, subsidies from relatives, stock interest, rent, allowance from retirement etc. (excluding Mandatory Provident Fund “MPF” of applicant and his/ her family member(s)). If no income received in the past 6 months, please insert “\$0”.

## Part 7 Net Asset Value (in HK\$)

Total Net Asset Value of the Household (including HK, PRC, overseas, please provide supporting document <sup>Note 3</sup> )	<input type="checkbox"/>	1. Bank Savings	:	\$ _____
	<input type="checkbox"/>	2. Real Estate	:	\$ _____
	<input type="checkbox"/>	3. Other Assets, please specify:	:	\$ _____
	Total Net Asset Value of the Household (1+2+3)		:	\$ _____
Supplementary Information on Real Estate (if applicable) :			_____	

Note 3 Household assets including: land, real estate (residential flat, shop, carpark space etc.), vehicle, taxi/minibus licence(s), investment (savings, fund, stock etc.), business (with or without business registration), account receivable or loan etc. If none of the above applied, please insert “\$0”.

## Part 8 Reference (If applicable, the consent from referrer has been obtained)

Reference Name : \_\_\_\_\_ Relationship with Applicant : \_\_\_\_\_

Contact Tel. No. : \_\_\_\_\_ Email Address : \_\_\_\_\_

## Part 9 Declaration and Undertaking by the Applicant & Family Members (Please tick ☒ the appropriate box)

- (1) If I am unable to provide the related supporting documents, I agreed that the information provided in the application form should prevail.
- (2) I/We have carefully read the application guidance notes and the important notes before completing the Application Form. I/We undertake to comply with requirements/ arrangements contained therein and application/ allocation policies/ arrangements as may be imposed/ updated by POH from time to time. Pok Oi Hospital reserves the right for the final decision on flat allocation.
- (3) I/We declare that during my/our application in POH Kong Ha Wai Village, my/our application for Public Rental Housing remains valid and eligible.
- (4) I/We agree that Transport and Housing Bureau and Pok Oi Hospital may collect my/our personal data from relevant government authorities, public/ private organisation (includes but not limited to financial institutions, banks etc.), and/or any other third party (includes but not limited to employers) for processing my/our application to verify and confirm my/our eligibility for the application. During the personal data collection process mentioned above, I/We authorise any organisation and/or any third party possessed my/our personal data to furnish to Transport and Housing Bureau and Pok Oi Hospital for vetting my/our application. All personal data will be handled in accordance with the policies of Pok Oi Hospital and the Personal Data (Privacy) Ordinance, which may be updated from time to time.
- (5) I/We agree that the information provided in this Application Form may be used by Pok Oi Hospital for statistical survey or research.
- (6) I/We declare that all the information provided in this Application Form and the information submitted/ to be submitted are true and correct. I/We understand that if I/We knowingly make any false statement or provide any false information or mislead Pok Oi Hospital in any other ways, I/We may be prosecuted and immediately lose my/our eligibility for the application or may be required to immediately cease to use the flat being allocated. I/We understand that any person who intentionally provides false information or omits information to fraudulently obtain eligibility for this application commits an offence.
- (7) I/We understand and agree that I/We need to immediately move out from the allocated flat upon completion of this transitional housing project or upon receipt of allocated public rental housing flat.
- (8) I/We understand and agree that except myself and/or my family members listed in this application, any third party will have no right under the Contracts (Third Party Rights) Ordinance (Chapter 623) to enforce any terms and conditions of this application and/or any relevant agreements, or enjoy any benefits under the terms and conditions in this application.
- (9) I/We agree to move out and return the flat to Pok Oi Hospital within 60 days upon receipt of the notice to quit issued by Pok Oi Hospital.

## Part 10 Information Channel (Please tick ☒ the appropriate box, multiple answers allowed)

- (1) Where did you learn about the application of Pok Oi Kong Ha Wai Village (A transitional housing project operated by POH)?

- |   |   |  |  |  |  |
|---|---|--|--|--|--|
| <input type="checkbox"/> POH Website        | <input type="checkbox"/> POH Service Units        | <input type="checkbox"/> Search Engines          | <input type="checkbox"/> Social Net-working Websites | <input type="checkbox"/> Newspaper/ Magazine | <input type="checkbox"/> Advertisements on Stations/Vehicles |
| <input type="checkbox"/> Relatives/ Friends | <input type="checkbox"/> Social Worker/ NGO Staff | <input type="checkbox"/> District Council Member | <input type="checkbox"/> Street Counters             | <input type="checkbox"/> Site Visit          | <input type="checkbox"/> Others _____                        |

- ☐ I agree to confirm for all the family members and I that (i) the application information above is correct; and (ii) the aforementioned declaration and undertaking, and agree to bear the relevant legal liabilities.

Name of Applicant	Identity Document No.	Signature	Date

### List of Supporting Documents

<b>1. Identity Documents of Applicant and Family Member(s)</b>	
<b>Mandatory Submission Requirements</b>	
1.1 Identification Documents	<ul style="list-style-type: none"> <li>Hong Kong Identity Card (aged 11 or above)</li> <li>Birth Certificate (aged below 11)</li> <li>One-way permit/ travel document/ passport or related supporting documents (person who has resided in Hong Kong less than 7 years, please provide document that shows the initial date of arrival to Hong Kong)</li> </ul>
1.2 Proof of Address	<ul style="list-style-type: none"> <li>Utility (e.g. electricity or water) bill with applicant's residential address provided above</li> </ul>
1.3 Proof of Rent	<ul style="list-style-type: none"> <li>Rent receipt or tenancy agreement</li> </ul>
1.4 Proof of Public Rental Housing Application	<ul style="list-style-type: none"> <li>A blue acknowledgement card with application number issued by the Hong Kong Housing Authority ("Blue Card")</li> </ul>
<b>Submission if applicable</b>	
1.5 Certificate of Kinship	<ul style="list-style-type: none"> <li>Birth certificate or notarial deed</li> <li>Court order/ appointment for child(ren) custody issued by judicial authorities/ government authorities</li> </ul>
1.6 Marital Status Documents	<ul style="list-style-type: none"> <li>Certificate of marriage/ statutory declaration of marriage</li> <li>For spouse who has no right to reside in Hong Kong, please provide certificate of marriage and identity document from the country of domicile (both front and back sides)</li> <li>For a marriage registered outside Hong Kong, please provide notarial deed</li> </ul>
1.7 Divorced, Widowed, Unmarried Single Parent	<ul style="list-style-type: none"> <li>Divorce certificate/ order (for proceedings in Hong Kong, a Certificate of Making Decree Nisi Absolute (Divorce) (Form 6 or 7B))</li> <li>For the applicant who applies with child(ren) under 18, the court order for the custody of child(ren) shall be provided</li> <li>Documents relating to undergoing divorce proceedings</li> <li>For separated, female applicant shall provide statutory declaration stipulating the date of separation after cohabitation and arrangement for the custody of child(ren); while male applicant shall provide the court order for the custody of child(ren)</li> <li>For deceased spouse, please provide marriage certificate and death certificate of spouse</li> </ul>
1.8 Proof of Pregnancy over 16 Weeks	<ul style="list-style-type: none"> <li>Medical report issued by a registered medical practitioner</li> </ul>
1.9 Proof of Chronic Illness / Disabled	<ul style="list-style-type: none"> <li>Medical report issued by a registered medical practitioner or recognised medical personnel</li> <li>Registration card for people with disabilities</li> </ul>
1.10 Proof of Special Educational Needs (SEN)	<ul style="list-style-type: none"> <li>Assessment report for child(ren) with SEN or SEN statement issued by registered medical practitioner or letter scheduling for SEN evaluation</li> </ul>
<b>2. Income Proof and Declaration for Applicant and Family Members (for the past 6 months)</b>	
<b>Mandatory Submission Requirements</b>	
2.1 Employed person with a fixed employer	<ul style="list-style-type: none"> <li>Tax bill, payroll slip (including company name, chop and signature) or bankbook etc.</li> </ul>
2.2 Employed person with no fixed employer or Self-employed	<ul style="list-style-type: none"> <li>Declaration on reported income or relevant documents</li> </ul>
2.3 Retired/ Unemployed Applicant/ Family Members	<ul style="list-style-type: none"> <li>Declaration on sources of financial support</li> </ul>
2.4 Savings Record	<ul style="list-style-type: none"> <li>Savings record for applicant and family members (e.g. bankbook, monthly bank statement etc.)</li> </ul>
<b>Submission if applicable</b>	
2.5 CSSA Recipient	<ul style="list-style-type: none"> <li>CSSA financial support documents and a valid medical fee waiver</li> </ul>
2.6 Leased/ Vacant Land/ Real Estate	<ul style="list-style-type: none"> <li>Latest demand notes for rates and government rent or declaration</li> </ul>
2.7 Other Income (e.g. dividends, investment earnings, bonus, income from insurance plan, subsidies from relatives, allowance from retirement etc.)	<ul style="list-style-type: none"> <li>Certificate of pension fund or declaration</li> <li>Bank statement or income proof from other authorized institutions</li> </ul>

Date Registered : \_\_\_\_\_

Application No. : \_\_\_\_\_

**Important Notes:**

1. Applicants please read the application guidance notes and the important notes carefully before completing the application form. Should you have any queries, please call enquiry hotline of Pok Oi Kong Ha Wai Village.
2. Applicants please provide all the information required in the application form and prepare relevant supporting documents for vetting interview (if applicable).
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10. POH reserves the right for the final decision on flat allocation.

Please tick ☒ the appropriate box.

**Part 1 Eligibility and Type of Flat for Application**

Eligibility for Application (Please select one of the following items only)

- ☒ Type A Applicant (Priority) : Individual or family awaiting Public Rental Housing (PRH) for no less than 3 years
- ☐ Type B Applicant : Individual or family living in inadequate conditions/with special housing needs

Type of Flat for Application

- ☐ 1-2 persons flat ☒ 3-4 persons flat ☐ 5-6 persons flat ☐ Accessible flat

**Part 2 Personal Particulars of the Applicant**

Name in Chinese : \_\_\_\_\_ Name in English\* : Chan Tai Man

Tel. No. (Home) : 23456789 Tel. No. (Mobile)\* : 98765432 **【Contact/send/receive SMS】**

Email Address : chantaiman@hotmail.com 2<sup>nd</sup> Contact Tel. No. : 54329876 **【Relationship with applicant】**  
(Daughter)

Residential Address\* : Room 101, 1/F, Pok Oi House, Pok Oi Street, Yuen Long

Region : Yuen Long ☐ HK ☐ KLN ☒ NT

Correspondence Address : \_\_\_\_\_ **【If different from above】**

Region : \_\_\_\_\_ ☐ HK ☐ KLN ☐ NT

\* Required field

Part 3 Basic Information for Applicant and Family Members						
	Applicant	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5
Name in Chinese	Not Applicable					
Name in English	Not Applicable	Chan Yat Sum	Chan Yat Ming			
Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<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)	12/07/1979 ( 43 )	11/02/2004 ( 18 )	14/02/2009 ( 13 )	/ / ( )	/ / ( )	/ / ( )
Type of Identity Document Note 1	<input checked="" type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③ <input type="checkbox"/> ④	<input checked="" type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③ <input type="checkbox"/> ④	<input checked="" type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③ <input type="checkbox"/> ④	<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③ <input type="checkbox"/> ④	<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③ <input type="checkbox"/> ④	<input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③ <input type="checkbox"/> ④
HKID Card No.	Z123456(A)	Y123456(7)	S123456(7)			
Relationship with Applicant (*Please tick and circle the appropriate choice)	Applicant	<input type="checkbox"/> Spouse <input type="checkbox"/> Father/Mother* <input checked="" type="checkbox"/> Son/Daughter* <input type="checkbox"/> Grandson/Granddaughter* <input type="checkbox"/> Grand father/Grandmother* <input type="checkbox"/> Brother/Sister*	<input type="checkbox"/> Spouse <input type="checkbox"/> Father/Mother* <input checked="" type="checkbox"/> Son/Daughter* <input type="checkbox"/> Grandson/Granddaughter* <input type="checkbox"/> Grand father/Grandmother* <input type="checkbox"/> Brother/Sister*	<input type="checkbox"/> Spouse <input type="checkbox"/> Father/Mother* <input type="checkbox"/> Son/Daughter* <input type="checkbox"/> Grandson/Granddaughter* <input type="checkbox"/> Grand father/Grandmother* <input type="checkbox"/> Brother/Sister*	<input type="checkbox"/> Spouse <input type="checkbox"/> Father/Mother* <input type="checkbox"/> Son/Daughter* <input type="checkbox"/> Grandson/Granddaughter* <input type="checkbox"/> Grand father/Grandmother* <input type="checkbox"/> Brother/Sister*	<input type="checkbox"/> Spouse <input type="checkbox"/> Father/Mother* <input type="checkbox"/> Son/Daughter* <input type="checkbox"/> Grandson/Granddaughter* <input type="checkbox"/> Grand father/Grandmother* <input type="checkbox"/> Brother/Sister*
Pregnant over 16 weeks	<input checked="" type="checkbox"/> No / NA <input type="checkbox"/> Yes No. of Week for Pregnancy: (      Week)	<input type="checkbox"/> No / NA <input checked="" type="checkbox"/> Yes No. of Week for Pregnancy: ( 18 Week)	<input checked="" type="checkbox"/> No / NA <input type="checkbox"/> Yes No. of Week for Pregnancy: (      Week)	<input type="checkbox"/> No / NA <input type="checkbox"/> Yes No. of Week for Pregnancy: (      Week)	<input type="checkbox"/> No / NA <input type="checkbox"/> Yes No. of Week for Pregnancy: (      Week)	<input type="checkbox"/> No / NA <input type="checkbox"/> Yes No. of Week for Pregnancy: (      Week)
Travel needs	<input type="checkbox"/> Wheelchair User <input checked="" type="checkbox"/> Mobility Aid (Crutch/ Walker) <input type="checkbox"/> Using wheelchair only when going out <input type="checkbox"/> Do not need any mobility aids	<input type="checkbox"/> Wheelchair User <input type="checkbox"/> Mobility Aid (Crutch/ Walker) <input type="checkbox"/> Using wheelchair only when going out <input checked="" type="checkbox"/> Do not need any mobility aids	<input type="checkbox"/> Wheelchair User <input type="checkbox"/> Mobility Aid (Crutch/ Walker) <input type="checkbox"/> Using wheelchair only when going out <input checked="" type="checkbox"/> Do not need any mobility aids	<input type="checkbox"/> Wheelchair User <input type="checkbox"/> Mobility Aid (Crutch/ Walker) <input type="checkbox"/> Using wheelchair only when going out <input type="checkbox"/> Do not need any mobility aids	<input type="checkbox"/> Wheelchair User <input type="checkbox"/> Mobility Aid (Crutch/ Walker) <input type="checkbox"/> Using wheelchair only when going out <input type="checkbox"/> Do not need any mobility aids	<input type="checkbox"/> Wheelchair User <input type="checkbox"/> Mobility Aid (Crutch/ Walker) <input type="checkbox"/> Using wheelchair only when going out <input type="checkbox"/> Do not need any mobility aids
Note 1	Types of identity document: ① HK Permanent Identity Card; ② Hong Kong Identity Card; ③ Birth Certificate (applicable for children under 11); and ④ Permit for Proceeding to Hong Kong and Macau (One-way Permit)					



## Part 4 Current Dwelling Condition

Accommodation Type : ☒ Suite ☐ Cubicle Apartment/ Subdivided Unit ☐ Relative/Friend's Home ☐ Hotel / Guesthouse ☐ Residential Home/ Transit Centre/ Shelter

☐ Bedspace ☐ Squatter/ Metal Hut ☐ Individual Unit ☐ Homeless ☐ Other: \_\_\_\_\_

Accommodation Facilities (multiple answers allowed) : ☒ With Kitchen & Toilet ☐ No Kitchen & Toilet ☐ Either a Kitchen (with fixed sink) or Toilet

☒ Poor Hygiene ☐ No Window ☒ Evicted/ Harassed/ Threats

☐ Others : \_\_\_\_\_

Size of current flat (net area) and no. of residents : Square feet 230 ( 3 ) persons

Average rent for past 6 months (excluding utilities expenses) : HK\$ 9,000 per month

Average utilities expenses for past 6 months : HK\$ 200 per month

## Part 5 Public Rental Housing (PRH) Application Status

Application Status : ☐ Do not apply (Reason: \_\_\_\_\_)

☐ In progress (pending to assign the "PRH Application Number")

☒ Applied

PRH Application No. : G1234567 Points obtained \* : \_\_\_\_\_

PRH Application Date : 16 / 4 / 2018 (DD/MM/YYYY)

\* As of the registration date for PRH (applicable to non-elderly one-person applicants)

## Part 6 (A) Income - Household Income (in HK\$)

Type	Applicant	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5
Working Status	<input checked="" 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"/> Other_____	<input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Studying <input type="checkbox"/> Other_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input checked="" type="checkbox"/> Studying <input type="checkbox"/> Other_____	<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"/> Other_____	<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"/> Other_____	<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"/> Other_____
Average Monthly Income in the Past 6 Months (Note 2) (mm/yy)	3/2022	\$ 15,000	\$ 3,000	\$ 0	\$	\$
	4/2022	\$ 15,000	\$ 3,000	\$ 0	\$	\$
	5/2022	\$ 15,000	\$ 3,000	\$ 0	\$	\$
	6/2022	\$ 16,000	\$ 3,000	\$ 0	\$	\$
	7/2022	\$ 16,000	\$ 3,000	\$ 0	\$	\$
	8/2022	\$ 16,000	\$ 3,000	\$ 0	\$	\$
Total:	<b>【A】</b> \$ 93,000	<b>【B】</b> \$ 18,000	<b>【C】</b> \$ 0	<b>【D】</b> \$	<b>【E】</b> \$	<b>【F】</b> \$
Average Monthly Household Income in the Past 6 Months: <b>【A + B + C + D + E + F】 ÷ 6 = \$</b> <u>\$18,500</u>						

## Part 6 (B) Income – Government Subsidies (in HK\$)

Average Monthly Subsidies Received from the Government in the past 6 months	<input type="checkbox"/>	1. Comprehensive Social Security Assistant (CSSA)	:	\$ 10,500	for 3 Person (s)*
	<input type="checkbox"/>	2. Normal / Higher Disability Allowance	:	\$	
	<input type="checkbox"/>	3. Old Age Allowance (Fruit Money)	:	\$	
	<input type="checkbox"/>	4. Normal/ Higher Old Age Living Allowance	:	\$	
	<input type="checkbox"/>	5. Working Family Allowance	:	\$	
	<input checked="" type="checkbox"/>	6. Others	Single Parent Supplement	:	\$ 500

\* Number of person(s) in a household (including applicant) receiving CSSA.

**Average Monthly Subsidies Received from the Government in the Past 6 Months (1+2+3+4+5+6) = \$ 500**

Note 2 Income including: Salary, double pay, leave pay, working allowance, bonus, commission, investment earnings, alimony, subsidies from relatives, stock interest, rent, allowance from retirement etc. (excluding Mandatory Provident Fund “MPF” of applicant and his/ her family member(s)). If no income received in the past 6 months, please insert “\$0”.

## Part 7 Net Asset Value (in HK\$)

Total Net Asset Value of the Household (including HK, PRC, overseas, please provide supporting document <sup>Note 3</sup> )	<input checked="" type="checkbox"/>	1. Bank Savings	:	\$ 35,000
	<input type="checkbox"/>	2. Real Estate	:	\$
	<input type="checkbox"/>	3. Other Assets, please specify:	:	\$
	Total Net Asset Value of the Household (1+2+3)		:	\$ 35,000

Supplementary Information on Real Estate (if applicable) :

Note 3 Household assets including: land, real estate (residential flat, shop, carpark space etc.), vehicle, taxi/minibus licence(s), investment (savings, fund, stock etc.), business (with or without business registration), account receivable or loan etc. If none of the above applied, please insert “\$0”.

## Part 8 Reference (If applicable, the consent from referrer has been obtained)

Reference Name : Cheung Wan Hang Relationship with Applicant : Case Worker

Contact Tel. No. : 98756473 Email Address : socialworker@hotmail.com

## Part 9 Declaration and Undertaking by the Applicant & Family Members

(Please tick ☒ the appropriate box)

- (1) If I am unable to provide the related supporting documents, I agreed that the information provided in the application form should prevail.
- (2) I/We have carefully read the application guidance notes and the important notes before completing the Application Form. I/We undertake to comply with requirements/ arrangements contained therein and application/ allocation policies/ arrangements as may be imposed/ updated by POH from time to time. Pok Oi Hospital reserves the right for the final decision on flat allocation.
- (3) I/We declare that during my/our application in POH Kong Ha Wai Village, my/our application for Public Rental Housing remains valid and eligible.
- (4) I/We agree that Transport and Housing Bureau and Pok Oi Hospital may collect my/our personal data from relevant government authorities, public/ private organisation (includes but not limited to financial institutions, banks etc.), and/or any other third party (includes but not limited to employers) for processing my/our application to verify and confirm my/our eligibility for the application. During the personal data collection process mentioned above, I/We authorise any organisation and/or any third party possessed my/our personal data to furnish to Transport and Housing Bureau and Pok Oi Hospital for vetting my/our application. All personal data will be handled in accordance with the policies of Pok Oi Hospital and the Personal Data (Privacy) Ordinance, which may be updated from time to time.
- (5) I/We agree that the information provided in this Application Form may be used by Pok Oi Hospital for statistical survey or research.
- (6) I/We declare that all the information provided in this Application Form and the information submitted/ to be submitted are true and correct. I/We understand that if I/We knowingly make any false statement or provide any false information or mislead Pok Oi Hospital in any other ways, I/We may be prosecuted and immediately lose my/our eligibility for the application or may be required to immediately cease to use the flat being allocated. I/We understand that any person who intentionally provides false information or omits information to fraudulently obtain eligibility for this application commits an offence.
- (7) I/We understand and agree that I/We need to immediately move out from the allocated flat upon completion of this transitional housing project or upon receipt of allocated public rental housing flat.
- (8) I/We understand and agree that except myself and/or my family members listed in this application, any third party will have no right under the Contracts (Third Party Rights) Ordinance (Chapter 623) to enforce any terms and conditions of this application and/or any relevant agreements, or enjoy any benefits under the terms and conditions in this application.
- (9) I/We agree to move out and return the flat to Pok Oi Hospital within 60 days upon receipt of the notice to quit issued by Pok Oi Hospital.

## Part 10 Information Channel (Please tick ☒ the appropriate box, multiple answers allowed)

- (1) Where did you learn about the application of Pok Oi Kong Ha Wai Village (A transitional housing project operated by POH)?

- |   |   |  |  |  |  |
|---|---|--|--|--|--|
| <input type="checkbox"/> POH Website        | <input checked="" type="checkbox"/> POH Service Units | <input type="checkbox"/> Search Engines          | <input type="checkbox"/> Social Net-working Websites | <input type="checkbox"/> Newspaper/ Magazine | <input type="checkbox"/> Advertisements on Stations/Vehicles |
| <input type="checkbox"/> Relatives/ Friends | <input type="checkbox"/> Social Worker/ NGO Staff     | <input type="checkbox"/> District Council Member | <input type="checkbox"/> Street Counters             | <input type="checkbox"/> Site Visit          | <input type="checkbox"/> Others _____                        |

☒ I agree to confirm for all the family members and I that (i) the application information above is correct; and (ii) the aforementioned declaration and undertaking, and agree to bear the relevant legal liabilities.

Name of Applicant	Identity Document No.	Signature	Date
Chan Tai Man	Z123456(A)	Man	30-1-2023