



Faith Community Baptist Church
Love Singapore **FUND**
APPLICATION FORM

For 1st time applicant:-
 1) Must submit photocopy of IC both front and back.
 2) Does applicant have a bank account?
 Yes, () crossed cheque
 No () open cheque

TYPE OF APPLICATION:
 New Repeat 2nd/ 3rd

Category : Very Urgent / Normal

CASE REF NO:

1. PERSONAL PARTICULARS OF APPLICANT

Source of Referral				
<input type="checkbox"/> Self/ walk-in <input type="checkbox"/> FCBC <input type="checkbox"/> TCS website/email <input type="checkbox"/> Friends/relatives <input type="checkbox"/> LSF applicant <input type="checkbox"/> VWO _____ <input type="checkbox"/> Others _____				
Name of Applicant (Dr/Mr/Mrs/Mdm/Miss) as in NRIC/Passport			NRIC/Passport No/FIN No.	
Home Address			Nationality	
Office Address			Race/Ethnicity	Religion
<u>For Foreigners only</u>				
<input type="checkbox"/> PR <input type="checkbox"/> Employment pass <input type="checkbox"/> Work permit <input type="checkbox"/> Student Pass <input type="checkbox"/> Others (Please specify) _____				
Tel (H)	Tel (O)	Tel (HP)	Date of Birth	Age
Marital Status			Language / Dialect spoken	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Types of Accommodation			Rental / Purchased	
<input type="checkbox"/> Private <input type="checkbox"/> HDB (1rm / 2 rm / 3 rm / 4 rm / 5 rm / exec) <input type="checkbox"/> Others (Please specify) _____				
Occupation			Net Income	

2. FAMILY MEMBERS' PERSONAL PARTICULARS STAYING IN THE SAME HOUSEHOLD

Name of household members	NRIC /FIN/pass/ permit No.	Relation-ship to applicant	Sex/ Age	Occupation	Name of Co / School (Level)

3. AVERAGE MONTHLY HOUSEHOLD INCOME AND EXPENDITURE

INCOME (net)	Amt (\$)	Date Verified
Salary		
Trade income		
Public Assistance		
Financial Assistance		
Contributions from family members		
Alimony		
Book prizes		
Scholarships		
Bursaries		
Donations		
Insurance claims		
Others (eg Rental income)		
Total		

ARREARS & LOANS	AMT (\$)	Date Verified
HDB (a/c)		
Utility (a/c)		
SC/CC (a/c)		
Property Tax (a/c)		
Income Tax (a/c)		
Medical		
Loan		
Others (please specify)		
Total		

EXPENDITURE	AMT (\$)	Date Verified
Rent / House installment		
Utilities		
Service & Conservancy Charges		
Telephone, HP, Internet charges		
Food / Marketing		
Household Expenses		
School Fees / bus		
Children's tuition / class		
Children's Allowance		
Books & Stationery		
Clothing		
Transport		
Medical		
Recreation		
Loans		
Property Tax		
Income Tax		
Others (please specify)		
Total		

ASSETS	AMT (\$)	Date Verified
Savings / Fixed deposits		
Investments (stocks, etc)		
Others (please specify)		
Total		

Total Income		Total No. of Dependents	
Total Expenditure		Per Capita Income	
Shortfall		Recommendation for Assistance	

4. MEDICAL CONDITION OF FAMILY MEMBERS

Information on Family Members			Fitness For Work *		
Name of Family Members	Type Of Illness	Hospital/ Clinic	Normal Duties	Light Duties	Unfit For Work

* to be supported by medical/hospital certification, where applicable

5. OTHER SOURCES OF HELP (INCLUDING GOVERNMENT /RELIGIOUS ORGANISATIONS/ CHARITIES / PERSONS)

Formal / Informal Support Received			
Name of Agency / Person	Contact No.	Nature of help received	Period & frequency

6. LOVE SINGAPORE FUND

Have you or any of your household members ever applied for the Love Singapore Fund before?

Yes No

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Name of Church	Amount of assistance	Period & frequency

7. OTHER APPLICATIONS

Are there any agencies or bodies you have applied to for financial help for which a reply has not been received? Yes No

Name of Organisation	Contact Person	Contact No.

8. REASONS FOR APPLICATION

What is the situation that resulted in the financial hardship?

Identify Problem(s)
1.
2.
3.

9. PLANS OF ACTION

What are the immediate and future plans to improve the financial situation of this household?

Need	Solution	When	By Who?
1.			
2.			
3.			
4.			

Indicate if applicant can benefit from: Family Life Education (Eng/Mand) Befriending
 TCS Counselling Other TCS Services Specify _____

Terms and Conditions

I/We hereby certify that the information given by me/us is true and correct to the best of my knowledge. I am fully aware that my application may be withheld or be rejected if I have stated any information which I know to be false or withhold any information that is required of me. I will also update Faith Community Baptist Church of any subsequent changes in the information provided here if there are any changes in my financial before or after the application is approved. Faith Community Baptist Church reserves the right to take action against me or reject my application if I had deliberately omitted or made incorrect declaration of my/our finances.

I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for the purpose of processing my application for assistance and services in and through FAITH COMMUNITY BAPTIST CHURCH.

Signature of Applicant

Date

For Official Use		
<u>G12/Open Cell Leader</u> Name: HP No: Email Address: Team:	Amount Recommended: (*Cash/Cheque/frequency) (Determined by Team Pastor)	<u>For LSF Case Co-ordinator</u> Date Received: LSF Review Date:
	Vetted By: (Team Pastor) Date:	<u>For Team Pastor</u> 1st Contact with applicant: Submission Date: