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ID NO:	FORM COMPLETED: ✓ / ✗		

AIDILFITRI FUND APPLICATION FORM 2019

DOCUMENTS TO SUBMIT

(i) Please complete and return the form. Attach photocopies of all documents required below and arrange them in numerical order (1-11):

1. Applicant's NRIC (front and back)
2. Certificate of: Marriage, Divorce, Divorce Proceedings or Death
3. NRIC of Family Member(s) (in same household, **15 years above**)
4. Birth Certificate(s) of all children (in same household **below 15 years**)
5. Student Pass / School Ezlink Card(s) for school-going family members
6. Latest pay slip(s) / letter of employment of Applicant and Family Member(s) within same household (Latest 3 month payslip)
7. CPF Transaction History - past 15 Months for all family members
8. Applicant's Hospitalisation Documents / Doctor's Memo (If Applicable)
9. Latest utilities & rental flat bill (If Applicable)
10. Prison / DRC visitation card/letter (If Applicable)
11. Financial Assistance letter(s) from MUIS / SSO / Other Organisations (If Applicable)
12. Applicant's bank book stating **account number** (front page) & **latest 3 month transactions** / **bank statement(s)**

(ii) All photocopied documents will not be returned. We seek your cooperation.

(iii) Please send the complete application form by **Saturday, 16th March 2019**. Our office will be opened specially on the stated date for enquiries and submission.

TAA TRUST FUND
845 Geylang Road
Tanjong Katong Complex, #04-16
Singapore 400845

Office Hours: Monday – Friday
Time: 10am – 11.30am
2pm – 5pm
Tel: 6748 8177

ELIGIBILITY

1. Applicant **must** be a holder of Singapore pink or blue NRIC.
2. Only **one applicant per household** can apply.
3. Those born **before** 1 January 1991, **29 years of age and above**, are qualified to apply.
4. Applicant **must not exceed** per capita income of \$500 and/or household income of \$1,500.
5. Those in Prison, DRC or Welfare Homes are **not eligible** for this fund.

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APPLICANT'S PARTICULARS

*Please tick "✓" the options.

Name (as in NRIC):	NRIC:	Date of Birth:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Married <input type="checkbox"/> Widow / Widower		Age:
Address (as in NRIC):		Race: <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Others: _____
Type of HDB Housing: Owned / Rental <input type="checkbox"/> 1 Room <input type="checkbox"/> 2 Room <input type="checkbox"/> 3 Room <input type="checkbox"/> 4 Room <input type="checkbox"/> Studio <input type="checkbox"/> Others: _____		
Email:		Contact Number <input type="checkbox"/> Home: <input type="checkbox"/> Handphone:

PARTICULARS OF FAMILY MEMBERS

Particulars of family members **staying together** in the same household:

S/ no	Name	NRIC	Age	Relationship to Applicant	Occupation	Gross Salary per month
1						
2						
3						
4						
5						
6						

Total Family Members Staying Together:
(Including applicant)

Particulars of children **not staying together** in the same household:

1						
2						
3						
4						

Total Family Members:
(Not Staying together)

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APPLICANT'S FURTHER PARTICULAR

Highest Education: <input type="checkbox"/> Primary <input type="checkbox"/> PSLE <input type="checkbox"/> Secondary <input type="checkbox"/> GCE 'N' / 'O' / 'A' <input type="checkbox"/> ITE <input type="checkbox"/> Others: * _____	Employment Status: <input type="checkbox"/> Working <input type="checkbox"/> Unemployed <input type="checkbox"/> Housewife <input type="checkbox"/> Part-timer <input type="checkbox"/> Looking for job
Name of Employer:	Occupation: Gross Pay: \$
Physical Condition (* please attach documents): <input type="checkbox"/> Healthy <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Handicapped <input type="checkbox"/> Bedridden <input type="checkbox"/> Others: * _____	Chronic Illnesses (* sertakan surat pengesahan): <input type="checkbox"/> Kidney <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Cholesterol <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Mental <input type="checkbox"/> Others: * _____

FINANCIAL DETAILS

Total Family Members: (Living together)	Total Household Income: \$ Maintenance Allowance (If Applicable): \$
Total children: (Not staying together)	Total Allowance from family members: \$ (Not staying together)

OTHER FINANCIAL AID

1. I am receiving financial assistance from other agencies/ organisations:

	MUIS	SSO (CDC)	OTHERS: _____
Amount	\$	\$	\$
Duration			

ADDITIONAL INFORMATION

1. Reason(s) for unemployment:

2. Other Clarifications:

ACCOUNT DETAILS

Bank: POSB / DBS / UOB / OCBC / MAYBANK

Account No. : _____

I hereby declare that if I have **other bank accounts**, I shall attach the bank book's account number (front page) & latest 3 month transactions / bank statement(s).

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DECLARATION

*This is my first time applying:	Yes	No
*I received TAA's financial assistance in 2018:	Yes	No

I hereby declare that the information given in this form and in any document attached to be true, correct, and complete.

I will allow the information I have provided to be shared with Ministry of Social and Family Development (MSF) and other agencies to assess my eligibility for additional or alternative assistance, for research and for other purposes under Singapore Law. I allow any agency, which has any of my records, to share the relevant information with TAA Trust Fund, if it is required for my application.

I agree:

- TAA has the authority to use pictures and videos of me if taken by the photographer in the past and/or future events organized by TAA Trust Fund for TAA's publication and media social.
- For applicants who selected the GIRO disbursement option, TAA reserves the right to assign from GIRO disbursement to manual disbursement, when necessary.
- That the results will be announced through mail that will be received in the month of Ramadan.
- If I purposely omit or do not provide sufficient information, my application will not be approved. TAA Trust Fund reserves the right to reject any application. TAA will not disclose reasons for rejection of application and the decision by the TAA Disbursement Committee is final.**

By signing this document, I hereby fully understand and agree to the terms stated above. I shall abide to the rules and regulations set by TAA.

Signature / NRIC

Tarikh: _____ 2019

OFFICIAL USE ONLY

ID No

APPROVED	GIRO / MANUAL	
REJECTED	REASON:	

Processed By: User 1

Assessed By: User 2

Signature

Signature

Date: _____

Date: _____