



OFFICIAL USE			
NAME:	DATE RECEIVED:	FORM TYPE:	
	<input type="radio"/> WALK-IN <input type="radio"/> MAIL/HP <input type="radio"/> BY HAND	<b>ONLINE</b>	
ID NO:	APPROVE / REJECT: ___	FORM COMPLETE: ✓ / ✗	FOLLOW UP: ✓ / ✗

## AIDILFITRI FUND APPLICATION FORM 2024

### DOCUMENTS TO SUBMIT

(i) Please complete this form and attach photocopies of all documents required below:  
**Arrange them in numerical order (1-11)**

1. Applicant's NRIC (front and back)
2. Certificate of: Marriage, Divorce, Divorce Proceedings or Death (husband / wife)
3. NRIC of Family Member(s) **staying in the same household, 15 years and above**
4. Birth Certificate(s) of children **staying in same household, below 15 years**
5. Student Pass / School Ez-link Card(s) for school-going family members or NS card for family members who are serving National Service (NS)
6. Latest 3 months Payslips or Employment Contract or Declaration of Employment; from applicant and family members staying in the same household
7. CPF Transaction and Contribution History – past 15 Months for applicant and family members **staying in the same household, 21 years and above**
8. Applicant's Hospitalisation Documents / Doctor's Memo (If Applicable)
9. Letter / Card from Prison / DRC of family members (If Applicable)
10. Financial Assistance letter(s) from MUIS / SSO Comcare (CDC) (If Applicable)
11. Applicant's bank book stating **name and account number (front page)** and **pages of latest 3-month transactions, or bank statement(s) showing account's latest balance.**

(ii) We **encourage** you to submit this application form **by post** to TAA Office. Please ensure this form is completed with the requested documents.

(iii) Date of submission begins **from 9 December 2023 until 22 December 2023.** On the 9th of December, the office will be opening from 10 am – 2 pm only.

<b>TAA TRUST FUND</b>	<b>Office Days:</b> Monday to Friday
2 Joo Chiat Rd	Time: 10 am – 11.30 am
Joo Chiat Complex #04-1121	2 pm – 5 pm
Singapura 420002	Telephone: 6748 8177

(iv) The application results will be notified in the 3<sup>rd</sup> week of the month of Ramadan through mail.

### ELIGIBILITY

1. Applicant **must** be a holder of Singapore pink or blue NRIC.
2. Only **one applicant per family staying in the same household** can apply.
3. Applicant must be **29 years of age and above**.
4. Applicant **must not exceed** per capita income (PCI) of \$500
5. Those in Prison, DRC or Welfare Homes are **not eligible** to apply.

# AIDILFITRI FUND APPLICATION FORM 2024

## APPLICANT'S PARTICULARS

\*Please tick "✓" the options

Name (as in NRIC):	NRIC:	Date of Birth:
Address (as in NRIC):		Age:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow / Widower		<u>Contact Number</u>
Type of HDB Housing:   Owned / Rental / Temporary Residence <input type="checkbox"/> 1 Room <input type="checkbox"/> 2 Room <input type="checkbox"/> 3 Room <input type="checkbox"/> 4 Room <input type="checkbox"/> 5 Room <input type="checkbox"/> Studio		Handphone 1:
Race: <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Others: _____		Handphone 2:
		Home:

## PARTICULARS OF FAMILY MEMBERS

Particulars of family members staying together in the same household:

S/no	Name	Age	Relationship to Applicant	Occupation	Gross Salary per month
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

SSS \$ _____ disbursed once in 3 months	PA CARD (   ✓   /   X   )
CPF RSS \$ _____	CPF CLE \$ _____

# AIDILFITRI FUND APPLICATION FORM 2024

## ADDITIONAL INFORMATION

Highest Education: <input type="checkbox"/> Primary <input type="checkbox"/> PSLE <input type="checkbox"/> Secondary <input type="checkbox"/> GCE 'N' / 'O' / 'A' <input type="checkbox"/> Diploma <input type="checkbox"/> ITE <input type="checkbox"/> Others / NIL: * _____	Employment Status: <input type="checkbox"/> Working Full-time <input type="checkbox"/> Working Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for job
Name of Employer:	Occupation:                      Gross Salary: \$
Physical Condition ( <b>*please attach documents</b> ): <input type="checkbox"/> Able-bodied <input type="checkbox"/> Wheelchair bound / Walking Stick <input type="checkbox"/> Handicapped <input type="checkbox"/> Bedridden <input type="checkbox"/> Others: * _____	Chronic Illnesses ( <b>*please attach documents</b> ): <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 Illness (IMH) <input type="checkbox"/> Others: * _____

## FINANCIAL DETAILS

Number of Family Members <b>Living Together:</b> (Including applicant)	Total Household Income: \$ Maintenance Allowance (If Any): \$
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## FINANCIAL ASSISTANCE

I am receiving financial assistance from other agencies / organisations:

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

## ADDITIONAL INFORMATION

1. Reason(s) for unemployment:

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2. Other Clarifications (If any):

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## ACCOUNT DETAILS

**Bank:**                      POSB / DBS / UOB / OCBC / MAYBANK

*\* Please provide the account number that you wish the Aidilfitri Fund to be credited into*

**Account No. :** \_\_\_\_\_

If you have **more than 1 bank account**, you are required to attach a photocopy of that bank book with latest 3-month transactions or account statement showing the account balance.

# AIDILFITRI FUND APPLICATION FORM 2024

## DECLARATION

*This is my first time applying:	Yes	No
*I received TAA Aidilfitri Fund in 2023:	Yes	No

I hereby declare & agree:

- The information given in this form to be true, correct, and complete.
- If my application submitted is incomplete and / or lack of information, my application will not be approved. TAA Trust Fund reserves the right to reject my application. Any decision made by the TAA Disbursement Committee is final.**
- All photocopied documents attached to this application will not be returned - **be it rejected or approved.**
- I 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 allow TAA to use pictures and video footages containing my face if taken during TAA events for media publications.

By signing this document, I hereby fully understand and agree to the terms and conditions stated above. I shall abide to the rules and regulations set by Tabung Amal Aidilfitri Trust Fund.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
NRIC

Date: \_\_\_\_\_ 2023/2024

## OFFICIAL USE ONLY

Preferred language:

\*If requested

(For future letters & application forms)

- Malay  
 English

<b>APPROVED</b>	<b>GIRO / MANUAL</b>	
<b>REJECTED</b>	<b>REASON:</b>	

Processed By: User 1

Assessed By: User 2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_ 2023/2024

Date: \_\_\_\_\_ 2023/2024