



**MILK – NEW LIFE SUPPORT FUND
- Application Form -**

This is an application for financial assistance at New Life Community Services.

For this application to be processed, we will require you to submit supporting documents of your family income.

Case No. : _____

New application Re-application

** For official use only*

Supporting Documents for application (checklist)

- Provide PHOTOCOPY SET of the required documents -

- Front & back of **NRIC** and/or **Birth Certificates (if no NRIC yet)** of applicant and all family members staying within the same household
- Recent **bills** – latest 3 months
(i.e.) mobile phone, PUB, childcare, rental, credit card, etc.
- CPF Contribution History Statements – latest 15 Months
- Income statement (Please submit for one of the following categories)
 - I. Salaried employee**
 - Pay slip / Payment Voucher – latest 3 months [or]*
 - Letter of Employment (complete set of documents) [or]*
 - Bank Passbook / statement showing crediting of salary – latest 3 months*
 - II. Commission-only earner
(e.g. housing agent / insurance agent)**
 - Commission statement – latest 12 months [or]*
 - Income Tax Assessment – latest 2 years*
 - III. Business owner
(e.g. sole-proprietor / partner in a partnership firm / director of private limited company)**
 - Company's bank account statements – latest 3 months & Financial statements – latest 2 years [or]*
 - Company's bank account statements – latest 3 months & Income Tax Assessment – latest 2 years*
 - IV. Self-employed (e.g. taxi driver / tuition teacher)**
 - Statement of monthly income earned
(e.g.) print-out of taxi trips – latest 1 week / record of daily income – latest 1 month
/ A list of students and fees charged – latest 1 month*

*Please submit the completed application form to your referral organisation,
[or] email to milksupportfund@newlife.org.sg

Applicant Details			
Name (as in NRIC/FIN)		Contact No.	(Mobile) (Home/Office)
NRIC/FIN No.		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth		Occupation	
Email			
Nationality	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (PR) <input type="checkbox"/> Others: _____	Ethnicity	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others: _____
Type of housing	<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"/> Others: _____	Address:	

Particulars of Household Members						
Name	Age	Relation to Applicant	Occupation	Organisation / School	Income	Indicate (✓) for intended beneficiary
1)		- Self -				
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

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Monthly Average Expenditure

Please estimate your family's average monthly spending:

- Daily expenses (e.g. newspapers, meals at work): estimated amount multiply by 30 days
- Weekly expenses (e.g. marketing): estimated amount multiply by 4 weeks
- Monthly expenses (e.g. phone bills, PUB, transport): average of latest 3 months
- Annual / Irregular expenses (e.g. property tax, medical, clothing, gifts): estimated annual amount divide by 12 months

Housing Expenses	Current	Arrears
Town Council, Conservancy / House Maintenance Fee		
Housing Loan (e.g.) Rent / Bank		
Property Tax		
Insurance (e.g.) Mortgage, Fire		
Utilities (e.g.) PUB, Gas, etc.		
Home Telephone		
Internet / WiFi		
Cable TV (SCV)		
<i>Others:</i>		
Sub-Total (1)		

Living Expenses	Current	Arrears
Grocery / Housekeeping / Marketing		
Clothing / Footwear		
Parental / Spouse Support		
Personal Insurance		
Medical / Prescription Drugs		
Hair cut & Toiletries		
Mobile Phone		
Gifts / Donations		
Recreation / Outing		
Dental / Optician		
Maid: salary + levy		
Tobacco / Alcohol		
<i>Others:</i>		
Sub-Total (2)		

Work Expenses	Current	Arrears
Vehicles (e.g.) Installment, Petrol, Parking, Fines, Services/ Repair, Insurance, Road Tax		
Public Transport		
Meal at Work		
<i>Others:</i>		
Sub-Total (3)		

Child Related Expenses	Current	Arrears
Pocket money		
Transportation		
School uniform / textbook, etc.		
Tuition / Enrichment Classes		
Child Care / School Fees		
Alimony / Child Maintenance Fees		
<i>Others (e.g. Pet):</i>		
Sub-Total (4)		

Liabilities	Current	Arrears
Bank Loan		
Credit Card Loan		
Furniture Loan		
<i>Others:</i>		
Sub-Total (5)		

TOTAL Arrears	
TOTAL Expenses (1 + 2 + 3 + 4 + 5)	

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Monthly Income			
(a) Average Gross Monthly Income:			
(b) Average Net Monthly Income (after CPF deduction):			
(c) Other Sources of Income (e.g.: rental, part-time work):			
(d) Financial Assistance:			
Agency disbursing fund	Amount (\$)	GIRO / Cash / Cheque	Period of Assistance
TOTAL Household Income:			
(b + c + d)			
Per Capita Income:			
(total household income / no. of household members)			

Financial Budgetting	
TOTAL Expenses [A]	
TOTAL Household Income [B]	
SURPLUS / DEFICIT [B - A]	

How did you find out about us?	
<input type="checkbox"/> Social Media (Facebook, etc.) <input type="checkbox"/> New Life Publicity (Banner, Newsletter, etc.) <input type="checkbox"/> Government Agencies: _____	<input type="checkbox"/> Community (Family, Friends, etc.) <input type="checkbox"/> New Life website <input type="checkbox"/> CEFC Church <input type="checkbox"/> Others: _____

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Applicant's Declaration:

I, the undersigned, wish to apply for financial assistance for the above course fees and related expenses for the above child. I declare all information above to be true to the best of my knowledge.

I allow New Life to contact all agencies I am receiving or have received help from and to obtain information about the help received.

I agree to keep to all appointments made, and work on goals contracted with Caseworker.

I acknowledge that New Life Community Services Centre reserves the right to decide on the application.

I am aware that the above information will be kept confidential and I can withdraw my consent at any time.

Signature

Date

Name	
NRIC / FIN	
Contact No.	