



Since 1867

# 新加坡永春会馆 ENG CHOON HWAY KUAN (SINGAPORE)

## 2024年度新加坡永春会馆援助金申请表格

会员编号:

姓名 Chinese (中)		年龄 AGE	性别 SEX
Name English (英)			
国籍 Nationality	身份证号码 (最后4位数) NRIC No. (last 4 digits)	出生日期 Date of Birth	婚姻状况 Marital Status
地址 Address	邮区 Postal Code ( )		
住家电话 Home No.	手机电话 Mobile No.	传真号码 Fax No.	
电邮 Email			
住屋类别 Type of Housing	<input type="checkbox"/> 1 Rm <input type="checkbox"/> 2 Rm <input type="checkbox"/> 3 Rm <input type="checkbox"/> 4 Rm <input type="checkbox"/> 5 Rm <input type="checkbox"/> E-Flat <input type="checkbox"/> Others		
社会福利部卡号码 Community Welfare Dept Card No.	同住人数 Household Size	工作状况 Job Status	
申请者家庭情况陈述 Applicant's family Status			

### 申请者签署声明 DECLARATION BY APPLICANT

谨此声明, 上述所填各项皆正确无讹。I hereby declare that the above information given are true and correct.

申请人签名与日期

Signature of Applicant & Date

本会专用 For Official Use Only	批准 Approved	不批准 Not Approved
	福利股主任签名 Head of Welfare Section' Signature	日期 Date

NO. 105 AMOY STREET #04-02 ENG CHOON HWAY KUAN (SINGAPORE) BUILDING SINGAPORE 069925

TEL : 6222-2610 FAX : 6227-3314

EMAIL : admin@engchoon.org.sg Website : www.engchoon.org.sg

## 申请援助金资格

1. 凡本会会员，家庭每月总收入不超过\$3,000.00 元，且居住在3房式组屋或以下者皆可提出申请；  
For all applicants, monthly gross household income **must not** exceed \$3,000.00 and those who stay in 3 room HDB flat or smaller units can apply;
2. 申请者必需附上家庭近期收入证明；  
Clear photocopies of Monthly Salary Statement;
3. 每个家庭只接受一份申请表格；  
Only One application form is accepted per household;
4. 获取社会及家庭发展部福利援助金者优先考虑；  
Priority is given to those receiving assistance from the MSFD;
5. 每名获批准的申请者可得\$400.00。  
Each of the applicants once approved will be given \$400.00