|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Members' Particulars** (Include yourself, parents/ guardian, unmarried brothers, and sisters staying in the same household. For married applicants, include yourself, your spouse, children(s) and any parent/guardian living with you.) | | | | | | | | |
| **S/N** | **Full Name (as in NRIC)** | **Age** | **Relationship to Applicant** | **Marital Status** | **Applying for HGEF (YES / NO)** | **Staying with applicant (YES / NO)** | **Occupation, Name of Employer. Attach supporting documents** | **Monthly Gross Income (S$)** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |

I hereby declare that the particulars given in this form are true to the best of my knowledge and that I have not wilfully suppressed any material fact. I also understand that any false particulars or wilful suppression of information will disqualify the applicant.

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Signature of parent/guardian Date