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在職家庭及學生資助事務處
學生資助處

WORKING FAMILY AND STUDENT FINANCIAL ASSISTANCE AGENCY
STUDENT FINANCE OFFICE (SFO)

HOUSEHOLD APPLICATION FORM FOR STUDENT FINANCIAL ASSISTANCE SCHEMES

(Please read the Guidance Notes and "Notes on How to Complete and Return Household Application Form" carefully before completion.)

學生資助計劃綜合申請表格

2024/25

[Applicable to the Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS), Grant for School-related Expenses for Kindergarten Students (Grant-KG), School Textbook Assistance Scheme (TA), Student Travel Subsidy Scheme (STS), Subsidy Scheme for Internet Access Charges (SIA), Diploma of Applied Education Fee Reimbursement (DAEFR) / Diploma Yi Jin Fee Reimbursement (DYJFR) and Fee Reimbursement (Financial Assistance Scheme for Designated Evening Adult Education Courses) (FR(FAEAEC))]

You may obtain the Sample Form for people of diverse race from the SFO starting from May 2024, if necessary.

本申請表格備有中文版本。如有需要，請向學生資助處索取。

(# Please put "✓" in the appropriate box(es), * delete the inappropriate item(s) and @ are optional items.)

Part I Particulars of the Applicant

(The Applicant must be the parent or guardian (as recognised under Guardianship of Minors Ordinance, Cap 13) of the student-applicant(s).)

1. Name in Chinese	<input type="text"/>	2. Title @#	<input type="checkbox"/> A. Mr. <input type="checkbox"/> B. Ms. <input type="checkbox"/> C. Miss			
3. Name in English	<input type="text"/>			[C]		
4. Correspondence Address	(Please fill out in English)					
	Flat	Floor	Block			
	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Name of Building	<input type="text"/>					
Estate / Village	<input type="text"/>			[U]		
No. & Name of Street	<input type="text"/>					
District	<input type="text"/>					
Area	#	1. HK	2. KLN	3. NT	4. OHK (Outside HK)	
5. Year of Birth	<input type="text"/>					
6. HKID Card No.	<input type="text"/>			[C]	[M]	
	(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)					
	Other Identity Document Type: <input type="text"/>			(Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")		
	Other Identity Document No.: <input type="text"/>					
7. Home Tel No. @	<input type="text"/>					
8. HK Mobile Phone No.	<input type="text"/>			(The SFO will send various notifications by means of SMS. Please fill in the phone number that can receive SMS.)		
9. Email Address	<input type="text"/>					
10. Your marital status during the period from 1.4.2023 to 31.3.2024						
	#	<input type="checkbox"/> A. Married	<input type="checkbox"/> B. * Divorced / Separated / Widowed / Single / Others (Please specify : _____)	[SP]		
	(Please provide spouse's information in Part II) (Please provide copies of supporting documents, and spouse's information need <u>not</u> be provided in Part II)					
11. <input type="checkbox"/> Paper-based application form is needed in the next school year	(Note: Applicants who do not put "✓" in the box will be treated as opting for electronic application form in the next school year. To facilitate application and for environmental protection, the SFO encourages applicants to submit electronic application.)					
12. Ethnicity ^{Note} @#	<input type="checkbox"/> A. Chinese	<input type="checkbox"/> B. Pakistani	<input type="checkbox"/> C. Nepalese	<input type="checkbox"/> D. Others (Please specify: _____)		
	(Note: The collection of information about the ethnicity is for statistical and research purposes and will not affect the processing or assessment of the household application for student financial assistance schemes.)					

Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

A. Spouse				
1. Name in Chinese	<input type="text"/>			
2. Name in English	<input type="text"/>			[C]
3. Year of Birth	<input type="text"/>			
4. HKID Card No.	<input type="text"/>			[M]
	(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)			
	Other Identity Document Type: <input type="text"/>			(Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")
	Other Identity Document No.: <input type="text"/>			
5. HK Mobile Phone No. @	<input type="text"/>			

Part IV Family Income (Please provide a copy of supporting document)

Please provide information on your position and relevant actual income (including part-time income and no need to fill in decimal places) and those of your family member(s) during the period from 1 April 2023 to 31 March 2024 (please refer to Paragraph 9.2(vi) of "Notes on How to Complete and Return Household Application Form" (Notes)). If you / your family member(s) was a housewife, was unemployed, has retired or was not working a whole year during the period, please specify the status and relevant duration. Additional sheet may be added if there is insufficient space to provide the information. For self-employed persons, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to the enclosed Sample II) or Personal Assessment Notice issued by the Inland Revenue Department). The SFO may make adjustment and apply benchmark figures on the basis of statistical information provided by relevant government departments (e.g. Census and Statistics Department) to assess your income and those of your family member(s) if you are unable to provide income proof or detailed calculation of income earned during the assessment period.

Applicant and Family Member	Mode of employment	Position / Other (e.g. housewife, unemployed, retired) (Please specify the period if it is not a whole year)	Total Annual Income (\$) (Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee))		For Office Use
			Salary (\$)	Business profit (\$)	
① Applicant	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>	
② Spouse	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>	
③ Unmarried child residing with the family (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>	
④ Unmarried child residing with the family (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>	
⑤ Other income (if applicable)	Contribution from children not residing together, relatives or friends (\$)	Rental income of property, land, carpark, vehicle or vessel (\$)	Interests from investments, fixed deposit (\$)	Alimony (\$)	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Pension (excluding lump sum retirement gratuity) (\$)	Widow's & Children's Compensation (\$)	Others (\$)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Total =					<input type="text"/>

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Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness (Please provide a copy of supporting document)

Name	Nature of incapacity or Chronic illness	Medical expenses incurred within the assessment period (\$)
		<input type="text"/>

Part VI Applicant's Bank Account for Payment of Assistance

(The account must be under the applicant's name and please provide copy of the bank statement / first page of bank book)

Account holder's name in English:

Applicant's bank account no.: -

Bank Code Bank Account Number

(e.g. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)

Bank name:

Part VII Applicant's Supplementary Information (Please append a separate sheet for supplementary information, if necessary)

- If you have filled in Part II particulars of any student-applicant who is **not** a self-bearing child of yours, please specify his / her name and explain in detail with proof why the application is not submitted by the parent of the student.
- If your family is receiving / has received CSSA any time during the period from 1 April 2023 to the time of submission of application, please specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number.
- If you have special financial hardship, please state details of the situation, relevant duration and submit supporting documents.

Part VIII Declaration

I / We have read the "Household Application for Student Financial Assistance Schemes - Guidance Notes" (GN) and "Notes on How to Complete and Return Household Application Form" (Notes). I / We fully understand and agree to the arrangements stated therein in relation to my / our application. I / We undertake and warrant that I / we shall comply with all provisions in the GN and Notes as may be amended by the Government of the Hong Kong Special Administrative Region (HKSAR) from time to time and such other requirements and directions as specified from time to time by the Government of the HKSAR. I / We hereby declare that:

- The information in this application form, supplementary form(s) (if any) and the supporting documents and all other information and representation provided or made by me / us in relation to my / our application are true, complete and accurate. I / We understand and consent that (i) the Working Family and Student Financial Assistance Agency (WFSFAA) will assess the eligibility and assistance level of my family based on the information provided by me / us; (ii) the WFSFAA may conduct authentication of my / our application (including home visits and random checking and take other actions as necessary) to investigate and verify whether the information provided in relation to my / our application is true, complete and accurate. I shall fully cooperate, and shall procure my family members to fully cooperate with staff of the WFSFAA; and (iii) the WFSFAA may make adjustment to the assistance level / amount of financial assistance granted based on the findings of the authentication. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of the authentication conducted by WFSFAA staff may lead to revocation of an issued eligibility certificate and withdrawal of the letter notifying the result of my / our application, restitution in full of the assistance granted and possible prosecution. I / We undertake to refund in full the Government of the HKSAR any overpayment of financial assistance granted to me / us under any of the financial assistance schemes and loan schemes administered by the WFSFAA, regardless of the cause for such overpayment, immediately upon request. I / We also agree that if any overpayment was made to me / us or any amount was due to be paid by me / us to the Government under or in connection with any of the financial assistance schemes and loan schemes administered by the WFSFAA, the WFSFAA may set off the amount overpaid or the amount due against the financial assistance which I am / we are entitled to under any financial assistance scheme(s) administered by the WFSFAA.
- I / We give consent to the WFSFAA and its authorized bodies (including but not limited to relevant government bureaux / departments such as the Education Bureau (EDB), the Immigration Department (ImmD), Social Welfare Department (SWD), the agents of the WFSFAA / EDB, the schools / institutions concerned, etc.) to process my / our application and use the personal data provided to the WFSFAA in connection with this application form and supplementary form(s) (if any) in accordance with Paragraph 5 of the GN and to liaise with related parties to verify and disclose the information provided by me / us. I / We agree that the relevant Government bureaux/departments/organisations (including but not limited to EDB, ImmD and SWD) to release my/our personal data to the WFSFAA for the purpose of processing and vetting any information in this application.
- I am / We are authorized by all the family members listed in this application form to give consent and hereby give consent on their behalf to the WFSFAA and its authorized bodies to use such family members' personal data in accordance with Paragraph 5 of the GN and to liaise with related parties to verify and disclose the information provided to the WFSFAA. I / We consent to the WFSFAA and the relevant government bureaux/departments/organisations (including but not limited to EDB, ImmD and SWD) to carry out the matching procedure for the purposes of processing the application and the granting of other student financial assistance, which may include the recovery of overpayment(s) (if applicable) from me / us.

This declaration shall be governed by and construed in accordance with the laws of the HKSAR. I / We and the Government of the HKSAR shall irrevocably submit to the jurisdiction of the Courts of the HKSAR. I / We have read the provisions of this declaration carefully and fully understood my / our obligations and liabilities under this declaration.

Signature of Applicant : _____ Signature of Spouse of Applicant : _____

Identity Document No. : _____ Identity Document No. : _____

Date : _____ Date : _____