

SELF-DECLARATION
FOR THE APPLICATION FOR THE STUDENT CARE FEE ASSISTANCE (SCFA)
SUBSIDY AND/OR THE START UP GRANT

This form is for the purpose of SCFA Subsidy and/or the Start Up Grant and is to be submitted with your Application Form. If you have been informed that you are required to sign and submit this self-declaration form but fail to do so, your Application Form for SCFA Subsidy and/or Start Up Grant may be rejected.

I, _____, NRIC/ FIN/ Passport No.: _____

do solemnly and sincerely declare that (choose the Section(s) relevant to you):

SECTION 1: EMPLOYMENT

Please tick the situation relevant to you and complete all details within:

Salaried Employee without CPF Contribution

(1) I am working for _____
(company name)

as a _____ effective from _____.
(occupation) (dd/mm/yyyy)

Company address and contact details are _____

(2) My gross monthly income is \$ _____.
(include basic pay, regular allowances, regular incentives, overtime and commission)

(3) I declare that I work at least 56 hours per month¹.

¹ This is equivalent to either (i) working 2 days per week, if you work 8 hours/day (i.e. full-day work), or (ii) working 4 days per week if you work 4 hours/day (i.e. half-day work).

Self-employed person without IRAS Notice of Assessment (NOA)

(1) I am self-employed as a _____,
(occupation)

effective from _____ I work for / own* _____
(dd/mm/yyyy) (company name)

_____. Company address and contact details are

_____.

Business registration No.: _____ (if applicable).

(2) My gross monthly income is \$ _____.
(include basic pay, regular allowances, regular incentives, overtime and commission)

(3) I declare that I work at least 56 hours per month¹.

**Please delete accordingly.*

SECTION 2: MARITAL STATUS/ CARE ARRANGEMENT

Please tick the situation relevant to you and complete all details within:

Biological parents

(1) I am separated / not in contact* with my spouse since _____ .
(dd/mm/yyyy)

I do not have legal documents of the separation yet.

(2) My spouse's particulars are as follows:

Name of spouse	NRIC / Identification number	Last contact (dd/mm/yyyy)

(3) I am now living with my child(ren) in the same address, and I am caring for them. Their particulars are as follows:

S/N	Name of child	Birth certificate number

*Choose the appropriate situation.

Non-legal Guardians

(1) I am the main care-giver for the following child(ren) since _____
(dd/mm/yyyy)

because _____
_____.

(2) I have not been able to contact the child(ren)'s biological parents since _____,
(dd/mm/yyyy),
and have no knowledge of the biological parents' income.

(3) I am now living with the child(ren) in the same address, and I am caring for them. Their particulars are as follows:

S/N	Name of child	Birth certificate number	Relationship to care-giver

SECTION 3: OTHERS

Others

Declaration by Applicant

1. I understand that the Government of Singapore as represented by the Ministry of Social and Family Development (“MSF”) requires my personal information and the personal information of my family members included in my application for the SCFA Subsidy and/or Start Up Grant (the “Relevant Subsidies”) for the purpose of assessing and/or re-assessing my/our eligibility for the Relevant Subsidies at any point(s) in time during the period of my consent for this application.
2. I declare that the information provided in my application is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or misleading or do not believe to be true.
3. I understand that the onus is on me to ensure that all information provided is true and accurate. In the event of any false or inaccurate information being submitted to MSF, my application may be rejected or any prior approval may be withdrawn. In addition, I may be required to repay, in full or part, the assistance provided to me by the Government.
4. I have read and understood this declaration form fully. The terms of this declaration shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Signature of Declarant

Date (DD / MM / YYYY)