



**Faith Community Baptist Church**  
*LoveSingapore Fund*

**APPLICATION FORM**

**TYPE OF APPLICATION:**

New     Repeat (2<sup>nd</sup>/ 3<sup>rd</sup>)

**CASE REF NO.:**

**1. PERSONAL PARTICULARS OF APPLICANT**

<b>Source of Referral</b>				
<input type="checkbox"/> Self/Walk-in <input type="checkbox"/> FCBC <input type="checkbox"/> TCS Website/Email <input type="checkbox"/> Friend/Relative <input type="checkbox"/> LSF Applicant <input type="checkbox"/> VWO _____ <input type="checkbox"/> Others _____				
<b>Name of Applicant (Dr/Mr/Mrs/Mdm/Miss) as in NRIC/Passport</b>			<b>NRIC (last 3 digits)/ Passport/FIN No.</b>	
<b>Home Address</b>			<b>Nationality</b>	
<b>Office Address</b>			<b>Race/Ethnicity</b>	<b>Religion</b>
<b><i>For Foreigners only</i></b>				
<input type="checkbox"/> PR <input type="checkbox"/> Employment Pass <input type="checkbox"/> Work Permit <input type="checkbox"/> Student Pass <input type="checkbox"/> Others (Please specify) _____				
<b>Tel (H)</b>	<b>Tel (O)</b>	<b>Tel (HP)</b>	<b>Date of Birth</b>	<b>Age</b>
<b>Marital Status</b>			<b>Language/Dialect Spoken</b>	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
<b>Type of Accommodation</b>			<b>Rental/Purchased</b>	
<input type="checkbox"/> Private <input type="checkbox"/> HDB (1-room/2-room/3-room/4-room/5-room/Exec) <input type="checkbox"/> Others (Please specify) _____				
<b>Occupation</b>			<b>Net Income</b>	

**2. FAMILY MEMBERS' PERSONAL PARTICULARS (STAYING IN THE SAME HOUSEHOLD)**

Name of Household Members	NRIC (last 3 digits)/FIN/Passport No.	Relationship to Applicant	Sex/ Age	Occupation	Name of Co/School (Level)

### 3. AVERAGE MONTHLY HOUSEHOLD INCOME AND EXPENDITURE

INCOME (Net)	AMT (\$)	Date Verified
Salary		
Trade Income		
Public Assistance		
Financial Assistance		
Contributions from Family Members		
Alimony		
Book Prizes		
Scholarships		
Bursaries		
Donations		
Insurance Claims		
Others (e.g. Rental Income)		
<b>Total</b>		

ARREARS & LOANS	AMT (\$)	Date Verified
HDB (a/c)		
Utilities (a/c)		
SC/CC (a/c)		
Property Tax (a/c)		
Income Tax (a/c)		
Medical		
Loan		
Others (Please specify)		
<b>Total</b>		

EXPENDITURE	AMT (\$)	Date Verified
Rent/House Installment		
Utilities		
Service & Conservancy Charges		
Telephone, HP, Internet Charges		
Food/Marketing		
Household Expenses		
School Fees/Bus		
Children's Tuition/Class		
Children's Allowance		
Books & Stationery		
Clothing		
Transport		
Medical		
Recreation		
Loans		
Property Tax		
Income Tax		
Others (Please specify)		
<b>Total</b>		

ASSETS	AMT (\$)	Date Verified
Savings/Fixed Deposits		
Investments (Stocks, etc)		
Others (Please specify)		
<b>Total</b>		

<b>Total Income</b>		<b>Total No. of Dependents</b>	
<b>Total Expenditure</b>		<b>Per Capita Income</b>	
<b>Shortfall</b>		<b>Recommendation for Assistance</b>	

**Bank Account Information** for disbursement purposes (Please  tick)

**Yes,** ( ) crossed cheque

**No,** ( ) open cheque

#### 4. MEDICAL CONDITION OF FAMILY MEMBERS

Information on Family Members			Fitness for Work*		
Name of Family Members	Type Of Illness	Hospital/ Clinic	Normal Duties	Light Duties	Unfit for Work

\*to be supported by medical/hospital certification, where applicable

#### 5. OTHER SOURCES OF HELP (INCLUDING GOVERNMENT/RELIGIOUS ORGANISATIONS/ CHARITIES/PERSONS)

Formal/Informal Support Received			
Name of Agency/Person	Contact No.	Nature of Help Received	Period & Frequency

#### 6. LOVESINGAPORE FUND

Have you or any of your household members ever applied for the LoveSingapore Fund before?

Yes       No

Name of Church	Amount of Assistance	Period & Frequency

#### 7. OTHER APPLICATIONS

Are there any other agencies or bodies you have applied to for financial help but a reply has not been given? Yes  No

Name of Organisation	Contact Person	Contact No.

#### 8. REASONS FOR APPLICATION

What is the situation that resulted in the financial hardship?

Identify Problem(s)
1.
2.
3.

**9. PLANS OF ACTION**

What are the immediate and future plans to improve the financial situation of this household?

Need	Solution	When	Action Party
1.			
2.			
3.			
4.			

Indicate if applicant can benefit from:  Family Life Education (English/Mandarin)  Befriending  
 TCS Counselling  Other TCS Services (Please specify \_\_\_\_\_)

**Consent Clause for LoveSingapore Fund Application**

In line with the Personal Data Protection Act 2012, by submitting this form, I hereby give my consent to Faith Community Baptist Church to collect, use and disclose my personal data for the purposes of processing my application, assessing my eligibility, administering disbursements as well as notifying and contacting me regarding any financial assistance-related matters via calls, text messages, posts and emails. I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting dpo@fcbc.org.sg.

**Terms and Conditions**

I hereby certify that the information given is true and correct to the best of my knowledge. I am fully aware that my application may be withheld or rejected if I have stated any information which I know to be false or withhold any information that is required of me. I will also update Faith Community Baptist Church of any subsequent changes in the information provided here if there are any changes in my financial situation before or after the application is approved. Faith Community Baptist Church reserves the right to take action against me or reject my application if I had deliberately omitted or made incorrect declaration of my finances. I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for the purpose of processing my application for assistance and services in and through Faith Community Baptist Church.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Official Use		
<b>G12/Open Cell Leader</b> Name: HP No.: Email Address: Team:	<b>Amount Recommended:</b> (*Cash/Cheque/Frequency)  (Determined by Team Pastor)	<b>For LSF Case Coordinator</b> Date Received:  LSF Review Date:
<b>Vetted By:</b> (Team Pastor)  Date:	<b>For Team Pastor</b> 1st Contact with Applicant:  Submission Date:	