|  |
| --- |
| **Family Members' Particulars Form**Must include yourself, spouse, children, parents or guardian, married and unmarried siblings **living in the same household with you**. |
| **S/N** | **Full Name (as in NRIC)** | **Age** | **Relationship to Applicant** | **Marital Status** | **Same Household****(YES/NO)** | **Occupation, Name of Employer. Attach supporting documents** | **Gross Monthly Income (S$)** | **Applying for HGEF (YES / NO)** |
| 1 | Name of APPLICANT |  |  |  |  |    |   |  |
| 2 |  Name of FAMILY MEMBER |   |   |   |  |    |   |  |
| 3 | Name of FAMILY MEMBER |   |   |   |  |    |   |  |
| 4 | Name of FAMILY MEMBER |   |   |   |  |    |   |  |
| 5 | Name of FAMILY MEMBER |   |   |   |  |    |   |  |
| 6 | Name of FAMILY MEMBER |   |   |   |  |    |   |  |
| 7 | Name of FAMILY MEMBER |   |   |   |  |    |   |  |
| 8 | Name of FAMILY MEMBER |   |   |   |  |    |   |  |
| 9 | Name of FAMILY MEMBER |  |  |  |  |  |  |  |
| 10 | Name of FAMILY MEMBER |  |  |  |  |  |  |  |

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian Date