

Vehicle Installment (Type: _____)	
School Fees	
Transportation	
Medical (<i>Please attach latest medical report from Hospital / Clinic</i>)	
Utility Bills (Electricity, Water, Astro, Others)	
Household Expenses	
Others. Please specify:	

Income

Type of Income	Self (RM)	Other household members staying together (RM)
Gross Income (Employment)		
Other Income. Please specify:		
Pension (Ilat / Socso, Others)		
Support from other government / welfare agency		
Other monetary support		

F. Applicant's Declaration

Name : _____
 NRIC :

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I, as per name indicated above, hereby declare that all information provided in this form are **TRUE** and **COMPLETE**. I understand that should any of the information and details provided are found to be untrue, the assistance and support provided to me or my family by Great Vision Charity Association could be **TERMINATED WITH IMMEDIATE EFFECT**.

 (Signature of Applicant) Date:

		/			/									
D	D		M	M		Y	Y	Y	Y					

G. For Office Use

This declaration is held in front of:

 (Signature of Supervisor)
 Name:
 NRIC:
 Date:

Supporting Document Checklist	
1. Photocopy IC of Applicant	<input type="checkbox"/>
2. Photograph of Applicant	<input type="checkbox"/>
3. Result Slip, School Certificate	<input type="checkbox"/>
4. Other Supporting Document	<input type="checkbox"/>

Additional Remarks from Supervisor

Family Status	<input type="checkbox"/> Orphan	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Poor Family	<input type="checkbox"/> Neglect/Abused Family
Note:				
Status:				