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Note—Marriage certificate, birth certificate and children’s birth certificates to be attached.

SECTION B

Particulars of assets and income

1. Occupation.....
2. Name and address of present employer.....
3. Salary per month \$.....
4. Are you in receipt of any pension benefit or award of any kind public or private? Yes/No
5. If yes, please give details (like name of fund and amount of benefit)
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.....
6. If self-employed, state monthly earnings from self .employment \$.....
7. What immovable property do you own? (house, farm, small holding, vacant stand, or other).....
.....
8. If you are the owner—
(a)are you the occupier Yes/No..... (b)is any portion let Yes /No.....
9. Is the property mortgaged Yes/No.....
10. Amount of monthly bond repayment \$.....
11. Which organization or individual granted the bond—
(a)Name.....
(b)Address.....
12. Who is now responsible for looking after you?
13. What is his/her relationship to the hero?
14. To what extent is he/she maintaining you?
15. To what extent are you in need of support?

SECTION C

Specimen signature of applicant

Signature

The normal signature or right thumb print in the case of illiterate applicants is to appear in the space

r.t.p.

indicated.

SECTION D

(to be completed by applicant in the presence of a member of the Department of Social Welfare)

Declaration by applicant

I(full names)
hereby declare that the information given by me in this application is to the best of my knowledge and belief true and correct in every respect. I understand that any false statement on this form may render me liable to prosecution.

I also declare that this application has been read to me and fully explained in a language which I understand and that I have no further facts to add to my application.

I also understand that, while in receipt of State assistance, I must keep the Department of Social Welfare informed of any change of address and of any significant change in my financial circumstances.

Applicant's signature
Mark or R.T.P.
Examiner's signature

Date

Office held

THE REMAINING SECTIONS OF THIS FORM ARE FOR OFFICIAL USE ONLY

SECTION E

1. The underlisted documents have been checked:

Birth certificate

Marriage certificate

Children's birth certificates

2. I recommend/do not recommend payment of the following allowance

\$ per month

Widow Children (per child)

Other dependants

.....

3. Remarks:

Board members

Date

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