

Mobile No.: (Preferred)		Home No.:	
	<i>[Application outcome will be sent to this number via SMS.]</i>		
Home Address (as in NRIC):			Postal Code:
	I am a *tenant/landlord of this address and am unrelated to the *tenant/landlord (<i>*Please circle as appropriate</i>).		
Household Size:	Total no. of household members : _____ where household members include the applicant, spouse, children and relatives staying within the same residential address		
Bank Name:	Bank Branch:	Bank Account No.:	
		<i>[The assistance will be credited via GIRO to this bank account.]</i>	
EFFECT OF COVID-19 AND ASSISTANCE RECEIVED			
How was your household affected by COVID-19?			
<input type="checkbox"/> I / My household member [^] was hospitalised for contracting COVID-19. <input type="checkbox"/> I / My household member [^] was served a <ul style="list-style-type: none"> <input type="checkbox"/> Quarantine Order (QO) <input type="checkbox"/> Mandatory Leave of Absence (LOA) <input type="checkbox"/> Stay-Home Notice (SHN) 			
Start Date: _____ (dd/mm/yyyy)			
End Date: _____ (dd/mm/yyyy)			
<i>Please indicate the start and end dates of the most recent event.</i>			
^Name of household member (if person affected was not the applicant): _____			

INCOME DECLARATION SECTION

Applicant

Monthly Gross Income		How was your household income affected by COVID-19? Please provide details including dates of events. <i>(E.g. lost job with Employer X on 23 Mar 2020 after being placed on QO between 1-14 Mar 2020 E.g. , had to take no-pay-leave to be caregiver for child who was issued QO for period 1-14 Mar 2020</i>
<u>1 Month before</u> household was affected by COVID-19	<u>1 Month after</u> household was affected by COVID-19	

Household Member

Name	Relationship to applicant	Monthly Gross Income	
		<u>Before</u> household was affected by COVID-19	<u>After</u> household was affected by COVID-19

Total monthly household income (applicant + household members)		Total per capita household income	
<u>Before</u> household was affected by COVID-19	<u>After</u> household was affected by COVID-19	<u>Before</u> household was affected by COVID-19	<u>After</u> household was affected by COVID-19
_____	_____	_____	_____
	% loss in income		% loss in income
	_____		_____
COVID-19 Support Grant			
<p>The COVID-19 Support Grant provides financial assistance to individuals who meet the following criteria:</p> <ol style="list-style-type: none"> SC/PR aged 16 years and above Annual Value of home is within \$21,000 Unemployed due to economic impact of COVID-19* Has an household income ≤\$10,000, or a monthly per capita income of ≤\$3,100 prior to loss of job Agrees to participate in Workforce Singapore or Employment and Employability Institute job search/training Is not a current beneficiary of ComCare assistance <p>The Grant will be open for application in May 2020.</p> <p><i>*The job loss must have taken place after 23 Jan 2020 when COVID-19 first occurred in Singapore.</i></p> <p><input type="checkbox"/> I would like to apply for the COVID-19 Support Grant and I commit to actively participate in a job search and/or retraining programme under Workforce Singapore (WSG) or Employment & Employability Institute (e2i).</p> <p><i>By ticking this box, you are applying for the Grant and giving consent to the SSO to send your particulars to WSG/e2i for employment assistance/retraining and to verify the annual value of the property you are living in with IRAS.</i></p> <p><i>The SSO will contact you in May 2020 to inform you if you are eligible for the COVID-19 Support Grant.</i></p>			

DECLARATION

- i. I declare that the information provided in my application is true to the best of my knowledge, information and belief.
- ii. **I understand that any wilful omission or suppression of information may result in the rejection of the application with immediate effect, and lead to action taken against me.**
- iii. I allow the government and the participating agencies to collect, share, and use my household members’ and my personal information, for the purpose of assessing and disbursing the **Courage Fund Scheme For Households Affected By COVID-19** and all of the following Grant/Services/Schemes to my household:
 - a. The COVID-19 Support Grant, **if** I have indicated that I am applying for the Grant in this Application Form and
 - b. Other Services and Schemes i.e. social services and public assistance schemes provided by the Government, Participating Agencies or Social Service Agencies, including Community Care programmes.

Applicant’s or Household Member’s Signature/ Thumbprint	Date