

**Student Finance Office**  
**Working Family and Student Financial Assistance Agency**  
**Notes on How to Complete and Return Electronic Household Application Form**

**WARNING**

The personal data in the application will be used to assess an applicant's eligibility for financial assistance and the appropriate level of assistance to be awarded. It is an offence to obtain property / pecuniary advantage by deception. Any person who does so commits an offence and is liable, on conviction, to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

**IMPORTANT NOTES****I. General Information**

- Please complete Parts I to VIII according to the instructions stated in the Electronic Household Application Form (E-Form) and this Notes. All the items marked with \* are mandatory items.
- "Assessment year" mentioned in this Notes generally refers to the preceding financial year. The assessment year for application in this school year (i.e. 2024/25 application) refers to the 2023-24 financial year (1.4.2023 – 31.3.2024).
- Applicants are suggested to access, complete and submit their E-Form with the latest version of Microsoft Edge, Google Chrome, Mozilla Firefox or Safari. If applicants are not using the aforementioned browsers or are using an older version of the aforementioned browsers, the contents and/or options of the E-Form may not be displayed or functioned properly.

**II. Notes on Submission of Supporting Documents**

- Regarding the copy of supporting documents required to be submitted (e.g. identity documents, supporting documents for separation / divorce (for single-parent families), documentary proof on annual income, etc.), please refer to Paragraph 13.4 of this Notes for details. Please note that applicants must provide the required supporting documents; otherwise, the Student Finance Office (SFO) will not be able to process the application.
- Please follow the instructions stated on the "Cover Sheet for Supporting Documents" [SFO 108] and submit copies of identity documents of the applicant and those of the family members (including the dependent parent(s) (if applicable)) claimed in the form together with copies of other document proof related to the application.

**Accessing E-Form**

- 1.1 Applicant may access the E-Form in the "SFO E-link – My Applications (Financial Assistance Schemes at Pre-primary, Primary and Secondary Levels)" website (<https://ess.wfsfaa.gov.hk/espps>). Please click the "E-Form" tab in the left menu bar to access the E-Form.
- 1.2 Please read carefully the "Important Notes", then click "Continue" to start filling in the E-Form.

**Completing E-Form****Part I Particulars of the Applicant**

(Applicants must be the parent or the guardian (as recognized under Guardianship of Minors Ordinance, Cap 13) of the student-applicants)

**Part I Particulars of the Applicant**

*(The Applicant must be the parent or guardian (as recognised under Guardianship of Minors Ordinance, Cap 13) of the student-applicant(s).)*

1. Name in Chinese

陳大文

2. Title@#

 A. Mr    B. Ms    C. Miss

3. Name in English \*

CHAN TAI MAN

Please enter the surname first; and leave a space between each word.

4. Correspondence Address *(Please fill out in English)*

Flat	Floor	Block
A	12	
Name of Building		
HAPPY HOUSE		
Estate / Village		
HARMONY ESTATE		
No. & Name of Street		
District		
SHAM SHUI PO		
Area *		
<input type="radio"/> 1. HK <input checked="" type="radio"/> 2. KLN <input type="radio"/> 3. NT <input type="radio"/> 4. OHK(Outside HK)		
5. Year of Birth *		
1970		
6. HKID Card No. *		
A1234567		
<i>(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)</i>		
Other Identity Document Type		
<i>(Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")</i>		
Other Identity Document No.		
7. Home Tel No. @		
12345678		
8. HK Mobile Phone No.		
<i>(The SFO will send various notifications by means of SMS. Please fill in the phone number that can receive SMS)</i>		
12345678		
9. Email Address *		
chantm@gmail.com		
Re-enter Email Address *		
chantm@gmail.com		
10. Your marital status during the period from 1.4.2023 to 31.3.2024 #		
<input checked="" type="radio"/> A. Married <i>(Please provide spouse's information in Part II)</i>		
<input type="radio"/> B. Divorced / Separated / Widowed / Single / Others		
<i>(Please provide copies of supporting documents, and spouse's information need <u>not</u> be provided in Part II)</i>		
11. Ethnicity <sup>Note</sup> @		
<input type="radio"/> A. Chinese <input type="radio"/> B. Pakistani <input type="radio"/> C. Nepalese <input type="radio"/> D. Others		

Applicant must enter the correct correspondence address. Otherwise, the SFO will not be able to contact the applicant in writing. If applicant can only confirm the place of residence after submitting the application, please inform the SFO the new correspondence address in writing once it is available. If applicant is not residing in Hong Kong, please enter a Hong Kong correspondence address for future correspondence.

Please enter the Hong Kong Identity (HKID) Card No. with reference to the example as shown in the box.

If applicant is not a holder of the HKID Card, please complete these two fields by referring to Paragraph 2.1 of this Notes.

To facilitate the SFO to issue acknowledgement of receipt of applications and the related payment information (if applicable) by means of SMS, please enter applicant's Hong Kong mobile phone number.

To facilitate the SFO to contact applicant by electronic means where applicable, applicant must enter a valid email address and re-enter the same for confirmation.

Please enter the marital status during the assessment year. If applicant is "Married", please check the box next to item (A) and enter the spouse's information in Part II of the E-Form.

If applicant is a single parent during the assessment year, please check the box next to item (B). Relevant options on marital status will be available for applicant to select and input (if applicable) after checking the box next to item (B).

After completing all items in Part I, please click "Next Page" to proceed to the following part.

2.1 If applicant (and/or his / her family member(s)) is (are) not a holder (holders) of the HKID Card, please select the applicable item from the dropdown menu of "Other Identity Document Type" comprising the following items, enter the relevant identity document number, and provide a copy of the identity document:

(i) Passport	(ii) Re-entry Permit	(iii) Certificate of Identity
(iv) Document of Identity	(v) Entry Permit	(vi) Declaration of ID for Visa Purpose
(vii) One-way Permit	(viii) Mainland identity documents	(ix) Others

## Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

### 3.1 Spouse, student-applicants and unmarried children residing with the family

**Part II Particulars of Family Members and Financial Assistance Schemes being Applied for**

**A. Spouse**

1. Name in Chinese

黃小芬

2. Name in English \*

WONG SIU FAN

3. Year of Birth \*

1972

4. HKID Card No. \*

B1234567

(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)

Other Identity Document Type

(Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")

Other Identity Document No.

5. HK Mobile Phone No.@

12345678

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After completing all items in Part II Section A, please click "Next Page" to proceed to the following part.

### B. Student-applicants and unmarried children residing with the family

(If more than one child, please fill out this part starting from the youngest child.)

#### Student-applicant 1 / Unmarried child residing with the family 1

1. Name in Chinese

陳小芳

2. Name in English \*

CHAN SIU FONG

3. Date of Birth (DD/MM/YYYY) \*

01 DD 01 MM 2009 YYYY

4. HKID Card No./ Birth Certificate No.\*

D1234567

If not available, please provide:

Other Identity Document Type (Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")

Other Identity Document No.

If student-applicant / unmarried child residing with the family is not a holder of the HKID Card, please complete these two fields by referring to Paragraph 2.1 of this Notes.

5. Status for 2023-24 #  A.Under education  B.In employment  C.Unemployed  D.Other

6. Name of School / Institution in 2024/25  
NUMBER ONE SECONDARY SCHOOL

7. Class level in 2024/25#  
S4

8. Mode of study#  A. Whole-day  B. Half-day (A.M. session)  C. Half-day (P.M. session)  D. Part-time

9. Apply for schemes (On student basis and you may choose more than 1 item, if applicable)#  Need  Do not need

**Kindergarten & below levels#**

(1)KCFRS + (2)Grant-KG^  
(^ Grant-KG only applicable to KG students (K1-K3))

Applicants with children receiving whole-day child care services (N1-N2) should complete the "Social Needs" Assessment Form (SFO 235A) below and submit together with the supporting documents.

**Primary & secondary levels or equivalent#**

(3) TA  (4) STS  (5) DAEFR/DYJFR  (6)FR(FAEAE)

If applicant wishes to apply for KCFRS for the child receiving whole-day child care services, please download and complete the "Social Needs" Assessment Form, and submit it with the supporting documents.

If applicant wishes to apply for financial assistance for the child in this school year (including KCFRS, Grant-KG, TA, STS, DAEFR / DYJFR and FR(FAEAE)), please check the appropriate box(es) under items 5, 8 and 9. The appropriate box(es) under item 9 will be enabled only after completion of items 7 and 8.

If applicant wishes to apply for financial assistance for pre-primary students (including (1) KCFRS and (2) Grant-KG), please check this box. Eligible KG student-applicants (K1 to K3) will be provided with fee remission under KCFRS (if applicable) and Grant-KG. Eligible children receiving whole-day child care services (N1 & N2) will be provided with fee remission under KCFRS only.

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Student-applicant 2 / Unmarried child residing with the family 2

1. Name in Chinese  
陳大明

2. Name in English\*  
CHAN TAI MING

3. Date of Birth (DD/MM/YYYY) \*  
01 DD 01 MM 2004 YYYY

4. HKID Card No./ Birth Certificate No.\*  
C1234567

If not available, please provide:  
Other Identity Document Type (Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")  
Other Identity Document No.

5. Status for 2023-24#  A.Under education  B.In employment  C.Unemployed  D.Other

6. Name of School / Institution in 2024/25  
YI JIN COLLEGE

7. Class level in 2024/25#  
DAE/DYJ

8. Mode of study#  A. Whole-day  B. Half-day (A.M. session)  C. Half-day (P.M. session)  D. Part-time

9. Apply for schemes (On student basis and you may choose more than 1 item, if applicable)#  Need  Do not need

**Kindergarten & below levels#**

(1)KCFRS + (2)Grant-KG^  
(^ Grant-KG only applicable to KG students (K1-K3))

Applicants with children receiving whole-day child care services (N1-N2) should complete the "Social Needs" Assessment Form (SFO 235A) below and submit together with the supporting documents.

**Primary & secondary levels or equivalent #**

(3) TA  (4) STS  (5) DAEFR/DYJFR  (6) FR(FAEAE)

If the unmarried child residing with the family is studying at a tertiary institution in this school year, please check the "Do not need" box under the item of "Apply for schemes".

If applicant needs to add unmarried child residing with the family, please click "Add Child" to enter details of the new member and provide copies of the identity documents.

After completing all items in Part II Section B, please click "Next Page" to proceed to the following part.

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- 3.1.1 Applicant's spouse and children in receipt of Comprehensive Social Security Assistance (CSSA) will not be counted as 'family members' under the Adjusted Family Income (AFI) mechanism.
- 3.1.2 Student-applicants who have been approved to receive financial support in respect of textbook expenses, internet access charges at home and student travel expenses including free transportation service to and from school by any public or private organizations or schools should not apply for the same type of assistance through the SFO. These organizations include, but are not limited to schools, the Social Welfare Department, Education Bureau, the Hong Kong Jockey Club, public transport companies, etc. If it is subsequently discovered that the student-applicant is benefitting from double subsidies, the applicant is liable to refund the overpaid amount forthwith upon the request of the SFO.
- 3.1.3 Applicant should refer to the following codes and select the applicable class level attended by his / her child(ren) in this school year from the dropdown menu:

(i) Whole-day Child Care Centre (group aged 0 to 2):	N1
(ii) Whole-day Child Care Centre (group aged 2 to 3):	N2
(iii) Nursery class in kindergarten:	K1
(iv) Lower class in kindergarten:	K2
(v) Upper class in kindergarten:	K3
(vi) Primary 1 to 6:	P1 / P2 / P3 / P4 / P5 / P6
(vii) Secondary 1 to 3:	S1 / S2 / S3
(viii) Secondary 4 to 6:	S4 / S5 / S6
(ix) Diploma of Applied Education / Diploma Yi Jin:	DAE / DYJ
(x) Others (e.g. Tertiary Level):	Others

3.1.4 If applicant wishes to amend the application details after submission of the E-Form (including applying for additional scheme(s) / amending scheme(s) that have been applied for), please submit the request in writing, together with justification, and post it to the SFO within 30 days from the submission date of the E-Form. Application for additional scheme(s) / amending the scheme(s) to apply for must be duly signed by the applicant with the Household Application Number / the HKID Card No. of the applicant specified. It will take longer time for processing these applications. Please note that late application for financial assistance will not be considered. In this regard, applicant should check carefully if he / she has chosen all the scheme(s) that he / she wishes to apply for before submission of the E-Form.

3.2 Subsidy for Internet Access Charges (SIA)  
 The applicant does not need to apply for SIA, which is on a household basis and only applicable to families with students of primary and secondary levels. Families will be disbursed the subsidy provided that they can pass the means test and the student-applicant(s) can meet the eligibility criteria for SIA. This subsidy is not applicable to families with pre-primary students only.

**C. Subsidy for Internet Access Charges (SIA)**

*(On household basis and only applicable to families with students of primary and secondary levels. Not applicable to families with pre-primary students only.)*

*SIA will be disbursed to eligible families.*

For families which **do not need** SIA, please put ✓ in the box.

Do not need

After completing Part II Section C, please click "Next Page" to proceed to the following part.

For families which **do not need** SIA, please check this box.

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3.3 Dependent parent

3.3.1 Dependent parent refers to the applicant's parents, including in-laws, who is not a recipient of the CSSA at the time of submission of application. They must, throughout the normal assessment year, not be in employment and meet any one of the following conditions for at least 6 months –

- (A) resided with the applicant's family; or
- (B) resided in premises owned or rented by the applicant or his / her spouse; or
- (C) resided in an elderly home and the expenses were fully paid by the applicant or his / her spouse OR totally supported by the applicant or his / her spouse.

**Remarks: Applicant or his / her spouse should continue to support their parent in this school year and the form of support should be similar to that in the year of assessment. Besides, as the number of family members may affect directly the level of assistance the applicant's family is eligible for, please submit the completed E-Form together with documentary proof for supporting the parents (e.g. tenancy agreement, residential address proof or receipt of the home for the elderly, etc.) to the SFO.**

3.3.2 **If applicant or his / her spouse has dependent parent(s)**, please submit copies of the identity documents of the dependent parents provided in the form. Otherwise, please do not fill out this part.

**D. Dependent Parent**

*(If Applicant or his/her spouse have no dependent parent, please do not fill out the spaces below.)*

(i) Is/Are the dependent parent(s) currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment during the assessment period?#

Yes (Need not complete Part 'D')

No (Continue to complete Part 'D')

Dependent Parent 1

Name in Chinese

陳大福

Name in English \*

CHAN TAI FUK

HKID Card No.\*

E1234567

OR Other Identity Document Type (Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")

Other Identity Document No.

Year of Birth\*

1946

Dependency Status (at least 6 months during 1.4.2023 to 31.3.2024)\*

Please select one of the following dependency status

Resided with the applicant's family

Resided in premises owned or rented by the applicant or his/her spouse

Resided in an elderly home and the expenses were fully paid by the applicant or his/her spouse OR totally supported by the applicant or his/her spouse

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Please check the appropriate box. If "Yes", please skip Section D. If "No", please continue to complete Section D and refer to Paragraph 3.3.1 of this Notes for definition of "Dependent Parent".

Please enter the personal particulars of dependent parent(s) and provide a copy of their identity documents (e.g. the Hong Kong Smart Identity Card) and documentary proof for supporting the parents (if applicable).

If the dependent parent is not a holder of the HKID Card, please complete these two fields by referring to Paragraph 2.1 of this Notes.

Applicant should read Paragraph 3.3.1 (A), (B) and (C) of this Notes carefully and check the appropriate box(es).

After completing all items in Part II Section D, please click "Next Page" to proceed to the following part.

### Part III Residential Address

- 4.1 Applicant should enter the residential address in this part so that the SFO can arrange to conduct home visits for the selected applicants. If applicant's residential address is the same as the correspondence address provided in Part I of the E-Form, the applicant is not required to complete this part.

#### Part III Residential Address

*(If the correspondence address provided in Part I is not your residential address, please provide the full residential address in English in the following boxes, otherwise do not fill out the spaces below.)*

Flat (室)

Floor (樓)

Block (座)

Name of Building

Estate / Village

No. & Name of Street

District

Area

1. HK     2. KLN     3. NT     4. OHK(Outside HK)

After completing Part III, please click "Next Page" to proceed to the following part.

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# Part IV Family Income

**1. Applicant**  
Mode of employment#  Full-time  Part-time  
Position / Other\* (e.g. housewife, unemployed, retired) \* Position\_1(Please specify period if it is not a whole year)  
UNEMPLOYED (1.4.2023 – 30.4.2023); CLERK (1.5.2023 – 31.12.2023); SELF-EMPLOYED DRIVER (1.1.2024 – 29.2.2024) AND RETIRED (1.3.2024 – 31.3.2024)

Total Annual Income (\$) Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)  
Salary (\$) \* 80000  
Business profit (\$) \* 45000

**2. Spouse**  
Mode of employment#  Full-time  Part-time  
Position / Other\* (e.g. housewife, unemployed, retired) Position\_1(Please specify period if it is not a whole year)  
HOUSEWIFE (1.4.2023 – 30.9.2023); PART-TIME CASHIER (1.10.2023 – 31.3.2024)

Total Annual Income (\$) Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)  
Salary (\$) \* 30000  
Business profit (\$) \* 0

*(For an unmarried child residing with the family of the applicant, part-time income of a non full-time student should be included.)*

**3. Unmarried child residing with the family (if applicable)**  
Name  
CHAN TAI MING  
Mode of employment#  Full-time  Part-time  
Position / Other\* (e.g. housewife, unemployed, retired) Position\_1(Please specify period if it is not a whole year)  
WAITER (1.4.2023 – 10.6.2023); UNEMPLOYED (11.6.2023 – 31.3.2024)

Total Annual Income (\$) Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)  
Salary (\$) 36000  
Business profit (\$) 0

**5. Other income**  
Contribution from children not residing together, relatives or friends (\$) \* 12000  
Rental income of property, land, carpark, vehicle or vessel (\$) \* 96000  
Interests from investments, fixed deposit (\$) \* 5000  
Alimony (\$) \* 0  
Pension (excluding lump sum retirement gratuity) (\$) \* 0  
Widow's & Children's Compensation (\$) \* 0  
Others (\$) \* 0

Please enter the total income (integer without decimal places) for the period from 1.4.2023 to 31.3.2024. **The SFO will not accept estimated amount, and so please provide the actual figure.** For other income source, e.g. rental income (see item 11 under "Items need to be reported" in Paragraph 5.1 of this Notes), contribution from children not residing with the family / relatives / friends, alimony or interests from investments, please enter the amount according to the following example. **If there is no relevant income, please input "0" in the field(s).**

Please complete the fields with position, unemployment, housewife or retirement during the assessment period. If it is not a whole year, please specify the period with reference to the examples.

After completing all items in Part IV, please click "Next Page" to proceed to the following part.

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5.1 Types of incomes earned by the family both within and outside Hong Kong that should be reported are listed below for reference. For provision of documentary proofs, please refer to Paragraph 13.4 (vi) of this Notes.

Items need to be reported	Items need not to be reported
1 Salary (including the salary of applicant, applicant's spouse and student-applicant's unmarried sibling(s) residing with the applicant for full-time, part-time or temporary jobs, <u>excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee</u> )	1 Financial assistance from the Government, or payment from the assistance programme under the Community Care Fund (such as CSSA / Old age allowance / Old age living allowance / Disability allowance / Retraining allowance / Work Incentive Transport Subsidy / Working Family Allowance etc.)
2 Double pay / Leave pay	2 Long service pay / Contract gratuity
3 Allowance (including overtime work / living / housing or rent / transport / meals / education / shift allowance, etc.)	3 Severance pay
4 Bonus / Commission / Tips	4 Loans
5 Studentship	5 Lump sum retirement gratuity / Provident fund
6 Wages in lieu of notice of dismissal	6 Inheritance
7 Business profits and other income earned by means of self-employment, such as hawking, driving taxis / minibuses / lorries, and fees for services rendered, etc.	7 Charity donations
8 Alimony	8 Insurance / accident / injury indemnity
9 Contribution from any person(s) not residing with applicant's family to any of the applicant's family member(s) (including money or contribution of housing / remittance(s) / contribution for mortgage repayment / rent / water / electricity / gas or other living expenses)	9 MPF / Provident Fund contribution by employee (the <u>ceiling</u> of contribution needs not to be reported is <u>\$18,000 per year</u> )
10 Interests from fixed deposits, stocks, shares and bonds, etc.	
11 Rental income of property, land, carpark, vehicle or vessel (including Hong Kong, the Mainland and overseas)	
12 Monthly pension / Widow's & Children's Compensation	

5.2 Applicant should provide the income proof and those of the family member(s) under employment. If the applicant, the applicant's spouse or any family member under employment has / have provided the Income Certificate (i.e. Sample I) or the Self-prepared Income Breakdown (i.e. Sample IV) as the income proof, the SFO may still require the applicant to concurrently provide the bank passbook, salary statement or other income proof for reference. If applicant cannot provide any income proof for special reasons, please notify the SFO in writing, providing justifiable reasons and the detailed calculation of income. Applicant should also sign on the explanatory letter personally. If the explanation or documents provided cannot substantiate the reported income information of the family member(s) concerned (e.g. self-written statement of income), the SFO may need to make adjustment and apply benchmark figures (based on statistical information provided by relevant government departments e.g. Census and Statistics Department) to assess the income of applicants and their family members. In assessing the family income, if necessary, the SFO may require the applicants to provide documentary proof of items which is not listed above or seek further clarification for amounts that were used for maintaining the living of the family but have not been accounted for in the application such as savings, loans. The SFO may also request the applicant to produce documentary proof including bank savings records, duly signed declaration from the debtor, etc. In case no valid proof is provided, the amounts for maintaining the living of the family may be taken as part of the family income.

## Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness

(Please provide a copy of supporting document)

Name*	
CHAN TAI FUK	
Nature of incapacity or chronic illness*	
SUFFERING FROM DIABETES AND REQUIRING REGULAR MEDICAL TREATMENT.	
Medical expenses incurred within the assessment period (\$)*	
10400	
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After completing all items in Part V, please click "Next Page" to proceed to the following part.

6.1 If applicant has incurred medical expenses for family members (for family members who are chronically ill or permanently incapacitated) in the assessment year, he / she may state details of the situation in Part V of the E-Form. Applicant must provide relevant medical certificate(s) and receipt(s) issued by the hospitals / clinics / registered practitioners to the SFO for consideration of deducting such expenses. (The ceiling of deductible amount for each family member is \$23,310 per year in 2024/25).

## Part VI Applicant's Bank Account for Payment of Assistance

(The account must be under the applicant's name. Please provide copy of the bank statement / first page of bank book.)

7.1 As the SFO will release the Grant for School-related Expenses for Kindergarten Students, School Textbook Assistance, Student Travel Subsidy, Subsidy for Internet Access Charges, Diploma of Applied Education / Diploma Yi Jin Fee Reimbursement and Fee Reimbursement (Financial Assistance Scheme for Designated Evening Adult Education Courses) by auto-pay, applicant should provide the correct bank name and bank account number together with a copy of the relevant supporting document<sup>1</sup>. Please note that the SFO bears no responsibility for any delay in receipt of payment / loss in subsidy amount / any additional bank charges arising from any errors the applicant committed in providing the bank code and / or account number.

7.2 The bank account must be valid account solely under the name of the applicant. (It must be recently in use.) Joint account, credit card account, loan account, fixed-deposit account and foreign currency account are not accepted.

7.3 Please enter the correct bank account information with reference to the following example:

Account holder's name in English *	
CHAN TAI MAN	
Applicant's bank account no. *	
Bank Code*	Bank Account Number*
024	1234567890
(e.g. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)	
Bank name	
HANG SENG BANK	
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After completing all items in Part VI, please click "Next Page" to proceed to the following part.

7.4 For enquiries of "Bank Code", applicant may approach the bank concerned for assistance.

7.5 If applicant needs to change the bank account number after submission of the E-Form, please advise the SFO of the change in writing with supporting document showing the name of the bank account holder and account number as soon as possible so as to avoid any delay in the disbursement of financial assistance.

## Part VII Applicant's Supplementary Information

<sup>1</sup> Applicant is not required to provide the relevant supporting document if the requirements mentioned in Note 2 of Paragraph 13.4 are met.

1. If you have explain in det: Please provide details regarding family members in receipt of CSSA or any substantial changes in the applicant's family particulars after the assessment period (e.g. unemployment or substantial drop in income of a family member, etc.) in this part with copy of supporting documents. Otherwise, please leave this part blank.

2. If your family is receiving / has received CSSA any time during the period from 1 April 2023 to the time of submission of application, please specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number.  
 WONG SIU FAN AND CHAN TAI MING RECEIVED CSSA DURING 1.4.2023 – 30.9.2023. THE CASE FILE NUMBER WAS ABC-C-123456.

3. If you have special financial hardship, please state details of the situation, relevant duration and submit supporting documents.  
 THE APPLICANT, CHAN TAI MAN HAS BEEN UNEMPLOYED SINCE 1.5.2024. THE FAMILY INCOME IS SUBSTANTIALLY REDUCED AFTER THE ASSESSMENT PERIOD WHICH RESULTS IN FINANCIAL HARDSHIP (SEE THE ATTACHED SUPPORTING DOCUMENTS).

After completing all items in Part VII, please click "Next Page" to proceed to the following part.

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## Part VIII Declaration

- 10.1 Applicant and his / her spouse (if applicable) should read through the paragraphs carefully and sign the Declaration digitally or on paper as follows:
- (i) signing the Declaration with "iAM Smart+" digitally; or
  - (ii) printing the Declaration, signing in the appropriate space provided on the Declaration in black or blue ink and scanning the signed Declaration as one of the supporting documents for submission.

Applicant's Identity Document No.  
A1234567

Date  
XX/XX/20XX

Signing Method : \*

Sign with "iAM Smart" (Applicable for registered "iAM Smart+" account only) [More Info](#)

Sign on Paper

Spouse's Identity Document No. \*

B1234567

Date  
XX/XX/20XX

Signing Method : \*

Sign with "iAM Smart" (Applicable for registered "iAM Smart+" account only) [More Info](#)

Sign on Paper

Please click "Print Declaration" below to print the Declaration and sign on the printed copy. The signed Declaration should be **uploaded under the "Supporting Documents" page for online submission or returned to the SFO by post. Please note that processing of an application without the signed Declaration will be delayed.**

Print Declaration (If both Applicant and Spouse choose to sign on printed declaration, you may need to print one copy only for signing)

Previous Page Next Page

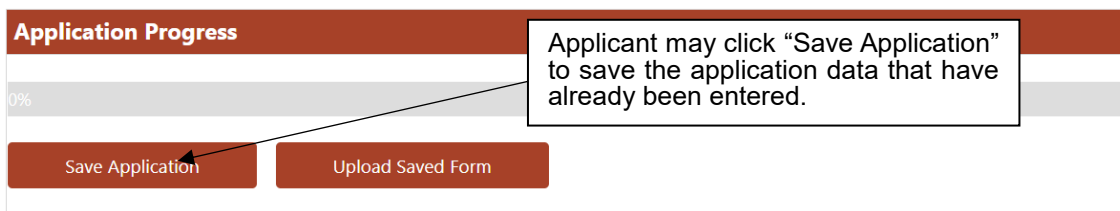
Applicant and/or his / her spouse may choose to sign the Declaration with "iAM Smart+".

Applicant and/or his / her spouse may also choose to sign the Declaration on paper. Applicant and/or his / her spouse may print the Declaration, sign in the appropriate space provided on the Declaration in black or blue ink and scan the signed Declaration as one of the supporting documents for submission.

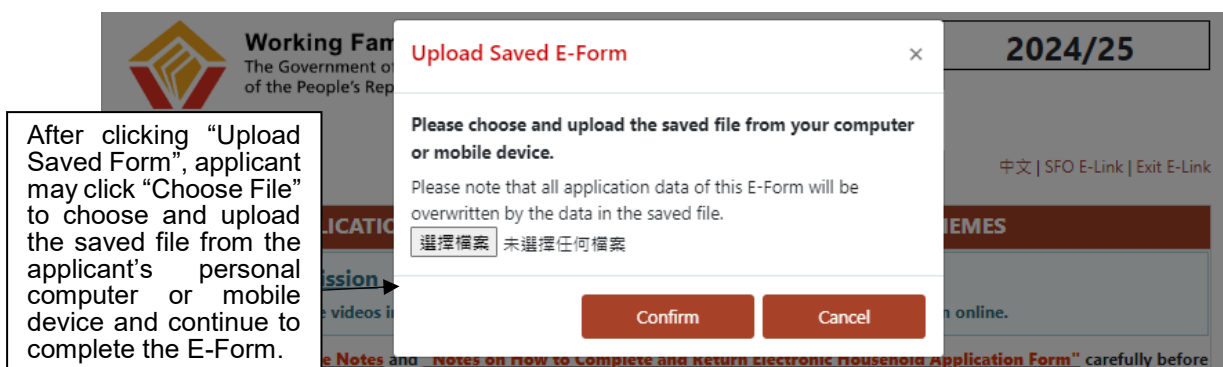
After completing all items in Part VIII, please click "Next Page" to proceed to the following part.

## Saving and Uploading E-Form

- 11.1 If applicant needs to save the unfinished E-Form for completion later, please click “Save Application” to download the application data that have already been entered. The application data will be saved in the applicant’s personal computer or mobile device as a “.sfo” file. Applicant should record the location of the saved file to facilitate subsequent retrieval and continual completion of the E-Form.



- 11.2 If applicant wants to restore the application data from a saved file, please click “Upload Saved Form” to choose and upload the saved file from the applicant’s personal computer or mobile device. Applicant may continue to complete the E-Form after uploading the saved file.



## Reviewing Completed E-Form

- 12.1 Applicant should review all the information on the E-Form to ensure that all the data entered are correct.

This declaration shall be governed by and construed in accordance with the laws of the HKSAR. I / We and the Government of the HKSAR shall irrevocably submit to the jurisdiction of the Courts of the HKSAR. I / We have read the provisions of this declaration carefully and fully understood my / our obligations and liabilities under this declaration.

**Applicant's Identity Document No.**

A1234567

**Date**

XX/XX/20XX

**Signing Method : \***

Sign with "iAM Smart" (Applicable for registered "iAM Smart+" account only)  
Successfully signed (Applicant)

Sign on Paper

**Spouse's Identity Document No. \***

B1234567

**Date**

XX/XX/20XX

**Signing Method : \***

Sign with "iAM Smart" (Applicable for registered "iAM Smart+" account only)

Sign on Paper

Please click "Print Declaration" below to print the Declaration and sign on the printed copy. The signed Declaration should be **uploaded** under the "Supporting Documents" page for online submission or returned to the SFO by **application without the signed Declaration will be delayed.**  
(If both Applicant and Spouse choose to sign on printed declaration, you may need to print one copy)

**Modify** **Next Page**

If applicant needs to amend the information of the E-Form, please click “Modify” at the relevant Part and re-enter the relevant information.

After reviewing and confirming all the completed information on the E-Form is correct, please go to Part VIII and click “Next Page” to proceed to the following part.

# Submitting E-Form and Supporting Documents

13.1 Applicant may upload necessary supporting document(s) and submit them together with the completed E-Form.

### Supporting Documents

(The total size of all attachments cannot exceed 40 MB)

Applicants may upload and submit supporting documents when submitting their electronic application. If applicants wish to provide other supporting documents and/or supplementary information to the Student Finance Office after the submission, they may send them to Tsimshatsui PO Box 96824 by post.

#### Signed Declaration (If the form is printed and signed)

Choose or "drag and drop" files here  
Accepted format: JPEG, PNG, PDF  
(Maximum number of uploaded file: 50)

#### Identity documents of the applicant

Choose or "drag and drop" files here  
Accepted format: JPEG, PNG, PDF  
(Maximum number of uploaded file: 50)

#### Other supporting documents

Choose or "drag and drop" files here  
Accepted format: JPEG, PNG, PDF  
(Maximum number of uploaded file: 50)

Please enter the verification code listed below for authentication. \*

4397 Please click here to generate another verification code image.

Back Preview Submit

Please upload each type of supporting document(s) (if any) separately by clicking the buttons under their respective titles to choose the file(s) of scanned copy of supporting document(s) in your computer / mobile device or directly drag the file(s) to the relevant box(es).

Other than the listed types of documents, applicant may submit other relevant supplementary information to the SFO in the "Other supporting documents" field.

Please enter the verification code listed below for authentication.

Please double-check if the inputted information and uploaded supporting documents are correct before submission.

Applicant may submit the completed E-Form and relevant supporting documents (if applicable) by clicking "Submit" after checking all the inputted information and uploaded supporting documents are correct.

### Confirmation of E-Form Submission

Your E-Form application will be submitted to the Student Finance Office.  
If you wish to provide other supporting documents and/or supplementary information to the Student Finance Office after the submission, you may send them to Tsimshatsui PO Box 96824 by post.

Confirm Cancel

Please click "Confirm" to confirm the submission of the completed E-Form and relevant supporting documents (if applicable).

## Submission Details

Your Electronic Household Application Form for Student Financial Assistance Schemes has been received by the Student Finance Office. Please quote the transaction reference number below for future communication related to this submission, including any enquiries or subsequent submission of supporting documents.

As you have submitted your electronic application form already, please **do not** complete and submit other paper-based application forms.

**Submission Date and Time (YYYY-MM-DD HH:MM:SS):** 20XX-XX-XX HH:MM:SS

**Transaction Reference Number:** SFOXXXXXXXXXXXX



This message will be displayed upon completion of submission. Applicant may print this page for record purpose.

Applicant may also download a copy of the submitted E-Form for reference.

- 13.2 For online uploading of documents, please ensure that the scanned documents are clear and legible and take note of the following file formats and uploading limit:
- File types: Portable Document Format (PDF) or Joint Photographic Expert Group (JPEG) or Portable Network Graphics (PNG); or
  - Image resolution: 150 to 300 dots per inch (dpi); and
  - Total File Uploading Limit for all the documents: 40 Megabytes<sup>2</sup>
- 13.3 (i) Applicable to Applicants of Financial Assistance for Primary and Secondary Students  
Please submit the completed E-Form with copy of the relevant supporting documents to the SFO according to Paragraphs 13.1-13.2 of this Notes **on or before 31 May 2024**. If applicants wish to submit relevant supporting documents by post, they may send copy of the relevant supporting documents separately by post to Tsimshatsui PO Box 96824. Please state clearly the Household Application Number (or the HKID Card No. of the applicant) on the supporting documents and affix sufficient postage on the envelopes. Insufficient postage will lead to non-delivery of the supporting documents, in which case the SFO will not be able to process the application. Applicants should write their correspondence address at the back of envelopes to avoid wrong / unsuccessful delivery.
- (ii) Applicable to Applicants of Financial Assistance for Pre-primary Students  
Applicants should submit the completed E-Form with copy of the relevant supporting documents to the SFO according to Paragraphs 13.1-13.2 of this Notes **before the completion of attending classes in the 2024/25 school year or not later than 15 August 2025, whichever is the earlier**. If applicants wish to submit relevant supporting documents by post, they may send copy of the relevant supporting documents separately by post to Tsimshatsui PO Box 96824. Please state clearly the Household Application Number (or the HKID Card No. of the applicant) on the supporting documents and affix sufficient postage on the envelopes. Insufficient postage will lead to non-delivery of the supporting documents, in which case the SFO will not be able to process the application. Applicants should write their correspondence address at the back of envelopes to avoid wrong / unsuccessful delivery. The effective month of fee remission will be the month in which the application forms are submitted by the applicants, or the month in which the student-applicants are admitted to the kindergartens / child care centres, whichever is the later.
- 13.4 Required supporting documents include:
- Copy of identity documents** of the applicant and his / her family members (including the dependent parent(s) (if applicable)) as listed in Part II (Note 1);
  - (For single-parent families)** Copy of supporting documents for separation / divorce or the spouse's Death Certificate. If applicants are unable to provide the supporting documents, please explain in writing the reasons and sign on an explanatory note; if applicant is unable to provide the required supporting documents, the SFO reserves the right to process the application on the basis that the applicant is not treated as a single parent;
  - (If applicable) Copy of **documentary proof on supporting the dependent parents**;
  - (If applicable) Copy of documentary proof on unavoidable **medical expenses** (for family members who are chronically ill or permanently incapacitated) for the period from 1 April 2023 to 31 March 2024;
  - Please provide copy of the **bank statement / first page of bank book** (Note 2); and
  - Documentary proof on total income** for the period from 1 April 2023 to 31 March 2024. Please submit the document in accordance with the requirements listed below:

<sup>2</sup> In case the total file size exceeds the uploading limit, please consider increasing the image compression level, or lowering the resolution of the JPEG or PNG files to decrease the file size, where appropriate.

Salaried employed person	<ol style="list-style-type: none"> <li>(1) Tax Demand Note issued by the Inland Revenue Department; if not available</li> <li>(2) Employer's Return of Remuneration and Pensions Form; if not available</li> <li>(3) Salary Statement; if not available</li> <li>(4) Bank transaction record showing payment of salary, allowance, etc. (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating family income); if not available</li> <li>(5) Income Certificate certified by the employer (See Sample I), etc.</li> </ol>
Self-employed driver or person running business (including sole proprietorship business / partnership business / limited company)	<ol style="list-style-type: none"> <li>(1) Profit and Loss Account verified by a Certified Public Accountant; if not available</li> <li>(2) Profit and Loss Account prepared on your own (See Sample II or III) <u>and</u></li> <li>(3) Personal Assessment Notice (if applicable).</li> </ol>
Salaried employed or self-employed person who cannot produce any income proofs	Please follow Sample IV to provide Self-prepared Income Breakdown detailing your monthly income throughout the year and explaining why income proof cannot be produced. (The SFO reserves the right to decide whether applications from those applicants who cannot provide justification for not producing income proof would be accepted.)
Person with rental income	<ol style="list-style-type: none"> <li>(1) Tenancy Agreement; if not available</li> <li>(2) Bank transaction record showing rental income (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating family income).</li> </ol>

**Note 1:** If applicant / family member(s) meet the following requirements, it is not required to submit the supporting document(s):

- Applicant / the family member(s) has / have a successful application under the financial assistance scheme of the SFO and has / have submitted a copy of their HKID Card in the above successful application; and
- There is no change in personal particulars on the HKID Card.

**Note 2:** If applicant meets the following requirements, it is not required to submit the supporting document:

- Applicant has a successful application under the financial assistance scheme of the Working Family and Student Financial Assistance Agency and was disbursed with payment of grant and/or loan to his / her bank account while the applicant has submitted a copy of bank account proof in the above successful application; and
- Applicant uses the same bank account in the application for the 2024/25 school year (i.e. the above bank account which has been disbursed with grant and/or loan).

Regarding to the above exemption mentioned in Notes 1 and 2, applicant must enter correctly and clearly the information of the Identity Card and bank account number in the E-Form. If necessary, the applicant may still be required to resubmit the relevant document(s). In case of any disputes, the decision of the SFO will be final.

## **Enquiries**

- 14.1 If applicant has any enquiry relating to the completion and submission of E-Form or has not received any acknowledgement of receipt of application by means of SMS or in writing from the SFO within 20 working days after submitting E-Form online, please call our 24-hour enquiry hotline at 2802 2345.



Sample I: Income Certificate

*(For salaried employed person who cannot provide items 1-4 of income proof as listed in Paragraph 13.4 (vi) of the "Notes on How to Complete the Form")*

**(Can be filled in directly)**

**WARNING :** The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

**INCOME CERTIFICATE**

This is to certify that \_\_\_\_\_ (HKID Card No. \_\_\_\_\_) is employed by this company as \_\_\_\_\_. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2023 to 31 March 2024 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: \_\_\_\_\_ to \_\_\_\_\_ ) is \*HK\$ \_\_\_\_\_.

# The above employee works \_\_\_\_\_ hours per month / full-time in this company (120 working hours or above per month) (only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3).

Signature of Employer : \_\_\_\_\_ Name of Employer : \_\_\_\_\_

Company Chop : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Company Address : \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any deletion / amendment.)

\* Please specify the currency if salary paid is not in Hong Kong dollars.

# Please delete the inappropriate sentence.

## INCOME CERTIFICATE

This is to certify that \_\_\_\_\_ (HKID Card No. \_\_\_\_\_) is employed by this company as \_\_\_\_\_. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2023 to 31 March 2024 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: \_\_\_\_\_ to \_\_\_\_\_ ) is \*HK\$ \_\_\_\_\_.

# The above employee works \_\_\_\_\_ hours per month / full-time in this company (120 working hours or above per month) (only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3).

Signature of Employer : \_\_\_\_\_ Name of Employer : \_\_\_\_\_

Company Chop : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Company Address : \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any deletion / amendment.)

\* Please specify the currency if salary paid is not in Hong Kong dollars.

# Please delete the inappropriate sentence.

**WARNING :** The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

**Sample II: Profit & Loss Account**

(For self-employed taxi driver / lorry driver / minibus driver etc.)

(Can be filled in directly)

Name of family member engaged in the following business : \_\_\_\_\_

Taxi driver / Lorry driver / Minibus driver (please circle)

Vehicle owner / Vehicle lessee (please circle)

License number (for vehicle owner only) : \_\_\_\_\_

**(I) Profit and Loss Account**  
(From 1 April 2023 to 31 March 2024)

**Income (HK\$)**

1. Rent (for vehicle owner only)	\$	_____
2. Profit from operating business	\$	_____
3. Others (please specify all items & breakdown of amounts)	\$	_____
_____		
(A) Total Income	\$	_____

**Expenditure (excluding vehicle mortgages) (HK\$)**  
(1 & 2 are applicable to vehicle lessee, 2 to 5 are applicable to vehicle owner)

1. Vehicle rental fee	\$	_____
2. Fuel charges	\$	_____
3. Insurance premium	\$	_____
4. Maintenance fee	\$	_____
5. License fees	\$	_____
6. Others (please specify all items & breakdown of amounts)	\$	_____
_____		
(B) Total Expenditure	\$	_____

**Net profit [(A) Total Income – (B) Total Expenditure\*]**

\$ \_\_\_\_\_

(This amount should be filled in Part IV of the Household Application Form.)  
\* If Total Income is less than Total Expenditure (i.e. (A) – (B) < 0), deficit will not be counted i.e. business loss cannot be deducted from the gross household income.

Remark (reason for not being able to provide income proof) :

---

**(II) Monthly Working Hours (Only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3)**

Working \_\_\_\_\_ hours per month.

Signature of family member engaged in the above business (if not the applicant) : \_\_\_\_\_

Applicant's Name : \_\_\_\_\_

Applicant's HKID No : \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**Sample III: Profit & Loss Account**

(For person running business (including sole proprietorship / partnership business))

(Can be filled in directly)

Name of family member running the following company (Owner) : \_\_\_\_\_

Company name : \_\_\_\_\_

Nature of business : \_\_\_\_\_

Company address : \_\_\_\_\_

Sole proprietorship or partnership : \_\_\_\_\_ ( \_\_\_\_\_ %)

(If it is a partnership, please specify the profit sharing ratio, e.g. Partnership (50%))

**(I) Profit and Loss Account**  
(From 1 April 2023 to 31 March 2024)

(A) **Gross Income (HK\$)** \$ \_\_\_\_\_

**Expenditure (HK\$)**  
(The following is the running cost of the company and should not cover any household expenses.)

Cost on purchasing merchandise	\$	_____
Water charges	\$	_____
Electricity charges	\$	_____
Gas charges	\$	_____
Telephone charges	\$	_____
Rent and rates	\$	_____
Salary of employees other than those marked '#' below	\$	_____
Transportation costs	\$	_____
Traveling expenses	\$	_____
Insurance premium	\$	_____
Fees for repair and maintenance of machinery	\$	_____
Others (please specify all items & breakdown of amounts)	\$	_____
_____		

**Other Expenditure (HK\$)**

# Salary of owner paid by this company	\$	_____
# Salary of other family member paid by this company (Name : _____)	\$	_____
_____		

(B) **Total Expenditure (HK\$)** \$ \_\_\_\_\_

**Household Income = (A) Gross Income – (B) Total Expenditure\* + Salary of owner / other family member paid by this company#**  
= HK\$ \_\_\_\_\_

(This amount should be filled in Part IV of the Household Application Form.)  
\* If Gross Income is less than Total Expenditure (i.e. (A) – (B) < 0), deficit will not be counted i.e. business loss cannot be deducted from the gross household income.

Remark (reason for not being able to provide income proof) :

---

**(II) Monthly Working Hours (Only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3)**

Working \_\_\_\_\_ hours per month.

Owner's Signature (if not the applicant) : \_\_\_\_\_

Applicant's Name : \_\_\_\_\_

Applicant's HKID No : \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Sample IV: Self-prepared Income Breakdown  
 (For hawker / construction worker / renovation worker / casual worker / cleaner  
 who cannot provide income proof)  
 (Please fill in all of the following items)  
 (Can be filled in directly)

**WARNING :** The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

Name of the family member engaged in the : \_\_\_\_\_  
 following business \_\_\_\_\_

(Each self-prepared income breakdown **should contain the income information of ONE family member only.**)

The relationship between this family member and the applicant : \* Applicant / Spouse / Child  
 (\* please delete the inappropriate items)

Nature of Industry (e.g. Construction) : \_\_\_\_\_

Position (e.g. construction worker) : \_\_\_\_\_

Actual Income

(**Please fill in actual figure.** If you do not have any income in a specific month, please fill in \$0. Do not leave any month blank. In addition, for payment made in arrears, for instance, if the payment date of your salary for April is in May, you should fill in the salary amount in the month of April, etc.)

<u>2023</u>		<u>2024</u>	
April :HK \$ _____	September :HK \$ _____	January :HK \$ _____	
May :HK \$ _____	October :HK \$ _____	February :HK \$ _____	
June :HK \$ _____	November :HK \$ _____	March :HK \$ _____	
July :HK \$ _____	December :HK \$ _____		
August :HK \$ _____			

Total Annual Income HK \$ : \_\_\_\_\_

Payment method (Please put “√” in the appropriate box. More than one item may be selected)

- A. By Cash / Cash cheque
- B. By Cheque / direct credit (Please provide a copy of the transaction record together with the page showing the name of the bank account holder, **circle the entries and highlight the total amount with color** for verification. For any entries other than income, please also **make necessary remarks next to them, or else the SFO may include the amount in calculating your family income.**)

Reason for not being able to provide income proof (Please put “√” in the appropriate box.)

- A. I have no fixed employer.
- B. The company I worked for has wound up and I cannot obtain documentary proof from the ex-employer and do not have any other income proof.
- C. Others, please specify : \_\_\_\_\_

Monthly Working Hours (Only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3)

Working \_\_\_\_\_ hours per month.

**Declaration : I declare that the above information is true and complete.**

Signature of family member engaged in the above business (if not the applicant) : \_\_\_\_\_

Applicant's Name : \_\_\_\_\_ Applicant's HKID No : \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_ Date : \_\_\_\_\_