



Republic of the Philippines  
City of Makati  
Social Welfare Department

Control No: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Interviewer: \_\_\_\_\_

APPLICATION FORM FOR SOLO PARENTS

Application Type:  
☐ NEW ☐ RENEWAL

Firstname: \_\_\_\_\_ Middlename: \_\_\_\_\_ Lastname: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_ C/S: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I. RESIDENCY / HOUSING: Makati Voter? ☐ Yes ☐ No

Date/Year started living in MAKATI: \_\_\_\_\_ No. of years in MAKATI: \_\_\_\_\_  
Date/Year started living in CURRENT BARANGAY: \_\_\_\_\_ No. of years in current BARANGAY: \_\_\_\_\_

☐ Owner ☐ Sharer  
☐ Renter ☐ Others: \_\_\_\_\_

ADDRESS: Barangay: \_\_\_\_\_ Street: \_\_\_\_\_ Bldg/Subd/Zone: \_\_\_\_\_

House#/Lot#/Room/Unit#: \_\_\_\_\_

☐ Living with Parent(s), Sibling(s) & Dependent(s) ☐ Living with Parent(s) & Dependent(s)  
☐ Living with Sibling(s) & Dependents(s) ☐ Living with Dependent(s) only

Highest Educational Attainment: \_\_\_\_\_ Other Skills: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Position: \_\_\_\_\_ (1) Monthly Income: \_\_\_\_\_  
Employer/Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_  
Company Contact No. \_\_\_\_\_ No of years employed in the current company: \_\_\_\_\_  
Other Sources: \_\_\_\_\_ (2) Monthly Income: \_\_\_\_\_ TOTAL MONTHLY INCOME: \_\_\_\_\_

II. FAMILY COMPOSITION:

| Name | Date of Birth<br>(mm/dd/yyyy) | Age | Relationship | C/S | Educ. Attn. | Occupation /<br>Monthly Income |
|------|-------------------------------|-----|--------------|-----|-------------|--------------------------------|
|      |                               |     |              |     |             |                                |
|      |                               |     |              |     |             |                                |
|      |                               |     |              |     |             |                                |
|      |                               |     |              |     |             |                                |
|      |                               |     |              |     |             |                                |

\* Pls. include family members & other members of the household.

III. CLASSIFICATION / CIRCUMSTANCES OF BEING A SOLO PARENT:

☐ Widow/ widower (since when?) \_\_\_\_\_  
☐ Married but Legally Separated (since when?) \_\_\_\_\_  
☐ Married but Separated (since when?) \_\_\_\_\_  
☐ Unmarried & Separated (since when?) \_\_\_\_\_  
☐ Annulment of Marriage (since when?) \_\_\_\_\_  
☐ Spouse is incarcerated (since when?) \_\_\_\_\_  
☐ Disability of Spouse (since when?) \_\_\_\_\_  
☐ Abandoned (since when?) \_\_\_\_\_  
☐ Others: \_\_\_\_\_

Are you the biological parent of the minor/s?

☐ Yes ☐ No. If No, state the relationship of the applicant to the minor and state the current address of the biological parents of the minor: \_\_\_\_\_

Is the minor/s living with the applicant?

☐ Yes (since when?) \_\_\_\_\_  
☐ No. If No, state the current address where the minor/s is/are living. \_\_\_\_\_

Is the applicant living with a common-law spouse?

☐ Yes. If Yes, state the name of the Common-Law spouse: \_\_\_\_\_  
☐ No.

Are you currently receiving support from the father/mother of your child/children?

☐ Yes. If Yes, pls state amount \_\_\_\_\_  
☐ No.

ADDITIONAL INFORMATION:

- Child/children's father/mother's name: \_\_\_\_\_
- Year met: \_\_\_\_\_ Under what circumstances? (ex. Neighbor, thru a common friend, etc): \_\_\_\_\_
  - ☐ Married From (year) \_\_\_\_\_ to \_\_\_\_\_
  - ☐ Lived together From (year) \_\_\_\_\_ to \_\_\_\_\_
  - ☐ Abandoned (year) \_\_\_\_\_
- Reason for separation: \_\_\_\_\_

**IV. NEEDS / PROBLEMS AS A SOLO PARENT****V. FAMILY RESOURCES:****VI. PERSON TO NOTIFY IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Contact No. \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_

I hereby certify that the information given above is true and correct. I further understand that any misinterpretation that I may have made will subject me to criminal liabilities provided for by existing laws.

Date \_\_\_\_\_

Signature over Printed Name \_\_\_\_\_

PLS. DO NOT WRITE BELOW THIS LINE

|   |  |   |   |
|---|--|---|---|
| <b>Application Type:</b><br><input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL<br><b>Mailed Voter:</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Ifs (Postpaid)<br><input type="checkbox"/> Ifs Card | <input type="checkbox"/> PWD (Type disability):<br><input type="radio"/> Applicant<br><input type="radio"/> Dependent | <b>MSD Employee?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>Dept/Office/Div:</b> |
|---|--|---|---|

**A. REQUIREMENTS SUBMITTED:**

- ☐ COMELEC Cert/ LD. (Photocopy)  
☐ Latest Barangay Certificate (Original)  
☐ Latest Income Tax Return (Photocopy)  
☐ Affidavit of Solo Parent (Original)  
☐ Death Certificate of Spouse (Photocopy)  
☐ Court Declaration of Annulment/ Legal Separation (Photocopy)  
☐ PWD LD. (spouse of applicant) (Photocopy)  
☐ Certificate of Detention (Photocopy)  
☐ Birth Certificate of child/ children 17 years old and below (Photocopy)  
☐ 2 pcs. 1x1 ID picture of applicant (Original)  
☐ Latest picture of child/ children with the applicant (Original)  
☐ Latest school LD. of child/ children (Photocopy)  
☐ PWD ID (if with disability)  
☐ Others: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Signature over Printed Name \_\_\_\_\_

Assessed by: \_\_\_\_\_

**ARMABEL C. ROSALAN, RSW**  
 Social Worker

**B. INTERVIEWER'S NOTES:**

Interviewed by: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Notes: \_\_\_\_\_

**C. HOMEVIST REMARKS:**

Homevisit by: \_\_\_\_\_

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

Homevisit Remarks: \_\_\_\_\_

Homevisited by: \_\_\_\_\_

Signature over Printed Name \_\_\_\_\_

Recommending Approval: \_\_\_\_\_

**FLORENCE L. FERRER**  
 Staff-in-Charge, MSWD-FAMWS

Approved by: \_\_\_\_\_

**MARIBEL M. LUMANG, RSW**  
 Officer in-Charge  
 Mailed Social Welfare Department