

**DSWD**

Department of Social Welfare and Development

SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS

1x1 picture

APPLICATION FORM

I. BASIC INFORMATION

Name: _____ Citizenship: _____
(Last Name, First Name, Middle Name)Address: _____
(House No. Street Barangay City/Municipality Province)

Age: _____ Sex: _____ Civil Status: _____

Birthdate: _____ Birthplace: _____
(Month, Date, Year)

Living Arrangement: _____ Owned _____ Living Alone _____ Living with relatives _____ Rent

Educational Attainment: _____

ID Number: OSCA _____ TIN _____ GSIS _____

SSS _____ PhilHealth _____ Others _____

II. ECONOMIC STATUS

Pensioner? _____ Yes _____ No If yes, how much? _____

Source: _____ GSIS _____ SSS _____ AFPSLAI _____ Others _____

Permanent Source of Income? _____ Yes _____ None

Regular Support from Family? _____ Yes _____ No

Type of Support? _____ Cash (How much and how often) _____ In kind(specify) _____

III. Family Composition

Name	Relationship	Age	Civil Status	Occupation	Income

IV. HEALTH CONDITION

Has existing illness? _____ Yes _____ No If yes, please specify: _____
Hospitalized within the last six months? _____ Yes _____ No

I hereby certify that the above-mentioned information are true and correct to the best of my knowledge.

(Applicant's Signature over Printed Name) Date Submitted: _____

Received by: _____
(Signature over Printed Name and Designation)


**social-pension-APPLI
CATION-FORM.docx**