

# SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS

1x1 picture

APPLICATION FORM

# 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\_\_\_\_\_\_\_\_\_\_\_\_

# 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)

# Family Composition

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship | Age | Civil Status | Occupation | Income |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# 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 knowlwdge.

Date Submitted:

(Applicant’s Signature over Printed Name)

Received by: (Signature over Printed Name and Designation)

