**NATURE OF APPLICATION**

Maintenance Claim under s3 of the Maintenance of Parents Act

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| **APPROVED PERSON’S INFORMATION** | |
| **NAME**  {{ person\_name }} | **RELATIONSHIP TO RECIPIENT**  {{ person\_rs }} |

**RECIPIENTS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **RECIPIENT’S PERSONAL PARTICULARS** | | | |
| **NAME**  {{ recipient\_name }} | **GENDER**  {{ recipient\_gender }} | | |
| **ID NO.**  {{ nric }} | **ID TYPE**  NRIC | **DATE OF BIRTH**  {{ recipient.birthdate }} | **NATIONALITY**  {{ recipient\_nationality }} |

**RACE**  {{ recipient\_race }}

**RELIGION** {{recipient\_religion }}

**OCCUPATION** {{ recipient\_occupation }}

**RECIPIENT’S INCOME IN THE PAST MONTH** {{ recipient\_income }}

**RECIPIENT’S EXP MONTHLY EXPENDITURE** {{ recipient\_expenditure }}

**LANGUAGE** {%if applicant\_language%}English{%else%}{{applicant\_preferredlanguage}}{%endif%}

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| --- | --- |
| **APPLICANT’S CONTACT INFORMATION** | |
| **ADDRESS**  {{ recipient\_street }} block {{ recipient\_block }} {{ recipient\_address}} | |
| **EMAIL**  {{ recipient\_email }} | **TELEPHONE NUMBER**  {{ recipient\_number }} |

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| **CHILDS’S PERSONAL PARTICULARS** | |
| **NAME**  {{ child.name.first }} | **RELATIONSHIP WITH APPLICANT**  {{ child\_relationship }} |
| **DATE OF BIRTH**  {{ child.birthdate }} | **NATIONALITY**  {{ child\_nationality }} |
| **ADDRESS:** {%if child\_address%}{{child.postal}}, Block {{child.block}}, {{child.street}}, {{child.unit}}{%else%}Unknown{%endif%} | |

**APPLICATION DETAILS**

**Brief breakdown and explanation of recipient’s expenditure:**

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| --- |
| {{ recipient\_breakdown }} |

I {{ person\_name }} confirm and declare that—

1. I am an approved person under section 3(2) of the Maintenance of Parents Act.
2. I hereby give notice that I wish to claim maintenance against the respondent(s) on behalf of the recipient.
3. I am claiming {{ recipient\_maintenancetype }} of $ {{ recipient\_maintenancesum }} per month as maintenance.
4. I declare that the information given in the application for maintenance is true and correct.

{{ person\_name }}

{{ current\_datetime() }}

\*Please note that person filling the application is required to furnish the following to the Secretary of the Tribunal together with the application for maintenance.

1. Applicant’s particulars
2. A statement of the applicant’s financial needs, income, earning capacity and other financial resources
3. Documents in support of the applicant’s physical or mental disability, if any; and
4. Such other documents as may be required