



Republic of the Philippines
Province of Albay
Legazpi City

SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS

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: _____

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

OSCA ID Number: _____ Date Issued: _____

Name of Spouse: _____ Citizenship: _____
Last Name First Name Middle Name

Age: _____ Birthday: _____ Sex: _____
Month, Day, Year

II. ECONOMIC STATUS

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

Source: _____ GSIS _____ SSS _____ AFPSLAI _____ Others

Permanent Source of Income? _____ Yes _____ No If YES, from what source? _____

Regular Support from the Family? _____ Yes _____ No

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

III. HEALTH CONDITION

Has existing illness? _____ Yes: _____ No If YES, please specify: _____

Hospitalized within the last six months? _____ Yes _____ No

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

(Applicant's Signature Over Printed Name)

Date Submitted: _____

Endorsed: **CORAZON P. POBOCAN**
OSCA Head
(Signature Over Printed Name)

LORENZO P. CARIÑAGA
FSCAP President
(Signature Over Printed Name)

IRENE BARBERO-RACHO, RSW, MSSW, DPPM
CSWDO
(Signature Over Printed Name)