



Department of Social Welfare and Development

SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS

1 X 1
Picture

APPLICATION FORM

1. 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

II. ECONOMIC STATUS

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

Source: ___ GSIS ___ SSS ___ AFPSLAI ___ Others _____

Permanent Source of Income? ___ Yes ___ None If yes from what source? _____

Regular Support from 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 _____

Hospitalization 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)

