	SOCIAL SECURITY	' FUNC	)			
	Application for Ber	nefit	Dof N	Number:		
To Be completed by	All Applicants		Kel. I	uniber.		
1. Details of Applicant	t					
Surname: First Names: Address: District:		N.I.N: Maritus Status: Name of Spouse:				
2. Details of Househ	old					
NAME	NIN	SEX		RELATIONSHIP TO APPLICANT	INCOME	HOUSING RENT/LOAN
		_				
		1				
	+					
				Tot	al (a) R	
3. Household Incom	e					
examples					R	
Child's Maintenance		Total income at (a) Other (specify)				
Means Testing Part-time Job			Other	(specily)		
Partners Contributions	S					
Washing and Ironing						
Sewing Baby Minder						
Sale of Fruits and Veg	petables					
Others			Other Income			
			Gross	Household Income R	R	
4. State the type of As	ssistance Requires?					

5. Explain why you require such assisatnce?	
(a) Sickness - provide certificate	
(b) Unemployment - provide last certificate of employment ?	
(c) Lack of Maintenance from parents. Why?	
Provide names and addresses of Fathers/Mothers/Gua	ardian
Name:	Address:
NIN:	
Name:	Address:
NIN:	
Name:	Address:
NIN:	
6. Have you registered with the Unemployment Relief S	Scheme? Yes/No. If No why?
7. State places that you have been to seek employmer	nt.
8. State your lastest three employment.	
9. Are you and your spouse/ partner involved in any ca employment? Yes/No	sual work while waiting for permanent
10. Include below any information which you find releva E.g. Job Card No.	ant.

## Declaration

I hereby certify that the information contained in this application is correct. I hereby authorise Social Worker, or any Officer authorised by the Fund, to obtain any information from my employer, financial institution including any bank accounts I may hold or any relevant person in support of my application.

APPLICANT'S SIGNATURE

DATE

Please note that the information which you have supplied above is to be used only for the purpose of assessing your needs and will be kept in the strictest of confidence

SOCIAL WORKER'S COMMENTS

NAME

SIGNATURE

DATE