



APPLICATION FOR COVID19 DEBT RELIEF ASSISTANCE

Customer Name (s):

Account No: TIN No:

Survey Reference: Property Location:

Employer:

| Date of Birth | Gender | | Marital Status | | Occupation |
|----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> M | <input type="checkbox"/> F | <input type="checkbox"/> M | <input type="checkbox"/> S | <input type="text"/> |

| Home Address | Postal Address | Phone Contact Detail (Work/office) |
|----------------------|----------------------|------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Email Address

COVID19 Financial Hardship Details (Please tick)

- Unemployment
- Reduced working hours
- Leave without pay

COVID19 Debt Relief Assistance Options: (Please tick 1 only)

- 3 months loan repayment holiday
- Extension of loan term without fees
- Interest only repayment
- 3 months loan repayment holiday with extension of loan term

Documents required:

- Letter from Employer signed by Human Resource Manager
- Latest Salary Slip
- Statutory Declaration if unemployed

Do you have insurance cover for MPI? Yes/No

I/we confirm that I/we have read and understood the conditions stated therein and declare that all the information provided is true and correct.

Applicant's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

Name of Witness: _____

Title of Witness: _____

Important Notice:

Any person obtaining assistance from Housing Authority who willfully fails to disclose any material information within his/her knowledge or willfully makes a statement which he/she knows to be false or does not believe to be true, shall be guilty of an offence and on conviction for a fine not exceeding \$200 or imprisonment for a term not exceeding six months, or both such fine and imprisonment- Section 28 of Housing Act(cap 267)

FOR OFFICIAL USE ONLY

This section of the form is to be completed by the Customer Relations Executive.

Documents Accepted: Yes/Not

Officer's Name

Signature

Date