



1X1 picture

SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS

APPLICATION FORM

1. BASIC INFORMATION

Name: _____ Citizenship: _____
 (Last Name, First Name, Middle Name)

(House No. Street Barangay City/Municipality Province)
 Address: _____
 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)