Rev.6

FRIENDS WITHOUT Borders
Mount Edgecombe
Serving humanity with humility

FWBME **FWBME Reference**

APPLICATION FOR SOCIAL ASSISTANCE

☐ **Food Hamper** ☐ **Education** ☐ **Other**

(NPO-172 916) (PBO - 930070818) Referred by:

1 Applicant Details

Surname

First Names

ID number

If successful this will be the ID document that must be presented

Address

Marital Status ☐ Single (S)Married (M)Divorced(D)Widow(W) Postal Code

Cell Phone whatsapp Y ☐ N ☐

Email address

Occupation

Spouses Name

2 Detail of Applicant Employer (if applicable)

Name

Address

Postal Code

Work telephone no.

Monthly Income

Nature of accommodation ☐ Own home ☐ Rented ☐ Living with Children/family

If Property owned is it freehold ☐ Y/N

3 Detail of Applicant Spouses Employer (if applicable)

Name

Address

Postal Code

Work telephone no.

Monthly Income

4 Life Comforts (Please indicate Y-yes or N-No)

Do you own a DSTV ☐ Y/N Do you have Wifi ☐ Y/N Do you own a motor vehicle ☐ Y/N

Are you and your family of sober habits ☐ Y/N

Sign on page 1:

Do you or your family receive support from SASSA for

☐ Old Age ☐ Disability ☐ FosterCare/Child Support

5 Family Composite (including applicant)

Name of family member	Relation	Age	Recipient of social grant (Y/N)	Value pm	Scholar (Y/N)	School	Grade

Outline Nature of assistance required (if for example Education assistance required kindly outline in detail requirements and attach all academic records):

List your major monthly expenses: Water&Lights R _____ **Rent** R _____

Medical _____ **School Transport** _____ **Other Expenses R** _____

Any additional info that may have a bearing on your application:

_____

Have you applied for similar funding from other organisations Yes ☐ No ☐

If yes please supply details of the outcome

I acknowledge that this is an application for social assistance eg food hamper, education etc.The organisation FWBME will use the information supplied to determine my elegibility to qualify. This may include reference checks, home visits, lifestyle audits and any such due diligence as deemed appropriate by FWBME. I undertake to advise the organisation on any changes on the afore information supplied. Failure to share information of such changes to the organisation or any misrepresentation of information provided may warrant the organisation to terminate any assistance. I acknowledge that any assistance or support is received in good faith and there will be no recourse to FWBME due to any unfortunate events that are beyond the control of FWBME. *"We respect your right to privacy and therefore aim to ensure that we comply with the legal requirement of the POPI Act which regulates the manner in which we collect, process, store, share and destroy any personal information which you have provided to us* ."

I understand that if the form is found to be incomplete it will disqualify my application in its entirety.

_____ _____

Applicant Signature **Date**