

THE UNIVERSITY OF HONG KONG
Centre of Development and Resources for Students (CEDARS)

University Financial Assistance
Supplementary Information Sheet
2024/2025

1. Information on the financial circumstances of yourself and your family is essential to our assessment of your application. You are required to complete the attached form and return the completed form with the following supporting documents:
 - Income proof (1/4/2023 – 31/3/2024)
 - Bank Statement in the past 2 months
2. I hereby declare that the information stated in the attached sheet is true and complete to the best of my knowledge.

Name: _____

HKID No.: _____

Signature: _____

Date: _____

TABLE 1 FAMILY MEMBERS

Section A: Applicant and applicant's parents or spouse

Code No. (CN)	Relationship with Applicant	Name	Month & Year of Birth	Present Occupation / Employment (state name of post and grade / rank)	Present Monthly Income	Present Employer / Firm / School a) Name / Year of Study (only applicable to students) b) Contact Telephone No. c) Full/Part-time (if there is not enough space here to fill in all the information, please add page or use Table 5 on page 5.)	Salary / Wage / Bonus / Allowance / Part-time income / (excluding Employee's contribution to MPF / Provident Fund) (1.4.2023 - 31.3.2024)	Alimony # (1.4.2023 - 31.3.2024)	Business Profit / Rental Income of Property / Land / Carpark / Vehicle / Vessel (1.4.2023 - 31.3.2024) Please specify	Pension (1.4.2023 - 31.3.2024)	Other Income (please specify, such as Disability Allowance) @ (1.4.2023 - 31.3.2024)	Total	Currently in receipt of CSSA or in receipt of CSSA throughout the assessment period from 1.4.2023 to 31.3.2024 @ (Yes / No)
1.	Applicant	(Chinese) (English)				a) b) c)							
2.	Father*	(Chinese) (English)				a) b) c)							
3.	Mother*	(Chinese) (English)				a) b) c)							
4.	Spouse^	(Chinese) (English)				a) b) c)							

Section A Total Annual Income: _____

Section B: Applicant's UNMARRIED sibling(s) (for married applicant, his/her children) (residing together but excluding non-Hong Kong residents between 1.4.2023 & 31.3.2024)

Code No. (CN)	Relationship with Applicant	Name	Month & Year of Birth	Present Occupation / Employment (state name of post and grade / rank)	Present Monthly Income	Present Employer / Firm / School a) Name / Year of Study (only applicable to students) b) Contact Telephone No. c) Full/Part-time (if there is not enough space here to fill in all the information, please add page or use Table 5 on page 5.)	Salary / Wage / Bonus / Allowance / Part-time income / (excluding Employee's contribution to MPF / Provident Fund) (1.4.2023 - 31.3.2024)	Alimony (1.4.2023 - 31.3.2024)	Business Profit / Rental Income of Property / Land / Carpark / Vehicle / Vessel (1.4.2023 - 31.3.2024) Please specify	Pension (1.4.2023 - 31.3.2024)	Other Income (please specify, such as Disability Allowance) (1.4.2023 - 31.3.2024)	Total	Currently in receipt of CSSA or in receipt of CSSA throughout the assessment period from 1.4.2023 to 31.3.2024 (Yes / No)
5.		(Chinese) (English)				a) b) c)							
6.		(Chinese) (English)				a) b) c)							
7.		(Chinese) (English)				a) b) c)							

Section B Total Annual Income: _____

Section C: Applicant's UNMARRIED siblings (s) who has (have) left Hong Kong to study abroad (including those studying in the Mainland or overseas but excluding non-Hong Kong residents between 1.4.2023 & 31.3.2024)

Code No. (CN)	Relationship with Applicant	Name	Month & Year of Birth	Place / Country of Study	Study Level (e.g. Degree, Master Degree)	Depending on applicant's parents for living (Yes / No)
8.						
9.						

Applicable to divorced person and the amount received for children should also be included

@ CSSA: Comprehensive Social Security Assistance (excluding Old Age Allowance/ Disability Allowance). Please report Disability Allowance in the "Other income" column (not applicable to Table 1 Section E).

* If your parents are not residing with your family members, please provide details in Table 5 "Additional Information by Applicant". If your parents have divorced or you have divorced^, please state in Table 5.

Section D Contribution from Any Person(s) to You and / or Your Family between 1.4.2023 & 31.3.2024

Contribution from any person(s) to you and /or your family including any remittance, family expenses, alimony, mortgage payment, rental expenses, insurance payment, loan repayment, etc. provide by others (e.g. sibling living away from applicant, divorced parent, relative, friend, etc.) (including the amount reported in section F)

Total Amount of Contributions: _____

Section E: Applicant’s dependent grandparent(s) (excluding non-Hong Kong residents) - Status with at least 6 months between 1.4.2023 & 31.3.2024

Code No. (CN)	Name	Year of Birth	Sex	Resided with applicant / applicant’s parent(s)*	Resided in premises owned / rented by applicant’s parents *	Resided in an elderly home AND the expenses were <u>fully</u> paid by the applicant’s parent(s) or totally supported by the applicant’s parent(s)*	Currently in receipt of CSSA or in receipt of CSSA between 1.4.2023 & 31.3.2024*
10.							
11.							

*Please indicate “Yes” or “No” in the Box.

Section F: Applicant’s other family members (e.g. sibling living away, any person residing together but is not reported above) - Status between 1.4.2023 & 31.3.2024

Code No. (CN)	Relationship with Applicant	Name	Year of Birth	Marital Status	Residential Address	Telephone No.	Occupation	Annual contribution (e.g. any remittance, family expenses, alimony, mortgage payment, rental expenses, insurance payment, loan repayment, etc.) provided by others to your family	Depending on applicant’s parent(s) for living*
12.									
13.									

*Please indicate “Yes” or “No” in the Box.

TABLE 2 ASSETS (including those in Hong Kong and outside Hong Kong)

A) Property / Land / Carpark (including that vacant, rented out or self-occupied) possessed as at time of application

Code No. or Name of Owner(s) (e.g. CN2, CN3)	Address of Property^ / Land / Carpark	Use of Property / Land / Carpark (e.g. Self-occupied / Rented-out / Vacant)	Date of Purchase	If self-occupied, please give details#	Type of property (domestic, shop, factory, office, “Home Ownership Scheme” flat, “Sandwich Class Housing Scheme” flat, “Tenants Purchase Scheme” flat etc.)	Area of Land / Saleable Area of Property*	(a) Estimated Market Value as at time of application	(b) Outstanding Mortgage as at time of application	(c) Percentage of Ownership	(d) Property Net Value Calculation = \$[(a)-(b)] x (c)
						Sq ft*				
						Sq ft*				

^ If you / your parents / your spouse reside in / own a village house / small house, please specify the storey (storeys) owned by you / your parents / your spouse and the usage of each storey.

Please indicate the code numbers (s) / name(s) of the family member(s) or the name(s) of relative(s) / friend(s) who live in the premises.

*1m² approximately equals to 10.76 square feet.

B) Vehicle / Vessel and Taxi / Public Light Bus License possessed as at the time of application ~

Code No or Name of Owner(s)	Type and Registration No. (e.g. Vehicle Registration Mark)	Date of Purchase and Price	(a) Estimated Market Value as at time of application	(b) Outstanding Mortgage as at time of application	(c) Percentage of Ownership	(d) Vehicle Net Value Calculation = \$[(a)-(b)] x (c)

C) Business Undertaking (with and without profit) possessed as at the time of application ~

Code No. or Name of Business Owner(s)	Name of Business	Address of Business	Ownership of Business Premises®	Nature of Business (e.g. trading)	Business Registration No.	(a) Estimated Net Asset Value as at time of application	(b) Percentage of Ownership	(c) Business Net Value Calculation = \$ (a) x (b)

® If the business premises is self-owned, please report it in Part (A) of Table 2 as well.

~ You may be required to provide documentary proofs upon request.

D) Investments

(1) Investments account(s) possessed as at time of application in bank / securities company (including margin accounts) AND the value of investment items (e.g. shares, warrants, bonds, funds, unit trusts) and the cash balance of account(s) (Please provide relevant supporting documents)

Code No. or Name of Owner*	Bank / Securities Company	Types of Investment Items Securities (shares / warrants, etc.) / Bonds / Funds / Account Cash Balance, etc.	Value / Cash Balance as at time of application
	Name: Account No.		
	Name: Account No.		

(2) Physical shares / Warrants possessed as at time of application (For share / warrants included in investment accounts which you have already reported above, it is not required to state in the below again.) (Please provide documents to certify the quantity of investments owned)

Code No. or Name of Owner*	Physical Shares / Warrants	Quantity	Date of purchase
	Code: Name:		
	Code: Name:		

E) Bank Deposits as at time of application (including savings / time / current / integrated accounts / club deposits in local and foreign currencies which are being held in individual / joint accounts. Time deposits which mature date beyond the time of application also need to be included)*

Code No. or Name of Owner*	Name of Bank / Financial Institution	Account Number	Type of Account (e.g. Savings deposit)	Payroll Account (Yes / No)	Currency & Balance as at time of application
Applicant					
Father					
Mother					
Spouse					

Joint Accounts

Code No. or Name of Owner	Name of Bank / Financial Institution	Account Number	Type of Account (e.g. Savings deposit)	Payroll Account (Yes / No)	Currency & Balance as at time of application

*Please provide photocopies of documents that can identify the name of the holder of the account and the account number (e.g. the first page of a savings passbook) and photocopies of all bank accounts or monthly statements that can show ALL the transactions 2 months prior to the time of application. Please highlight all income-related transactions on the photocopies. If the mature date of time deposit does not fall on the time of application, you should still provide copies of the relevant receipt / notice / statement and write down the principal amount on it.

F) Insurance Policy as at time of application (Savings / Investment linked insurance policy with cash value or dividends)^

Code No. or Name of Policy Holder	Name of Insurance Company	Insurance Policy Code	Purchase Date	Currency	Value as at time of application

For Official Use: _____

G) Others Assets, such as cheques in transit, asset entrusted to others, etc. (balance as at time of application)

Code No. or Name of Owner	Cash in hand (\$)	Loan to others (\$)^	Asset held in Trust for Others (\$) / Asset Entrusted to Others (\$)~ (please specify)	Gold / Silver (tael ounce) (please specify)	Other assets (including betting account balance, electronic wallet balance, etc.)

For Official Use: _____

TABLE 3 Medical Expenses Incurred by Family Member(s) with Chronic Illness (Please provide the relevant receipts)

Code No. or Name of Family Member	Nature of Incapacity or Chronic Illness	Medical Expenses Incurred between 1.4.2023 and 31.3.2024

TABLE 4 Length of Residence in Hong Kong

I, _____, have / do not have* right of abode in Hong Kong. I have resided or have had my home continuously in Hong Kong since the Year _____. <p style="text-align: right;">*Delete if inappropriate.</p>
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NOTE: Please add page if necessary

~ You may be required to provide documentary proofs upon request.

TABLE 5 Additional Information by Applicant

Please provide additional information in the following table and submit the relevant supporting document(s) if:

- There has been substantial change of your family financial position after 31.3.2024 or
- There are any special circumstances or information that may not be reflected in previous parts of the application form that are deemed useful for the CEDARS to process the application.

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