



**APPLICATION FORM
SPECIAL SOCIAL RELIEF FOR SCHOOL SUPPLIES**

1. DETAILS APPLICANT (Mother / Father / Representative)

ID CARD NUMBER	:	
SURNAME	:	
FIRST NAME	:	
DATE & PLACE OF BIRTH:		
ADDRESS	:	
PLACE OF RESIDENCE	:	
LIVING ON STATIA SINCE:		
ACCOUNT NUMBER	:	NAME OF BANK:
TELEPHONE NUMBER	:	
EMAIL ADDRESS	:	

2. DETAILS PARTNER WITH WHOM APPLICANT LIVES

SURNAME	:	
FIRST NAME	:	
ID CARD NUMBER	:	
TELEPHONE NUMBER	:	

3. DETAILS CHILDREN

A. How many children up to 17 years of age live at your home?

B. For which children do you apply for school supplies?

	Surname and first names	Date of birth	Type of education	Class
1.				
2.				
3.				
4.				

4. INCOME

Type of income	Amount applicant	Basis ¹	Amount partner	Basis
Salary		M/B/W		M/B/W
Name employer				
Jobs		M/B/W		M/B/W
Old-age pension		Monthly		Monthly
Other pension		Monthly		Monthly
AWW pension		Monthly		Monthly
Child benefit		Monthly		Monthly
Sickness benefit		M/B/W		M/B/W
Accident insurance		M/B/W		M/B/W
Other		M/B/W		M/B/W
Type of income				
Social relief	<input type="checkbox"/> yes <input type="checkbox"/> no			

CONTINUE ON THE BACK SIDE OF THIS FORM

¹ **M**onthly / **B**iweekly / **W**eekly: delete as applicable

5. ASSETS

A. What amount do you and your partner have in your bank account(s)?

Amount applicant	Name bank	Amount partner	Name bank

B. Do you and your partner have more than \$ 500 in cash?

- No
- Yes, I / we have \$ in cash.

C. Do you and your partner have valuable assets, for instance jewellery, a second home, a second motor vehicle, that are worth more than \$ 2,000?

- No
- Yes, I / we have valuable assets that are worth \$

6. EXPLANATION

YOUR LOCATION: Kralendijk The Bottom Oranjestad

DATE:

SIGNATURE APPLICANT:

SIGNATURE PARTNER :

**** Fill in number of appendices!***

This part is completed by the Social Relief Department

PD number	
UD number	
Application number	