AFFIDAVIT FOR A CARE DEPENDENCY GRANT



77/	Mr.
sas	ssa

I, the undersigned																			JINA	RICAN SO	CIAL SECO	RIII AGE	
Surname																							
Full names																							
Identity Number																		Age					
Residing at (physical address)							•								_	Ро	stal	Cod	le				
Do hereby state under o	ath th	nat I a	am ap	plying	for a	Ca	re De	pend	dency	Gra	nt fo	r th	e fo	llowi	ng	chil	d:						
Name & Surname													Dat Birt	e of h	С	(Y	/	Y	M	M	D	D
Name of Clinic / Hospital where child was born:										num f Child													
I am the parent* / foster paapplicable) I confirm that the										ove	and h	ne /	she	resic	les	with	me.	(* 0	dele	ete th	at wh	ich is	; nc
approasies i committe a	TO GITTIE		ot iii a				(ma			e box	with	X)											
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In community community To be completed if Married		orced		Uni			Religio		Never	Marrie	ed	L	ivorc	ed	_ \	Wido	w / W	idowe	er		mor		
My (ex) spouse /					. Qur	nam	10																
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State reasons if applicant of	does n	ot hav	ve anv	of the	follov	vina	docun	nents		L s/her	(ex)	spo	use	or pa	artn	er.				ļ			
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Reasor	1	Reason							Re	Reason													
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Sources of Income																(ma	ark X	in ap	plic	cable	box)		
Type of income / Profits														,	Self Spouse				D	Dependant Child		N/A	
Salary or wage Profits, Withdrawals or oth	er Ben	efits fr	om a l	Busines	s / Fa	arm (owned)						H									
Payments from a Trust or I	Inherita					(,															
Payment from Property Rig Pension or Annuity	jhts																						
Ex-Gratia Payments Recei	ved																						
Maintenance Received														-									
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Rental Income Profits, Withdrawals, or oth	ier Ben	nefits f	rom a	Busine	ss / Fa	arm ((rented	l)															
Profits, Withdrawals, or oth Income from Assets (interest	est / div	/idend	s)		ss / Fa	arm ((rented	l)															
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