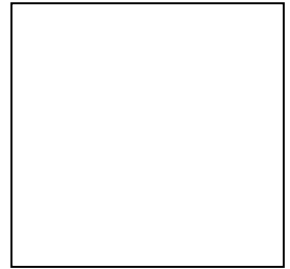




Province of Bulacan
City of Malolos
CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE



SOCIAL PENSION APPLICATION

I. BASIC INFORMATION

Name: _____ OSCA ID NO.: _____

Address: _____

Age : _____ Citizenship: _____ Sex: _____ Civil Status: _____

Date of Birth: _____ Place of Birth: _____

II. FAMILY INFORMATION

Living Arrangement: _____
(Rent/Living Alone/ living with relatives)

How many in the Family : _____ Living with whom: _____

Authorized Representative: _____ Relationship: _____ Age: _____

Contact no.: _____ ID Presented & No. : _____

III. ECONOMIC STATUS

Pensioner : _____ If yes how much? _____

Permanent source of income? _____

Regular support from family? _____ Type of Support: _____

IV. HEALTH CONDITION

Has Existing Illnes? _____ Specify: _____

OATH

I declare that the above information has been accomplished in good faith and correct to the best of my knowledge.

Applicant Signature

Date

Received by:

Endorsed by :

(Signature over Printed name and Designation)

Senior Citizen's President

APPROVED BY:

ANGELITO L. SANTIAGO
OSCA Chairman

LOLITA SP. SANTOS
CSWDO Head

“DAKILA ANG BAYAN NA MAY MALASAKIT SA MAMAMAYAN”