

“Good Homes” To Kwa Wan Road Community Housing Movement

**Income Declaration Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Mr./Ms./Miss (HKID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) hereby declare and confirm that I have been employed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of company) since \_\_\_\_\_\_\_\_\_\_\_\_(date) holding the post of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My income for the past six month is as follows (Please state in the table below the employee’s mandatory contribution to the Mandatory Provident Fund Scheme (MPF)/ Recognized Occupational Retirement Scheme(s), if any):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Month /Year | Basic Salary | Living Allowance | Overtime Pay | Bonus or Commission  (Note 1) | Other Allowances/  Incentives  (Note 2) | Contribution to \*MPF/ Recognized Occupational Retirement Scheme(s)  (Note 3) | Net Income after Deducting Contribution to \*MPF/ Recognized Occupational Retirement Scheme(s) |
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(All amounts are declared in Hong Kong Dollars, unless specified otherwise)

Note 1: Refers to any non-annual bonus or commission

Note 2: Examples: travelling allowance, obnoxious allowance, incentive for good attendance, etc.

Note 3: Please declare the employee’s mandatory contribution to the MPF/ Recognized Occupational Retirement Scheme(s), but do not include any contribution made on a voluntary basis.

If no employee’s mandatory contribution to the MPF/ Recognized Occupational Retirement Scheme(s) has been made, please state “Nil”.

Other than the above income, I \* was / was not paid any \* annual double pay/ annual bonus/ other annual gratuity of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the past year on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(month/year). (Please deduct the employee’s contribution to the MPF/ Recognized Occupational Retirement Scheme(s), if any)

All the particulars furnished in this Declaration Form are true and correct.

Name of Declarant :\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Declarant:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Delete if inapplicable