



Republika ng Pilipinas
LUNGSOD NG MAKATI

OFFICE OF THE MAYOR
MAKATI ACTION CENTER

Date: _____

AUTHORIZATION

This is to authorize _____ of Barangay **BEL-AIR**,
MAC Coordinator to submit my **SOLO PARENT** Application to the Office of the Makati Social Welfare
Department (MSWD) and facilitate its processing.

PRINTED NAME AND SIGNATURE

ADDRESS: _____

For MAC use only:

REQUIREMENTS:

- Latest COMELEC CERTIFICATE
- Barangay Certificate (original) and Condo Certification (for Salcedo, Malugay & Jazz Residents only)
- Latest Income Tax Return (Photocopy)
- Affidavit of Solo Parent
 - Affidavit of Single Parent (18th flr –Makati City Hall)
 - Death Certificate of Spouse
 - Court Declaration of Annulment /Legal Separation (Photocopy)
 - Others: _____
- Birth Certificate of child/children 17 years old and below (Photocopy)
- 2 pcs. 1x1 picture of applicant (original)
- Latest picture of child/children with the applicant (original)
- PWD ID (if with disability)
- Others: _____
- School ID / School Card / School Registration (any of the following)
- Long Brown Envelope

Checked by: _____
MAC Coordinator –Printed Name and Signature

Noted by: _____
MAC Team Leader –Printed Name and Signature

“Ang Makati ay para sakapwa ko taga Makati”



Republic of the Philippines
City of Makati
Makati Social Welfare Department
 Family & Men's Welfare Section
APPLICATION FORM FOR SOLO PARENTS

Control No: _____
 Application Date: _____
 Interviewer: _____
 Application Type: NEW RENEWAL

DATA PRIVACY CONSENT

In compliance with the Data Privacy Act (DPA) OF 2012, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow the **Makati Social Welfare Department (MSWD)** of the City Government of Makati to provide me certain services in relation to my application for Solo Parent ID.

As such, I also agree and authorize them to:

1. Collect and use my personal information for the purpose stated above and for whatever legal purpose/s it may be intended for.
2. Retain and store my information for a certain period of time as prescribed by law from the date of the accomplishment of the purpose stated above. I agree that my information will be deleted / destroyed after this period.
3. Share my information to other office / department within the City Government of Makati and necessary third parties for any legitimate purpose. I am assured that security systems are employed to protect my information.
4. I alone can view, change and recover the personal information I shared unless I authorize a representative on my behalf armed with Special Power of Attorney duly notarized for this purpose. This applies also to any request for a certified true copy bearing any for this purpose.
5. Inform me of future services or projects offered by the City Government of Makati using the personal information I shared.

Signed this ____ day of _____ 20__ at Makati City.

 Signature over Printed Name

4Ps (Pantawid) PWD (type disability): _____ Makati City Government Employee? YES NO
 Senior with Blu Card Dependent Applicant **IF YES, Dept/Office/Div:** _____

Firstname: _____ Middlename: _____ Lastname: _____
 Mobile No: _____ Email: _____ Civil Status: _____
 Sex: _____ Age: _____ Date of Birth: _____ Place of Birth: _____

I. RESIDENCY / HOUSING: Makati Voter? Yes No Gcash: _____
 No. of years in MAKATI: _____ No. of years in current BARANGAY: _____
 Owner Renter Sharer Others: _____

ADDRESS: House#/Lot#/Room/Unit#: _____ Street _____ Bldg/Subd/Zone: _____

- Living with Parent(s), Sibling(s) & Dependent(s) Living with Parent(s) & Dependent(s)
 Living with Sibling(s) & Dependents(s) Living with Dependent(s) only Others: _____

Highest Educational Attainment: _____ Other Skills: _____

Types of Employment Status:

- Employed**
 Casual Permanent Position: _____ **Self-Employed:** _____
 Name of Company: _____ **Worker (Type of Work):** _____
 Unemployed

Monthly Income: Php _____ Family Resources: _____

- A – Php 13,000 below C - Php 20,0001-Php 30,000 E- Php 40,001 and above
 B -- Php 13,0001-Php 20,000 D - Php 30,0001-Php 40,000 F – Unemployed

II. HOUSEHOLD COMPOSITION: (Person who are living with the applicant and his/her dependents)

Name	Date of Birth (mm/dd/yyyy)	Age	Relationship to the applicant	Civil Status	Educational Attainment	Occupation / Monthly Income

III. CLASSIFICATION / CIRCUMSTANCES OF BEING A SOLO PARENT:

- (1) Solo Parent as a consequence of rape
- (2) Widow/widower
- (3) Spouse of a person deprived of liberty (PDL)
- (4) Spouse of a person with disability (PWD)
- (5) Due to de facto separation
- (6) Due to nullity of marriage
- (7) Abandoned
- (8) Spouse of an OFW
- (9) Relative of an OFW
- (10) Unmarried mother/father
- (11) Legal guardian, adoptive or foster care parent
- (12) Any relative in the 4th degree of consanguinity/affinity
- (13) Pregnant woman

IV. PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Contact No. _____ Relation to Applicant: _____
 Address: _____

===== PLS. DO NOT WRITE BELOW THIS LINE =====

SUBMITTED DOCUMENTS:

- COMELEC Cert (Photocopy)
- Latest Barangay Certificate (Original)
- Affidavit of Solo Parent (Original)
- Death Certificate of Spouse (Photocopy)
- Court Declaration of Annulment/ Legal Separation (Photocopy)
- PWD I.D. (spouse of applicant) (Photocopy)
- Certificate of Detention (Photocopy)
- Birth Certificate of child/ children 17 years old and below (Photocopy)
- 2 pcs. 1x1 ID picture of applicant (Original)
- Latest Income Tax Return (Photocopy) or COE with compensation
- Latest picture of child/ children with the applicant (Original)
- Latest school I.D. of child/ Certificate of Enrollment (Photocopy)
- PWD ID (if with disability)
- Others: _____

A. SOCIAL WORKER/INTERVIEWER'S NOTES:

B. HOMEVISIT REMARKS:

Source of Information: _____

Interviewed by: _____

Home visited by: _____

Signature over Printed Name

Signature over Printed Name / Date

Assessed by:

Recommending Approval:

VINCENT L. MANGAO, RSW
Social Worker

FLORENCE I. FERRER
Staff-In-Charge, MSWD-FMWS

Approved by:

MARIBEL M. LUMANG, RSW
Officer In-Charge
 Makati Social Welfare Department