

## Republika ng Pilipinas LUNGSOD NG MAKATI

## OFFICE OF THE MAYOR MAKATI ACTION CENTER

Date:

AUTHORIZATION

This is to authorize	of Barangay <u>BEL-AIR</u> ,
MAC Coordinator to submit my <b>SOLO PARENT</b> Application to the Office of the Makati Social Welfare Department (MSWD) and facilitate its processing.	cation to the Office of the Makati Social Welfare
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	alcedo, Malugay & Jazz Residents only)
<ul> <li>( ) Affidavit of Single Parent (18th flr – Makati City Hall)</li> <li>( ) Death Certificate of Spouse</li> </ul>	I)
<ul><li>( ) Court Declaration of Annulment /Legal Separation (Photocopy)</li><li>( ) Others:</li></ul>	Photocopy)
<ul> <li>( ) Birth Certificate of child/children 17 years old and below (Photocopy)</li> <li>( ) 2 pcs. 1x1 picture of applicant (original)</li> </ul>	hotocopy)
<ul> <li>( ) Latest picture of child/children with the applicant (original)</li> <li>( ) PWD ID (if with disability)</li> <li>( ) Others:</li> </ul>	
( ) School ID / School Card / School Registration (any of the following) ( ) Long Brown Envelope	ollowing)
Checked by: MAC Coordinator – Printed Name and Signature	
Noted by:  MAC Team I coder Printed Name and Signature	

"Ang Makati ay para sakapwa ko taga Makati"



CORW	
FMSOLO-001	

	4
	8
	CONTRACTOR OF
	4
	Į.
	-
	ş
	j
	ŧ
	į.
	ŧ
	1
-	Į.

## Wakati Social Welfare Department Republic of the Philippines city of Makati

Interviewer. Application Date: Control No:

APPLICATION FORM FOR SOLO PARENTS Program Management Division

Application Type: ☐ NEW ☐ R RENEWAL

## DATA PRIVACY CONSENT

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

As such, I also agree and authorize them to:

- 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
- ļυ legitimate purpose. I am assured that security systems are employed to protect my information. Share my information to other office / department within the City Government of Makati and necessary third parties for any
- 42 any for this purpose. This applies also to any request for a certified true copy bearing any of my personal information. 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
- Ġ Inform me of future services or projects offered by the City Government of Makati using the personal information I shared

Signed this

day of

0

at Makati City

	Signature	Signature over Printed Name	ane		
☐ 4Ps (Pantawid) ☐	PWD (type disability):	TOTAL VALUE HERMING AND	50	Wakati City Government Employee?	ا ذ . ـــ .
Card	o Dependent		ŋ	CYES	
	o Applicant	o destruir e estador e estador o seguino o oscionir de composições		If YES, Dept/Office/Div:	ļ
Firstname:	Widdename:			Lastname:	
Wobile No:	Trail.	beer state of the	AND ADDRESS OF THE PROPERTY OF	Civil Status:	
Sex:Age:	Date of Birth:			Place of Birth:	1
. RESIDENCY / HOUSING:	Makati Voter?	□Yes		Gcash:	Î
No. of years in MAKATI:	☐ Renter ☐	No. of years i	No. of years in current BARANGAY:	Prs:	
ADDRESS: House#/Lot#/Room/Unit#:	nit#:	M OF PARTS COLORS - THE STREET, VIRGINIA COLORS - THE OFFICE AND COLORS - THE	di endi our generalistadios en canaços, madicino, estaps o vocas	RIda/Subd/Zone:	al control
☐ Living with Parent(s),	☐ Living with Parent(s), Sibling(s) & Dependent(s)		U Living with	☐ Living with Parent(s) & Dependent(s)	
Highest Educational Attainment		e e e e e e e e e e e e e e e e e e e		Other Stille:	ł
Types of Employment Status:					
o Casual o Permanent Name of Company:	Position:		Seinzimpio/jed:	e of Work):	- Paragraphic Colorests
Monthly Income: Php	Family Resources:		en en de de la composition della composition del	en e	diament of the second
☐ A – Php 13,000 below ☐ B – Php 13,0001-Php 20,000	□ C - Php 20,0001-Php 30,000 □ D - Php 30,0001-Php 40,000	-Php 30,000 -Php 40,000		☐ E- Php 40,001 and above ☐ F Unemployed	

Date of Birth Age Relationship to Civil Educational Occupation / (mm/dd/yyyy) Age the applicant Status Attainment Monthly Income		<ul> <li>(8) Spouse of an OFW</li> <li>(9) Relative of an OFW</li> <li>(10) Unmarried mother/father</li> <li>(11) Legal guardian, adoptive or foster care parent</li> <li>(12) Any relative in the 4th degree of consanguinity/affinity</li> <li>(13) Pregnant woman</li> </ul>	Relation to Applicant:	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)	B. HOMEVISIT REMARKS: Source of Information:	Home visited by:	Signature over Printed Name / Date Recommending Approval:	LOIDA E. PANGILINAN, RSW Head, Program Management Division	RSW of Company (ACC) and a company of the company o
e Relationship to the applicant S	THE STATE OF THE S	00000	Contact No.	w I i i i i i i i i i i i i i i i i i i	B. HOME	- P	Rec	LOI He	ගු
Date of Birth Age (mm/dd/yyyy)		of Being A SOLO			NOTES:		Debator (2)		MARIBE
Name			Name:	SUBMIT  COMELEC Cert (Photocopy)  Latest Barangay Certificate (Original)  Affidavit of Solo Parent (Original)  Death Certificate of Spouse (Photocopy)  Court Declaration of Annulment/ Legal Separation (Photocopy)	Certificate of Detention (Photocopy)     SOCIAL WORKER/INTERVIEWER'S NOTES:	Interviewed by:	Signature over Printed Name Assessed by:	VINCENT L. MANGAO, RSW Social Worker	