



Republika ng Pilipinas
LUNGOD 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:

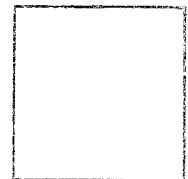
REQUIREMENTS:

- ☐ 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
 Program Management Division
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. This applies also to any request for a certified true copy bearing any of my personal information.
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

<input type="checkbox"/> 4Ps (Pantawid)	<input type="checkbox"/> PWD (type disability): _____	Makati City Government Employee?
<input type="checkbox"/> Senior with Blu Card	<input type="radio"/> Dependent	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="radio"/> Applicant	If YES, Dept/Office/Div: _____

Firstname: _____ Mlastname: _____ 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#: _____
 Barangay: _____ 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 ☐ Self-Employed: _____
☐ Casual ☐ Permanent Position: _____ ☐ Worker (Type of Work): _____
 Name of Company: _____ ☐ 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

