

## 2.2 Elderly Allowance Application Form

01. Full Name of Applicant
02. National Identity Card Number
03. Address
04. Telephone Number
05. Date of Birth – Year / Month / Day
06. Gender
07. Marital Status – Married / Unmarried / Widowed / Divorced (cross out inapplicable options)
08. Grama Niladhari Division
09. Divisional Secretariat Office
10. District
11. Post Office for Receiving Payments
12. Living With Whom

Alone

With children

With husband / wife

Other

If there are any other details, please specify.

13. Source of income (Specify the monthly income and the sources of income

Prosperity Assistance Number

Public Assistance Number

Other

14. If a representative is appointed, the name / identification number / address of the representative

I declare that the above-mentioned information is correct.

Date  
Signature

Applicant's

Grama Niladhari Certificate

I hereby certify that the above-mentioned applicant, ....., is well known to me, resides in the Grama Niladhari division of ....., has completed 70 years of age, and has a monthly income below Rs. 3,000/=, and is a low-income beneficiary.

Date  
Stamp

Grama Niladhari Signature / Official

Recommendation of the Social Services Officer / Assistant for Elderly Rights  
Promotion / Assistant for Social Development

The information provided is correct. I recommend granting an allowance of Rs. .... to the person(s) mentioned above.

Date

Signature / Official Seal of the Social Services Officer / Assistant for Elderly Rights  
Promotion / Assistant for Social Development

**Assistant Divisional Secretary Recommendation**

The information provided is correct. I recommend granting an allowance of Rs. .... to the person(s) mentioned above.

Date

Assistant Divisional Secretary's Signature / Official Seal

**Approval of the Divisional Secretary**

The information provided is correct. I approve the payment of a grant of Rs. .... to the above-mentioned persons.

Date

Divisional Secretary's Signature / Official Seal