



Republic of the Philippines
 Province of Negros Occidental
CITY OF VICTORIAS
 Office of the City Social Welfare and Development



ADDITIONAL BENEFITS TO SENIOR CITIZENS (AGE LONGEVITY CASH AWARD)

(City Ordinance No. 2021 - 01 as amended by City Ordinance No. 2022 - 19 & City Ordinance No. 2024 - 099)

Date of Application: _____

Name of Applicant: _____
 Surname First Name Middle Name Ext.

Address: _____ Victorias City, Negros Occidental
 Purok/Hda./St. Barangay City Province

Date of Birth: _____ Age: _____ Sex: _____ Civil Status: _____
 (Month/Date/Year)

Place of Birth: _____ Contact Number: _____

FAMILY COMPOSITION

Name	Relationship	Age	Civil Status

Requirements:

- Local copy of Certificate of Live Birth, in case of late registration an affidavit of two (2) disinterested person is required; and/or local copy of Certificate of Marriage, in case of late registration an affidavit of two (2) disinterested person is required; and/or Certificate of Baptism with page, book and entry number (3 photocopies & attach original for checking)
- Senior Citizen ID issued by the Office of the Senior Citizens Affair (OSCA), Victorias City; (3 photocopies & attach original for checking)
- 2 pcs. Whole body picture
- Certificate of Residency signed by Punong Barangay stating the number of years as a resident (1 original, & 2 photocopies)
- Certificate of Eligibility from the City Social Welfare and Development Office

Signature / Thumbmark of Applicant

Validated by:

Reviewed by:

CSWD Focal Person

ARVIE S. BRILLANTES
 Social Welfare Aide

Approved by:

JOY S. REUNIR, RSW
 City Social Welfare and Development Officer



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(Revised Form April, 2024)

BARANGAY	NAME	SIGNATURE	DATE
1			
2			
3			
4			
5			
6			
6A			
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15A			
16			
16A			
17			
18			
18A			
19			
19A			
20			
21			



**ADDITIONAL BENEFITS TO SENIOR CITIZENS
 (AGE LONGEVITY CASH AWARD PROGRAM)
 TRANSMITTAL FORM**

Barangay _____, Victorias City

NO .	NAME	PUROK / ZONE / STREET / HAD.	CATEGORY		
			80 - 89 y.o	90 - 99 y.o	100 y.o & above
1					
2					
3					
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Submitted by:

Received by:
