



Republic of the Philippines  
Province of Laguna

### MUNICIPALITY OF LOS BAÑOS

*Special Science and Nature City*

## OFFICE FOR THE SENIOR CITIZENS AFFAIRS

Municipal Hall, National Highway, Brgy. Timugan, Los Baños, Laguna

SEC. Registration No. CN201118344

Tel.no.: (049) 5302952 loc. 105



# APPLICATION FOR LONGEVITY GRANT

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Surname*                      *Given Name*                      *Middle Name*

1"x1"  
ID  
Photo

Address: \_\_\_\_\_, Los Baños, Laguna  
*House No.*                      *Street/Purok/Sitio/Subdivision/Village*                      *Barangay*

Telephone No. Home: \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex                      Male:                       Female:

Civil Status    Single:                       Married:                       Separated:                       Widow/er:

I HEREBY CERTIFY that the above information is true and correct to the best of my knowledge and ability.

OSCA ID NO.	DATE OF ISSUED

\_\_\_\_\_  
*Signature or Thumbmark of Senior Citizen*

Please attach 2 photo copies of Senior Citizen ID (front and back)

## AUTHORIZATION

The bearer is \_\_\_\_\_, \_\_\_\_\_ years old and residing at \_\_\_\_\_  
*Name of Authorized Person*                      *Age*                      *Address*

He/She is my \_\_\_\_\_ and I am authorizing her/him to receive my Longevity Grant  
*Relationship to the beneficiary*

due to \_\_\_\_\_.

\_\_\_\_\_  
*Signature or Thumbmark over Printed Name of Beneficiary*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Representative*

Witness:

\_\_\_\_\_  
MSWDO/OSCA

Please attach 2 photo copies of any VALID ID of Authorized Representative (front and back)