



Campus Management Office
Application for Re-allocation of SSQ Unit

The information provided will be used for allocation of on-campus staff quarters and other related purposes by relevant departments in the University. It will not be possible to process the application if the applicant fails to provide all the information required. For correction of or access to personal data after submission of this form, please contact Housing Section of Campus Management Office. Subject to availability, application results will normally be available about 6 weeks before the anticipated move-in date. [Note: All HRO's rules and regulations apply. Applicants should contact HRO direct if there are changes in their personal status.]

A. Applicant's Personal Particulars

1. Name: _____, _____ Sex: M / F *
(First & Middle Name) (Surname)
2. Date Join U: ____/____/____ 3. Department: _____ 4. Staff No.: _____ ()
(yyyy/mm/dd)
5. Rank (Select all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Provost / VP-..... / Dean / Director of IAS | <input type="checkbox"/> Assoc. Provost / Assoc. VP-..... |
| <input type="checkbox"/> Head of Academic Department / Division | <input type="checkbox"/> Head of Non-academic Department / Office |
| <input type="checkbox"/> Named Professor / Chair Professor | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Named Associate Professor | <input type="checkbox"/> Associate Professor |
| <input type="checkbox"/> Assistant Professor / Professor of Practice | <input type="checkbox"/> Other (please specify):..... |
6. Contact: (E-mail) _____ (Office) _____
(Mobile) _____ (Home) _____
7. Family status: a. Single / Married (Legally married according to HKUST's definition) *
b. With / Without * dependent children
8. Details of family members (incl. expected baby, with proof) who will reside with the applicant in the SSQ unit:

Name	Relationship	Sex	Dependent Children		HKUST Staff	Staff No. (if applicable)
			Date of Birth (yyyy/mm/dd)	Joint Custody		
.....	M / F *	/ /	<input type="checkbox"/>	Y / N *
.....	M / F *	/ /	<input type="checkbox"/>	Y / N *
.....	M / F *	/ /	<input type="checkbox"/>	Y / N *
.....	M / F *	/ /	<input type="checkbox"/>	Y / N *
.....	M / F *	/ /	<input type="checkbox"/>	Y / N *
.....	M / F *	/ /	<input type="checkbox"/>	Y / N *

9. Current SSQ unit: _____ 10. Units applied: (1st) _____ (2nd) _____ (3rd) _____

B. Particulars for the Applicant's Legal Spouse (who is a CWB employee eligible for on-campus accommodation)

1. Date Join U: ____/____/____ 2. Department: _____ 3. Staff No.: _____ ()
(yyyy/mm/dd)
4. Rank (Select all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Provost / VP-..... / Dean / Director of IAS | <input type="checkbox"/> Assoc. Provost / Assoc. VP-..... |
| <input type="checkbox"/> Head of Academic Department / Division | <input type="checkbox"/> Head of Non-academic Department / Office |
| <input type="checkbox"/> Named Professor / Chair Professor | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Named Associate Professor | <input type="checkbox"/> Associate Professor |
| <input type="checkbox"/> Assistant Professor / Professor of Practice | <input type="checkbox"/> Other (please specify):..... |

C. No-pay Leave (except no-pay sick and maternity leave) Taken by the Applicant (if applicable)

	From (yyyy/mm/dd)	To (yyyy/mm/dd)	Duration		
			year	month	day
1.	____/____/____	____/____/____
2.	____/____/____	____/____/____
3.	____/____/____	____/____/____

D. Authorization and Declaration

- My consent is hereby given to the University to check and match my personal data in this application and other relevant documents submitted with my personal data collected for any other purpose. I also authorize the University to approach all necessary parties including government departments, public / private organizations or employer(s) concerned and expressly agree that they may give access to the University my personal data and documents they possess, so that the University can use such data and documents for the purpose of processing my application, ascertaining my compliance with the rules of University accommodation and / or taking appropriate actions against me if necessary.
- I agree that the personal data provided in this form may be disclosed by the University to other connected bodies for the administration of housing benefits and housing related benefits schemes.
- Declaration (*Please give details on separate sheet if the answer to any of the questions below is positive.*):

(✓ as appropriate)

a.	I	<input type="checkbox"/> have <input type="checkbox"/> have not	i. received financial assistance from the Hong Kong Government or other public-funded organizations to acquire a property; or ii. received assistance which may be used either for renting accommodation or acquiring a property e.g., Home Financing Scheme; or iii. received financial assistance which has a limited period of entitlement iv. received housing loans from a publicly funded organization; or v. received cash allowance which is housing related or paid in lieu of housing.
	My spouse (where applicable)	<input type="checkbox"/> has <input type="checkbox"/> has not	
	My ex-spouse (where applicable)	<input type="checkbox"/> has <input type="checkbox"/> has not	
b.	I	<input type="checkbox"/> have <input type="checkbox"/> have not	worked in any of the UGC-funded institutions and had once submitted an Option Form for the Home Financing Scheme of the institution(s).
	My spouse (where applicable)	<input type="checkbox"/> has <input type="checkbox"/> has not	
	My ex-spouse (where applicable)	<input type="checkbox"/> has <input type="checkbox"/> has not	
c.	My spouse (where applicable)	<input type="checkbox"/> is <input type="checkbox"/> is not	i. currently receiving any housing benefits from his / her present employer; or ii. receiving cash allowance which includes a housing element or which is paid in lieu of housing.
d.	I	<input type="checkbox"/> will <input type="checkbox"/> will not	receive any housing benefits from other source or cash allowance which is housing-related or paid in lieu of housing whilst I am residing in University accommodation.
	My spouse (where applicable)	<input type="checkbox"/> will <input type="checkbox"/> will not	
e.	I	<input type="checkbox"/> am <input type="checkbox"/> am not	i. a tenant / an authorized occupant of public housing provided by the HK Housing Authority or HK Housing Society or other public organizations. ii. an owner / an authorized occupant of a flat under the Home Ownership Scheme, Private Sector Participation Scheme, Secondary Market Scheme, Buy-or-Rent Option, Tenants Purchase Scheme, Sandwich Class Housing Scheme, Flat for Sale Scheme, or Urban Improvement Scheme or other public housing schemes. iii. a member / ex-member / underlessee / ex-underlessee of a Civil Servants' Cooperative Building Society or a Civil Service Local Officers' Government Built Housing Scheme.
	My spouse (where applicable)	<input type="checkbox"/> is <input type="checkbox"/> is not	
f.	I	<input type="checkbox"/> am <input type="checkbox"/> am not	receiving any public housing benefits.
	My spouse (where applicable)	<input type="checkbox"/> is <input type="checkbox"/> is not	
g.	I	<input type="checkbox"/> have <input type="checkbox"/> have not	permanently ceased to be eligible for housing and housing-related benefits provided by the Hong Kong Government or any public-funded organisation in Hong Kong.
	My spouse (where applicable)	<input type="checkbox"/> has <input type="checkbox"/> has not	
	My ex-spouse (where applicable)	<input type="checkbox"/> has <input type="checkbox"/> has not	

- I undertake to inform the Campus Management Office and/or Human Resources Office immediately of any changes to the information given in this application which may affect my eligibility for University accommodation.
- I understand by submitting this application, I agree to pay the latest staff quarters licence fee (currently 10% of basic monthly salary for Category 1 units and 7.5% for Category 2 units) once I move into the staff quarter units allocated irrespective of relevant provisions in the employment terms. I understand the percentage of salary deduction shall be subject to review by the University from time to time and may be adjusted as decided by the University at its sole discretion.

6. I hereby authorize the University to deduct every month a portion of my monthly salary as the licence fee for the staff quarters unit allocated.
7. In connection with the provision of utilities to the staff quarters that the University assigned to me, I hereby authorize the University to make necessary payroll deduction for the following:
 - a. any payments made by the University on my behalf regarding charge / fee for electricity, gas, water and other utilities relating to my residence in the staff quarters; and
 - b. a retention (currently HK\$8,000) upon my moving out of the staff quarters or leaving the University so that utilities charges may be settled by the University on my behalf, with any surplus to be refunded to me and any deficit to be recovered from me. I understand the amount of deposit shall be subject to review by the University from time to time and may be adjusted as decided by the University at her sole discretion.
8. I agree I will abide by the latest policies in relation to staff quarters, and the house rules & regulations for SSQ.

I declare that the above information is true and correct. I understand that if I give false or incorrect information, I will render myself liable to legal or disciplinary proceedings and / or disqualification from all forms of housing benefits provided by the University. I also agree that the University shall have the right to recover the market rate licence fee of the staff quarters assigned to me (and interest thereon at a rate to be determined by the University) from my salary or from any monies due from the University to me for whatever reason.

Applicant's Signature : _____

Date (yyyy/mm/dd) : _____ / _____ / _____

For Official Use

A. Applicant's housing benefits offered under employment contract and status

- HFS (in force) University Quarters (SSQ) PTA
 HFS (expired) NCA or Accommodation by the University (U-Accom)

B. SSQ Application Score

Category		Score
1.	Rank	
2.	Eligible Years of Service	
3.	Dependents residing with the applicant	
	a. Legal spouse	
	b. Additional score for legal spouse (eligible CWB employee)	
	c. Dependent children	
	d. Opposite sexes dependent children (one ≥ 8 years old)	
	e. Expected baby	
4.	Duration of stay in current SSQ unit	

HRO Check & Scoring

Signed by: _____

CMO Check

Signed by: _____

C. SSQ Unit Allocated: _____