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| *Umugambi witaho abana batoyi muri Leta ya Carolina y’uburaruko* |  |

*Isubirwamwo ry’amafaranga hamwe no gusaba gutezurirwa*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Umwirondoro wa nyene gusaba:** | | | | | | | | | | | | |
| Amazina ya nyene gusaba: | |  | | | | | | Italiki yasabiyeko: | | |  | |
| Aho aba(Ibarabara): |  | | | | | | | Amazina y’umwana: | | |  | |
| Igisagara, Intara, Agasadugu ka posita: |  | | | | | | | Italiki umwana yavukiyeko: | | |  | |
| Terefone yo mu nzu: |  | | | | | | | Ibiro vy’umuhuzabikorwa: | | | |  |
| Terefone ngendanwa: |  | | | | | | |  | | |  | |
|  | | | | | | | | | | | | |
| **Amakuru ku bijanye n’igituma usaba gutezurirwa:** | | | | | | | | | | | | |
| ***Ubwoko bw’ingorane*** | | | | ***Impapuro zatanzwe*** | | | | | | ***Ingaruka zo gutakaza/ Igiciro kirenze igipimo*** | | |
| **Inzu yaramusidukiyeko** | | | |  | | | | | |  | | |
| **Akazi karaheze/Kwirukanwa ku kazi** | | | |  | | | | | |  | | |
| **Amafaranga yo kwa muganga y’umurengera** | | | |  | | | | | |  | | |
| *(Mwipfuza kumenya vyinshi murasabwe gusoma ivyo beshi bakunda kwibaza (FAQ)kubijanye n’ingene ITP itezurira umuntu ari mu bihe bidasanzwe. Ni mushireko kandi impapuro zerekana ko habaye isuzumwa nk’uko vyasabwe)* | | | | | | | | | | | | |
| ***For CDSA Business Office Use Only*** | | | | | **Date Completed Application Received:** | | | | | | | |
| Current AGI: | | | Current SFS Percentage: | | | | | | Date of Previous Determination: | | | |
| Current Gross Cap: | | | | | Adjusted AGI (if applicable): | | | | | | | |
| Recommend Adjustment as outlined below: | | | | | DO NOT recommend adjustment; maintain current SFS%. | | | | | | | |
| **Adjusted SFS%:** | |  | | | Reason(s) not approved: | | | | | | | |
| **Gross Cap:** | |  | | |  | | | | | | | |
| **Date Recommended:** | |  | | |  | | | | | | | |
| **Adjustment Time Frame:** | |  | | |  | | | | | | | |
| **Required Review Date:** | |  | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| ***For CDSA Director’s Use Only*** | | | | | | | | | | | | |
| Approve Adjustment as recommended above | | | | | Decline adjustment; maintain current SFS%. | | | | | | | |
| Approve adjustment with changes below | | | | | Reason(s) not approved: | | | | | | | |
| **Adjusted SFS%:** | |  | | |  | | | | | | | |
| **Gross Cap:** | |  | | |  | | | | | | | |
| **Date Recommended:** | |  | | |  | | | | | | | |
| **Adjustment Time Frame:** | |  | | |  | | | | | | | |
| **Required Review Date:** | |  | | |  | | | | | | | |
|  | | | | | |  |  | | | | | |
| CDSA Director’s Signature | | | | | |  | Date | | | | | |