



MINISTRY OF INFRASTRUCTURE DEVELOPMENT AND HOUSING HOUSING PROGRAM ASSESSMENT



APPLICATION FORM B

1. Name of Applicant: _____

Surname

First

Middle

2. Social Security _____

Date of Birth: _____ (D/M/Y)

3. Age: _____

Gender: F M

4. Current Address of Applicant: _____

Street No.

Village/Town/City

District

5. Current Living Conditions Rent Live with family

6. Property Owner: Yes No If YES, Location: _____

(a) Lease No. _____ or (b) Title No. _____ or (c) Other Legal Doc. _____

7. Contact Number: _____ Email: _____

8. Marital Status: Single Married Common-Law Relation

9. Number of members in Family: Adults: _____ Children: _____ (17years and less)

10. Status of Employment of Applicant: Full-time Seasonal/part-time Unemployed

10. Monthly income of applicant: _____ Total annual income of Applicant: _____

11. Name of Employer: _____

(a) Address of Employer: _____

Street No.

Village/Town/City

District

(b) Contact information for Employer: _____

12. Are any other family members employed? Yes No If yes how many _____

** Please complete appendix A if answer is Yes*

**Ministry of Infrastructure Development and Housing reserves the right to determine what type of housing and available options a person qualifies for based on income ability indicated on form.*

Disclaimer: I, certify that the information given is correct and complete and that authority is given to Ministry of Infrastructure Development and Housing to verify data; Any misinformation given as fact is grounds for disqualification of application.

SIGNATURE OF APPLICANT

DATE D/M/Y

*Please Note: In this housing pilot program, the following criteria is necessary: Household Income of NOT less than \$10,000 per annum, applicants do NOT own a house or house in extreme dilapidation. Applicants **must** provide a copy of lease or title and must have the ability to repay monthly installments as per requirement.*

FOR OFFICIAL USE ONLY

SOCIAL SECURITY CARD <input type="checkbox"/>	PROOF OF ADDRESS <input type="checkbox"/>	LAND/LEASE/LEGAL DOCUMENT <input type="checkbox"/>
PROOF OF CONDITION <input type="checkbox"/>	EMPLOYMENT STATUS <input type="checkbox"/>	MARITAL STATUS <input type="checkbox"/>
ZONE CLERK/OFFICE ASSISTANT _____		Form No. _____