



BENEFICIARY OWNED LAND NEW HOME CONSTRUCTION PROGRAMME

This programme, administered by the Division of Settlements, Public Utilities & Rural Development Department of Settlements.

How it Works

The Beneficiary Owned Land- New Home Construction Programme assists persons with financing to construct a home. Applicants receive assistance in the form of a non- payable up front grant. Persons **MUST** fulfill the indicated criteria below:

1. Applicant must be at least eighteen (18) years of age.
2. Applicant must not own any other property for residential purposes.
3. Construction cost must not exceed **\$400,000.00**.
4. Applicants who have benefitted from the other Home Improvements Programme cannot apply until a five (5) year period has elapsed.
5. Applicants who have previously benefitted from the Department of Settlements via Land must wait a maximum of (3) years before applying for this programme.
6. Applicant must provide evidence that demonstrates financial capacity to complete project.
7. If work has already started, a builder's estimate must be submitted and include a valuation to date and an estimate of work to complete
8. Combined total of household income must not exceed **\$15,000.00 per month**

Who Can Apply:

1. Citizens of Trinidad and Tobago, residing in Tobago for at least (5) years prior to application.
2. Citizens who are in possession of residential land and require assistance to construct a house can apply.

Annual Household Income	Maximum House value \$	Subsidy Amount
\$0- \$90,000.00	\$400,000.00	\$50,000.00
\$90,000.00- \$180,000.00	\$400,000.00	\$35,000.00

Documents to be submitted:

1. Birth Certificate
2. National Identification Card
3. Deed/Certificate of Title
4. Recent Job Letter/ Self-employed Affidavit
5. Quotation for Construction/BOQ
6. Conditional Financial Approval
7. Affidavit of Real Estate Interest
8. Approved Building Plans
9. Copy of Utility Bill (WASA / T&TEC)

Completed forms are to be submitted to:



Department of Settlements

For further information please contact
Customer Service:
Tel: 612-4213

APPLICATION FORM

APPLICANT'S INFORMATION

National ID/Passport # /DP# _____

SEX
M
F

Surname *First Name* *Alias* dd mm yr

Nationality *Country of Birth* *Date of Birth*

ADDRESS

TELEPHONE (S)

No. & Street _____ (*Home*) _____

Village/Town _____ (*Work*) _____

Marital Status: Single Married Divorced Separated Common Law Widowed

CO-APPLICANT'S INFORMATION

National ID/Passport # _____

SEX
M
F

Surname *First Name* *Alias* dd mm yr

Nationality *Country of Birth* *Date of Birth*

ADDRESS

TELEPHONE (S)

Street _____ (*Home*) _____

Village/Town _____ (*Work*) _____

Marital Status: Single Married Divorced Separated Common Law Widowed

HOUSEHOLD INCOME

Gross Monthly Household Income \$ _____

Have you received any assistance under Home Improvement Grant or Subsidy Programmes?
Yes No

Do you own any other property for residential purposes?
Yes No

APPROVALS

Do you have approved plans for house construction? Yes No

Estimated cost of construction works \$ _____

LAND TENURE/ PROPERTY OWNERSHIP

Freehold Leasehold Rented

Size of Parcel of Land _____

Location/Village _____

Address of LP# _____

(1).....
(Applicant's Name in Block Letters)

(2).....
(Co-Applicant's Name in Block Letters)

I/We certify that the information given in this form is true to the best of my/our knowledge and belief. If there is anything in the information given above which is not true or which I/we do not believe to be true, I/we am/are aware that the Department of Settlement is entitled to refuse my/our application.

Date..... Applicant's Signature.....

Date..... Co-Applicant's Signature.....



QUOTATION FOR REPAIR WORKS

Name of Applicant (BLOCK LETTERS)

Address of Applicant

..... Telephone

Name of Builder/Contractor (BLOCK LETTERS)

Address of Builder/Contractor

.....

Telephone Numbers of Builder/Contractor

DESCRIPTION OF WORKS TO BE DONE

(Include sketch and measurements of area to be repaired)

.....

.....

.....

MATERIALS NEEDED

Item Description	Quantity	Unit Cost	Total Cost

LABOUR COSTS

Skill Type	No. of Persons	No. of Days	Daily Rate	Total
Mason				
Carpenter				
Electrician				
Plumber				
Painter				
Labourer				

TOTAL TIME FOR COMPLETION OF JOB _____ days/weeks

TOTAL COST OF JOB _____ \$TT

.....
Signature of Applicant

.....
Signature of Builder /Contractor
(Where available please affix Company Stamp)

.....
Date

REPUBLIC OF TRINIDAD AND TOBAGO:

IN THE MATTER
OF THE STATUTORY DECLARATION ACT
CHAPTER 7:04

I,.....
of.....in
the Island of Tobago, do solemnly and sincerely declare as follows:

1. I am a citizen of Trinidad and Tobago residing here.
2. I am the applicant named in the application for the
3. The number of persons living in the house located at the address is consisting of adults including myself and children.
4. The household including myself consist of the following persons with the monthly income Described below:

Name	Relationship to Applicant	Age	Employment Status Place of Employment	Monthly Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

5. Neither I nor my co-applicant have benefited either from the Government’s Home Improvement Grant Programme or previously from the Home Improvement Subsidy Programme and Home Completion Programme.

I make this declaration conscientiously believing the same to be true and according to the Statutory Declaration act, and I am aware that if there is any statement in this declaration which is false in fact, Which I know or believe to be false or do not believe to be true, I am liable to fine and imprisonment.

.....
Declarant

Declared before me this _____ day of _____ 20____

Commissioner of Affidavits



DIVISION OF SETTLEMENTS PUBLIC UTILITIES & RURAL DEVELOPMENT
Department of Settlements

Date:

The Administrator
Division of Settlements
Public Utilities & Rural Development

Dear Madam,

Re: PERMISSION TO CONDUCT REPAIRS

This letter serves to confirm that I/we undersigned do hereby give permission to

_____ of _____

_____ to conduct repairs on the said land at

the above mentioned address.

Yours respectfully,

_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION
_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION
_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION
_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION
_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION

KINDLY SUBMIT A COPY OF EACH PERSON'S IDENTIFICATION