



# The Tobago House of Assembly

## Home Improvement Subsidy Programme

This programme, administered by the Department of Settlements, is geared towards providing assistance to needy citizens whose dwellings are substandard, dilapidated or in need of repair. A maximum of twenty thousand dollars (\$20,000.00) will be available to successful applicants in order to undertake the necessary improvement works.

### Eligibility Criteria

- Applicant's gross household income must not be above \$15,000 per month
- Applicants must be a citizen of Trinidad and Tobago and be residing in Tobago for a period of Five (5) years or more
- Applicants must be the owner of the property or have permission to occupy the land
- Previous applicants who benefited from any of the Home Improvement programmes cannot reapply before 5 years has elapsed.
- Successful applicants in the Housing Developments cannot benefit from the Home Improvement programmes before a period of 3 years has elapsed.

### Financing Process

Funds will be disbursed in two (2) tranches, 50% on commencement and 50% when half of the repairs have been satisfactory completed

### Monitoring Process

A Technical officer of the Department of Settlements will visit the beneficiary's premises during the period that repairs are being undertaken, to ensure that work is done in accordance with the estimate.

DIVISION OF SETTLEMENTS  
PUBLIC UTILITIES & RURAL  
DEVELOPMENT  
Department of Settlements  
TEL: 612-4213

### FOR OFFICIAL USE ONLY:

Received by: \_\_\_\_\_

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

Processed By: \_\_\_\_\_

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

Interviewed By: \_\_\_\_\_

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

## APPLICATION FORM

### APPLICANT'S INFORMATION

National ID/Passport # /DP# \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Alias \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

### ADDRESS

No. & Street \_\_\_\_\_ (Home) \_\_\_\_\_  
Village/Town \_\_\_\_\_ (Work) \_\_\_\_\_

Marital Status: Single  Married  Divorced  Separated  Common Law  Widowed

### CO-APPLICANT'S INFORMATION

National ID/Passport # \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Alias \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

### ADDRESS

Street \_\_\_\_\_ (Home) \_\_\_\_\_  
Village/Town \_\_\_\_\_ (Work) \_\_\_\_\_

Marital Status: Single  Married  Divorced  Separated  Common Law  Widowed

### FAMILY / HOUSEHOLD INFORMATION

How many persons including yourself are living in the house?

Gross Monthly Household Income \_\_\_\_\_

### HOUSE REPAIRS

Type of works to be done: (e.g. roof; flooring, walls, windows, addition of room etc.)

Estimated cost of improvement works \_\_\_\_\_

Have you received any assistance under The Home Improvement Grant Programme?  
Yes  No

### LAND TENURE

Freehold  Leasehold  Rented  Squatter

(1)..... (2).....  
(Applicant's Name in Block Letters) (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 Settlements is entitled to refuse my/our application.

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

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

SEX

M   
F

dd mm yr

Date of Birth

### TELEPHONE (S)

SEX

M   
F

dd mm yr

Date of Birth

### TELEPHONE (S)



## 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** **Date**  
*(Where available please affix Company Stamp)*

**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**

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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**