



Form No. _____
Received on: _____
By: _____



**DIVISION OF SETTLEMENTS PUBLIC UTILITIES AND RURAL DEVELOPMENT**

**Department of Settlements**

**AFFORDABLE HOUSING AND LAND PROGRAMME**

**Application Form**

All fields in **BOLD** type font are mandatory and information requested must be provided.

Please select one: **New Application**  **Update**

**1. NAMES:**

	<b>Surname</b>	<b>First Name</b>	<b>Other</b>
a. <b>Main Applicant</b>	_____		
b. <b>Co-Applicant</b>	_____		
c. <b>Co-Applicant</b>	_____		

**2. DATE OF BIRTH AND SEX:**

a. <b>Main Applicant</b>	_____	<b>SEX (M/F)</b>
b. <b>Co-Applicant</b>	_____	<b>SEX (M/F)</b>
c. <b>Co-Applicant</b>	_____	<b>SEX (M/F)</b>

**3. COUNTRY OF BIRTH:**

a. <b>Main Applicant</b>	_____
b. <b>Co-Applicant</b>	_____
c. <b>Co-Applicant</b>	_____

**4. HOME ADDRESS:**

a. <b>Main Applicant</b>	_____		
	<b>No. &amp; Street</b>	<b>Settlement/Village</b>	<b>Town/City</b>
b. <b>Co-Applicant</b>	_____		
	<b>No. &amp; Street</b>	<b>Settlement/Village</b>	<b>Town/City</b>
c. <b>Co-Applicant</b>	_____		
	<b>No. &amp; Street</b>	<b>Settlement/Village</b>	<b>Town/City</b>

**5. MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):**

- a. **Main Applicant** \_\_\_\_\_  

<b>No. &amp; Street</b>	<b>Settlement/Village</b>	<b>Town/City</b>
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- b. **Co-Applicant** \_\_\_\_\_  

No. & Street	Settlement/Village	Town/City
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- c. **Co-Applicant** \_\_\_\_\_  

No. & Street	Settlement/Village	Town/City
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**6. TELEPHONE AND EMAIL INFORMATION.**

- a. **Main Applicant (Home)** \_\_\_\_\_ **Work/Other** \_\_\_\_\_
  - b. **Co-Applicant (Home)** \_\_\_\_\_ **Work/Other** \_\_\_\_\_
  - c. **Co-Applicant (Home)** \_\_\_\_\_ **Work/Other** \_\_\_\_\_
- a. **Main Applicant Email address** \_\_\_\_\_

**7. MARITAL STATUS (Please tick one)**

- Main Applicant**    **Single**    **Married**    **Common Law**    **Divorced**
- Co-Applicant**    **Single**    **Married**    **Common Law**    **Divorced**
- Co-Applicant**    **Single**    **Married**    **Common Law**    **Divorced**

**8. IDENTIFICATION NUMBER (Please provide at least two (2) forms of ID for each applicant)**

	Main Applicant	Co-Applicant	Co-Applicant
<b>ID Card (mandatory)</b>			
<b>Passport No.</b>			
<b>Driver's Permit No.</b>			

**9. CHARACTERISTICS OF PRESENT ACCOMMODATION**

(i) **Type of Dwelling**  
**State the type of dwelling in which you are now living.**

- |  |   |   |
|--|---|---|
| 01 Separate House <input type="checkbox"/> | 02 Flat/apartment <input type="checkbox"/>              | 03 Agricultural Property <input type="checkbox"/> |
| 04 Squatter House <input type="checkbox"/> | 05 Part of Commercial Building <input type="checkbox"/> | 06 Barracks <input type="checkbox"/>              |
| (a) State Land <input type="checkbox"/>    |   |   |
| (b) Private <input type="checkbox"/>       |   |   |
| 07 Out-room <input type="checkbox"/>       | 08 Other private dwelling <input type="checkbox"/>      | 09 Group dwelling <input type="checkbox"/>        |
| 10 No fixed abode <input type="checkbox"/> | 11 Other <input type="checkbox"/>                       |   |

\_\_\_\_\_  
Please specify

(ii) **Tenure**  
State whether dwelling/property is any of the following.

01 Rented (private)  02 Rented (Government)  03 Leased   
04 Rent free  05 Squatter  06 Other  \_\_\_\_\_  
Please specify

(iii) **Rooms**  
How many rooms are there in your dwelling unit? (Do not count bathrooms, porches, kitchens etc.)

1  2  3  4  5  6

**10. IDENTIFY THE MEMBERS OF THE HOUSEHOLD WHO ARE TO BE HOUSED IN THE NEW LOCATION & GROSS MONTHLY INCOME**  
ADDITIONAL NAMES CAN BE ATTACHED ON A SEPARATE SHEET OF PAPER.

	NAME	AGE	RELATIONSHIP TO APPLICANT/S	INCOME
1				
2				
3				
4				
5				
6				

**11. EMPLOYER EMPLOYER'S ADDRESS**

a) Main Applicant \_\_\_\_\_  
No. & Street Settlements/Town

b) Co-Applicant \_\_\_\_\_  
No. & Street Settlements/Town / City

c) Co-Applicant (i) \_\_\_\_\_ (ii) \_\_\_\_\_  
No. & Street Settlements/Town  
Town/City

**12. SAVINGS \$** \_\_\_\_\_  
(State amount of savings in Credit Union/Bank/or otherwise)

**13. ARE YOU PHYSICALLY CHALLENGED?**  
YES  NO   
\_\_\_\_\_  
(Please specify conditions)

**14. ARE YOU A DISASTER VICTIM?**  
YES  NO   
\_\_\_\_\_  
(Please specify location and attach documents to substantiate same)

**15. ARE YOU A "TOBAGO YOUNG ADULTS HOME OWNERSHIP SAVINGS PROGRAMME" APPLICANT?**  
YES  \_\_\_\_\_  
(Please indicate FCB Account Number)  
NO

**16. HOUSING SOLUTION PREFERENCE**  
Please be advised that the Division of Settlements, Public Utilities and Rural Development reserves the right to assign units/lots based on availability, demographics of household and financial assessment of applicant.

**HOUSING SELECTION ONLY**

	(i) Location	(ii) Building Unit Type (Single, Multifamily*, Apartment Rental)	(iii) Unit Size (2or 3 bedrooms)
<b>1<sup>st</sup> Preference</b>			
<b>2<sup>nd</sup> Preference</b>			

*\*Duplex and Townhouse Units*

**LAND SELECTION ONLY**

	(i) Location
<b>1<sup>st</sup> Preference</b>	
<b>2<sup>nd</sup> Preference</b>	

**DECLARATION**

**I hereby declare that I am a citizen of Trinidad and Tobago and that I am neither the owner nor part owner of any real property in Trinidad and Tobago being land and/or chattel house and that the information herein provided is true and correct. Additionally, as a co-applicant, I am willing to share in the financial responsibility associated with this application.**

**Main Applicant Signature (i)** \_\_\_\_\_

**Co-applicant (ii)** \_\_\_\_\_

**Co-applicant (iii)** \_\_\_\_\_

**Dated** \_\_\_\_\_

\_\_\_\_\_  
**Please affix Stamp and Signature of the  
 Justice of the Peace or Commissioner of Affidavit here.**

