



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

THE TOBAGO HOUSE OF ASSEMBLY

Home Improvement Grant 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 fifteen thousand dollars (\$15,000.00) will be available to successful applicants in order to undertake the necessary improvements works.

APPLICATION FORM

APPLICANT'S INFORMATION

SEX

M
F

National ID/Passport # /DP# _____

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

SEX

M
F

National ID/Passport # _____

Surname *First Name* *Alias* dd mm yr

Nationality *Country of Birth*

ADDRESS

TELEPHONE (S)

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 IDB Home Improvement Subsidy Programme?
Yes No

LAND TENURE

Freehold Leasehold Rented Squatter

(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.....

Eligibility Criteria

- Applicant's household income must not be above \$10,000 per month
- Applicants must be a citizen of Trinidad and Tobago and residing in Tobago for at least 5 years
- Previous applicants who benefited from any of the Home Improvement programme cannot reapply before 5 years as elapsed.
- Successful applicants in the Housing Developments cannot benefit from the Home Improvement programme 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.

Photocopies of this form WILL be accepted.

Completed forms are to be submitted to:

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

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