



# MINISTRY OF HOUSING AND URBAN DEVELOPMENT

## GOVERNMENT'S AIDED SELF-HELP HOUSING PROGRAMME

📍 44-46 South Quay, Port of Spain 📞 (868) 623-HOME (4663) 🌐 www.housing.gov.tt

### APPLICATION FORM F2 - PERSONS WITHOUT LAND

PLEASE COMPLETE FORM WITH BLACK OR BLUE INK AND IN BLOCK LETTERS

#### SECTION A - MAIN APPLICANT PERSONAL INFORMATION

Surname		First Name		Other	
ID Card No. (MUST be entered)		Driver's Permit No.	Passport No.	Birth Certificate PIN	
Date of Birth (MUST be entered)	Sex	TT Citizen	Have you been resident in T&T for the past 5 years?		Country of Birth
yyyy / mm / dd	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email Address					
Residential Address					
Mailing Address (if different from above)					
Telephone Numbers (Home)		(Work)		(Mobile)	
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/>					
Occupation	Total Monthly Income (Gross)	If self employed, state total monthly earnings		Place of Employment (if Self Employed state field of business)	
Total Monthly Expenditure/Obligations					
Are you or your spouse an owner or part owner of any property? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you or your spouse ever been owners/part owners of property? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you or your spouse ever been a recipient of any Government Housing Programme? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, Please specify :					
Do you or a member of your household have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>				HDC Reference Number:	
If Yes, Please describe:					

#### SECTION B - CO-APPLICANT PERSONAL INFORMATION (OPTIONAL)

Surname		First Name		Other	
ID Card No. (MUST be entered)		Driver's Permit No.	Passport No.	Birth Certificate PIN	
Date of Birth (MUST be entered)	Sex	TT Citizen	Have you been resident in T&T for the past 5 years?		Country of Birth
yyyy / mm / dd	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email Address					
Residential Address					
Mailing Address (if different from above)					
Telephone Numbers (Home)		(Work)		(Mobile)	
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/>					
Occupation	Total Monthly Income (Gross)	If self employed, state total monthly earnings:		Place of Occupation (if Self Employed state field of business)	
Total Monthly Expenditure/Obligations					
Are you or your spouse an owner or part owner of any property? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you or your spouse ever been owners/part owners of property? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you or your spouse ever been a recipient of any Government Housing Programme? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, Please specify :					

**SECTION C – HOUSEHOLD INFORMATION**

The following persons are considered dependants: A child/children 18 years and under; parents 65 years and over who will be living in the house; child/children over 18 years and physically dependent on the applicant(s).

Please specify below the names of each dependant that will be living with you :

Surname	First Name	Date of Birth	Relationship to Applicant	State Disability (if applicable)

**SECTION D- PREFERENCE INFORMATION**

See the Map below for location numbers

Using the map or table below please specify your location preference:

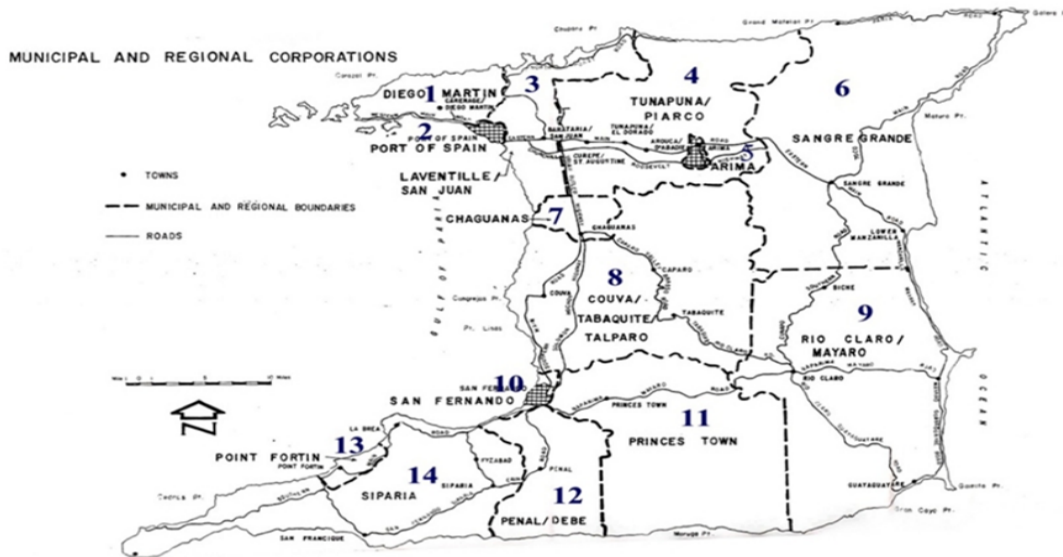
1st Preference:

2nd Preference:

3rd Preference:

**LOCATION NUMBERS**

1. Diego Martin	2. Port of Spain	3. San Juan/ Laventille	4. Tunapuna/Piarco
5. Arima	6. Sangre Grande	7. Chaguanas	8. Couva/Tabaquite Talparo
9. Rio Claro/Mayaro	10. San Fernando	11. Princes Town	12. Penal/ Debe
13. Point Fortin	14. Siparia		



**SELECTION CRITERIA**

To be considered as potential beneficiaries under this Program, applicants must meet the following criteria for selection:

1. Be a citizen of Trinidad and Tobago;
2. Be Twenty-One (21) years and over;
3. **NOT** be owner/part owner of property/land in Trinidad and Tobago at the time of allocation of the lot;
4. Must **NOT** previously been the recipient of any government or state housing subsidy;
5. Must qualify under the TTMF criteria or that of the financial institution from which they are accessing funds; and
6. Have a combined gross monthly household or family income not exceeding \$TT25,000.

**Please note:**

1. To be considered for the Aided Self Help Housing Programme persons **MUST** submit a formal application.
2. Persons are allowed **ONE** application per cycle.
3. Application forms are to be submitted at the HDC Couva Mall **ONLY** (Mon to Fri 8:00 am -3:00pm and Sat 8:00am - 12:00pm).
4. Incomplete applications will not be considered.
5. This application does **NOT** guarantee the applicant's success under this programme.
6. Application forms will be available for download at [www.housing.gov.tt](http://www.housing.gov.tt) and at the following locations:

Ministry of Housing  
& Urban Development  
Level 2, #44-46 South Quay

HDC San Fernando Area Office  
#2 Mc Gillivray Street  
San Fernando

HDC Couva Mall  
Lisas Gardens  
Couva

Land Settlement Agency Head Office  
Orange Grove Road South  
Tacarigua

Port-of-Spain

For more information please contact:- (868) 623-4663 ext 2202.

All information is subject to verification. Applicants are reminded that all criteria must be met for further consideration.

**SECTION D- DECLARATION AND AFFIRMATION**

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 given in the information above which is not true or incorrect, knowingly or unknowingly the Ministry of Housing and Urban Development reserves the right to refuse this application.

Applicant's Signature:\_\_\_\_\_ Co-Applicant's Signature:\_\_\_\_\_ Date: