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

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Card No. (MUST be entered)</td>
<td>Driver's Permit No.</td>
<td>Passport No.</td>
</tr>
<tr>
<td>Birth Certificate PIN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Date of Birth (MUST be entered)</th>
<th>Sex</th>
<th>TT Citizen</th>
<th>Have you been resident in T&amp;T for the past 5 years?</th>
<th>Country of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>yyyy / mm / dd</td>
<td>M □ F □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

Email Address
Residential Address
Mailing Address (if different from above)

Telephone Numbers (Home) (Work) (Mobile)

Marital Status Single □ Married □ Separated □ Divorced □ Widowed □ Common Law □
Occupation

Total Monthly Income (Gross) If self employed, state total monthly earnings Place of Employment (if Self Employed state field of business)

Are you or your spouse an owner or part owner of any property? Yes □ No □
Have you or your spouse ever been owners/part owners of property? Yes □ No □
Have you or your spouse ever been a recipient of any Government Housing Programme? Yes □ No □

If Yes, Please specify:

Do you or a member of your household have a disability? Yes □ No □

HDC Reference Number:
If Yes, Please describe:

SECTION B - CO-APPLICANT PERSONAL INFORMATION (OPTIONAL)

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
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</tr>
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<td>Yes □ No □</td>
<td>Yes □ No □</td>
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</tr>
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Email Address
Residential Address
Mailing Address (if different from above)

Telephone Numbers (Home) (Work) (Mobile)

Marital Status Single □ Married □ Separated □ Divorced □ Widowed □ Common Law □
Occupation

Total Monthly Income (Gross) If self employed, state total monthly earnings Place of Occupation (if Self Employed state field of business)

Are you or your spouse an owner or part owner of any property? Yes □ No □
Have you or your spouse ever been owners/part owners of property? Yes □ No □
Have you or your spouse ever been a recipient of any Government Housing Programme? Yes □ No □

If Yes, Please specify:
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 and at the following locations:

   - Ministry of Housing & Urban Development
   - HDC San Fernando Area Office
     Level 2, #44-46 South Quay
     Port-of-Spain
   - HDC Couva Mall
     #2 Mc Gillivary Street
     San Fernando
   - Land Settlement Agency Head Office
     Orange Grove Road South
     Tacarigua
   - Local Government & Regional Corporations
     3. San Juan/ Laventille
     4. Tunapuna/Piarco
     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

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: