



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 F1 - PERSONS WITH 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 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)
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Total Monthly Expenditure/Obligations

Are you or your spouse an owner or part owner of a house? Yes No

Have you or your spouse ever been a recipient of any Government Housing Programme? Yes No

If Yes, Please specify :

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 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)
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Total Monthly Expenditure/Obligations

Are you or your spouse an owner or part owner of any house? Yes No

Have you or your spouse ever been a recipient of any Government Housing Programme? Yes No

If Yes, Please specify :

SECTION C – LAND DESCRIPTION

Address of land owned:	Size of Lot (m ²):
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Do you possess Outline Permissions from the Town and Country Planning Division to develop the land for residential purpose?
 Yes No

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. Be owner of land in Trinidad and Tobago;
4. Must **NOT** be the owner of any other house;
5. Must have statutory approvals / planning permission to construct a house on the land;
6. Must qualify under the TTMF criteria or that of the financial institution from which they are accessing funds;
7. Must not previously been the recipient of any government or state housing subsidy; and
8. 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
 Level 2, #44-46 South Quay
 Port-of-Spain

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

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/Wecertify 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:_____