



**MINISTRY OF HOUSING AND URBAN DEVELOPMENT
PROGRAMME MONITORING COORDINATING AND EVALUATION UNIT (PMCEU)
#51-55 Frederick Street, Port of Spain, Jobco Building**

Where do you apply?

Application forms can be collected and returned at any of the following offices:

Programme Monitoring, Coordinating and Evaluation Unit

#51-55 Frederick Street, Port of Spain (Jobco Building),
Contact: 1(868) 623-4663 Ext. 2170

Ministry of Housing and Urban Development

44-46 South Quay, Port of Spain
Tel: 623-4663 ext/ 2257. 2227. 2194.2170

The Housing Development Corporation Sub-Office

#2 McGilvary Street, Mon Repos, San Fernando
Tel: 612-7432 Ext. 8500

TOBAGO HOUSE OF ASSEMBLY, SETTLEMENTS DIVISION

D Colosseum Building 2, Corner Airport Bypass and Milford Road, Crown Point, Tobago
Tel: 660-7473

ALL TCONNECT KIOSKS ACROSS TRINIDAD AND TOBAGO

APPLICATION FORM

HOME CONSTRUCTION SUBSIDY (HCS) PROGRAMME

INTER-AMERICAN DEVELOPMENT BANK (IDB LOAN 5049/OC-TT)

1. APPLICANT'S INFORMATION:

National ID/Driver's Permit/Passport# _____ SEX: M F

Surname _____ First Name _____ Middle Name _____
D ____/M ____/Y ____
Citizenship/Legal Resident _____ Country of Birth _____ Date of Birth _____

Address: _____
Mailing Address: _____

Telephone(s): Home _____ Work _____ Mobile _____

Marital Status: Single Married Divorced Separated
 Common Law Widowed

How did you find out about the programme?

- Word of mouth Ministry's Website Poster
 Social Media Advertisements Newspapers
 Ministry's Outreach Programmes

2. CO-APPLICANT'S INFORMATION:

National ID/Driver's Permit/Passport# _____ SEX: M F

Surname _____ First Name _____ Middle Name _____
D ____/M ____/Y ____
Citizenship/Legal Resident _____ Country of Birth _____ Date of Birth _____

Address: _____

Mailing Address: _____

Telephone(s): Home _____ Work _____ Mobile _____

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3. HOUSEHOLD DATA

Is there any person with a disability resident in your household? Y N

Gross Monthly Income? \$ _____

Select from the following:

- Salary Pension National Insurance Self Employed
 Public Assistance Grant Disability Grant Other- _____

Have you received any assistance under the Ministry's Home Improvement or Emergency Grant?

Y N

4. FINANCING:

How will you be financing your contribution to the construction of your home?

- Savings Loan/Mortgage Materials/Sweat Equity

Has work started? Y N Date work started: _____

5. APPROVALS:

Would you require the use of one of the Ministry's approved proprietary plans? Y N

If not, do you have approved plans for construction? Y N

6. LAND TENURE:

Is the land on which the house is to be built:

- Freehold Leasehold Rental Regularised Other

Do you have permission to build from land owner(s)? Y N

Do you own or are you part owner in any other property? Y N

SUPPORTING DOCUMENTS

Original and Copies of the following:

- Applicant(s) Birth Certificate(s)
- ID Card(s) and Passports or DP(s)
- Evidence of citizenship (where necessary)
- Marriage, Death, Divorce Certificate(s)
- Recent Pay Slip/job letter/Affidavit attesting to Income for Self Employed
- Proof of Contribution
- Affidavit stating non ownership of additional property
- Title Deed / Deed of Lease or other Proof of Ownership
- Utility bill (WASA, T&TEC, etc)
- Approved Plans for Home Construction
- Builder's Estimate for Construction

DECLARATION

Once initially selected, an assessment interview will be conducted to determine the success of your application.

Applicant's Name in Block _____

Co Applicant's Name in Block _____

I/we certify that the information given in this form is true and correct 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 and correct, I/we am/are aware that the Ministry of Housing and Urban Development is entitled to refuse my /our application.

Applicant's Signature _____

Co Applicant's Signature _____

Date _____