

## 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

|  | <b>□</b> 44-4  |                 |                            |   | 1 - PERSONS                 |           |   | using.gov.tt          |  |  |  |
|--|--|-----------------|----------------------------|---|-----------------------------|-----------|---|-----------------------|--|--|--|
|  | PLE  |                 |                            |   | CK OR BLUE INK A            |           |   | TERS                  |  |  |  |
|  |  | St              | l                          |   | ANT PERSUNAL IN             | FURMA     |   |                       |  |  |  |
| Surname  |  |                 | First Nam                  | ne                                      |                             | Other     |   |                       |  |  |  |
| ID Card No. (M   | UST be entered)  | Driver's        |                            | s Permit No.                            | Passport N                  | ort No.   |   | Birth Certificate PIN |  |  |  |
| Date of Birth<br>(MUST be entered)                       | Sex  | π               | Citizen                    | Have you b                              | een resident in T<br>years? | &T for    | the past 5  | Country of Birth      |  |  |  |
| yyyy / mm / dd   | м□ғ□   | Yes □ No □      |                            | Yes □ No □                              |                             |           |   |                       |  |  |  |
| Email Address  |  |                 |                            |   |                             |           |   |                       |  |  |  |
| Residential Address                                      |  |                 |                            |   |                             |           |   |                       |  |  |  |
| Mailing Address (if dif                                  | ferent from a  | bove)           |                            |   |                             |           |   |                       |  |  |  |
| Telephone Numbers(                                       | (Home)   | (Work)          |                            |   |                             |           | (Mobile)  |                       |  |  |  |
| Marital Status Single                                    | e 🗆 Mai  | rried $\square$ | Sep                        | parated $\square$                       | Divorced [                  |           | Widowed   | ☐ Common Law ☐        |  |  |  |
| Occupation   | Total Management   | -               | If self employ<br>earnings |   |                             |           | <b>Place of Employment</b> (if Self Employed state field of business) |                       |  |  |  |
| Total Monthy Expendi                                     | ture/Obligation  | ons             |                            |   |                             |           | •   |                       |  |  |  |
| Are you or your spous                                    | Are you or your spouse an owner or part owner of a house?  Yes  No  No |                 |                            |   |                             |           |   |                       |  |  |  |
| Have you or your spo<br>If Yes, Please specify:          |  | n a recipi      | ent of any                 | / Government                            | Housing Program             | me? `     | Yes 🗆   | No 🗆                  |  |  |  |
| SECTION B - CO-APPLICANT PERSONAL INFORMATION (OPTIONAL) |  |                 |                            |   |                             |           |   |                       |  |  |  |
| Surname  |  | First Name      |                            |   |                             |           | Other   |                       |  |  |  |
| ID Card No. (M   | ) Driver's   |                 | Permit No.                 | Passport No.                            |                             |           | Birth Certificate PIN   |                       |  |  |  |
| Date of Birth<br>(MUST be entered)                       | Sex  | TT Citizen      |                            | Have you been resident in T&T for the p |                             | or the pa | st 5 years?   | Country of Birth      |  |  |  |
| yyyy / mm / dd   | м□ғ□   | Yes [           | ] No □                     | Yes □ No □                              |                             |           |   |                       |  |  |  |
| Email Address  |  |                 |                            |   |                             |           |   |                       |  |  |  |
| Residential Address                                      |  |                 |                            |   |                             |           |   |                       |  |  |  |
| Mailing Address (if dif                                  | ferent from a  | bove)           |                            |   |                             |           |   |                       |  |  |  |

| Telephone Numbers (Home)   | (V   | /ork)                       |                            | (Mobile)                       |  |  |  |  |  |  |  |  |
|--|--|-----------------------------|----------------------------|--------------------------------|--|--|--|--|--|--|--|--|
| Marital Status Single ☐ Ma   | arried   Separated   | ☐ Divorced                  | ı 🗆 w                      | √idowed □                      | Common Law                               |  |  |  |  |  |  |  |
| Occupation   | Total Monthly If self (lincome (Gross) earning                     | employed, state tota<br>gs: | - 1                        | ace of Occupation of business) | on (if Self Employed state               |  |  |  |  |  |  |  |
| Total Monthy Expenditure/Obligations   |  |                             |                            |                                |  |  |  |  |  |  |  |  |
| Are you or your spouse an owner or part owner of any house?  Yes   No   No   |  |                             |                            |                                |  |  |  |  |  |  |  |  |
| Have you or your spouse ever been a recipient of any Government Housing Programme? Yes $\Box$ No $\Box$ If Yes, Please specify:  |  |                             |                            |                                |  |  |  |  |  |  |  |  |
| SECTION C - LAND DESCRIPTION   |  |                             |                            |                                |  |  |  |  |  |  |  |  |
| Address of land owned:   |  | Bl                          |                            |                                | Lot (m²):                                |  |  |  |  |  |  |  |
| Do you posess Outline Permissions from the Town and Country Planning Division to develop the land for residential purpose?  Yes  No  No  |  |                             |                            |                                |  |  |  |  |  |  |  |  |
|  | SELE   | CTION CRITERIA              |                            |                                |  |  |  |  |  |  |  |  |
| <ol> <li>Be Twenty-One (21) years and over;</li> <li>Be owner of land in Trinidad and Tobago;</li> <li>Must NOT be the owner of any other house;</li> <li>Must have statutory approvals / planning permission to construct a house on the land;</li> <li>Must qualify under the TTMF criteria or that of the financial institution from which they are accessing funds;</li> <li>Must not previously been the recipient of any government or state housing subsidy; and</li> <li>Have a combined gross monthly household or family income not exceeding \$TT25,000</li> </ol> Please note: |  |                             |                            |                                |  |  |  |  |  |  |  |  |
| 1. To be considered for the Aided Self Help Housing Programme perons 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:  |  |                             |                            |                                |  |  |  |  |  |  |  |  |
| HDC Head Office<br>#44-46 South Quay<br>Port-of-Spain  | HDC San Fernando Area Of<br>#2 Mc Gillivary Street<br>San Fernando |                             | Couva Mall<br>Gardens<br>a |                                | ment Agency Head Office<br>ve Road South |  |  |  |  |  |  |  |
|  | For more information pleas   | e contact:- (868) 623       | -4663 ext 220              | )2.                            |  |  |  |  |  |  |  |  |
| All information is subject to verification. Applicants are reminded that all criteria must be met for further consideration.   |  |                             |                            |                                |  |  |  |  |  |  |  |  |
|  | SECTION D- DECL  | ARATION AND AFFIRM          | ATION                      |                                |  |  |  |  |  |  |  |  |
| I/We   |  |                             |                            | certify that the               | information given in this form           |  |  |  |  |  |  |  |
| is true to the best of my/our know<br>unknowingly t  | vledge and belief. If there is a<br>he Ministry of Housing and Ui  |                             |                            |                                |  |  |  |  |  |  |  |  |
| Applicant's Signature: Date:   |  |                             |                            |                                |  |  |  |  |  |  |  |  |
|  |  |                             |                            |                                |  |  |  |  |  |  |  |  |