



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 ☐ 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) |
|------------|------------------------------|--|--|

Total Monthly Expenditure/Obligations

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 <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 ☐ 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) |
|------------|------------------------------|---|--|

Total Monthly Expenditure/Obligations

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 :

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) |
|---------|------------|---------------|---------------------------|----------------------------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

SECTION D- PREFERENCE INFORMATION

See the Map below for location numbers

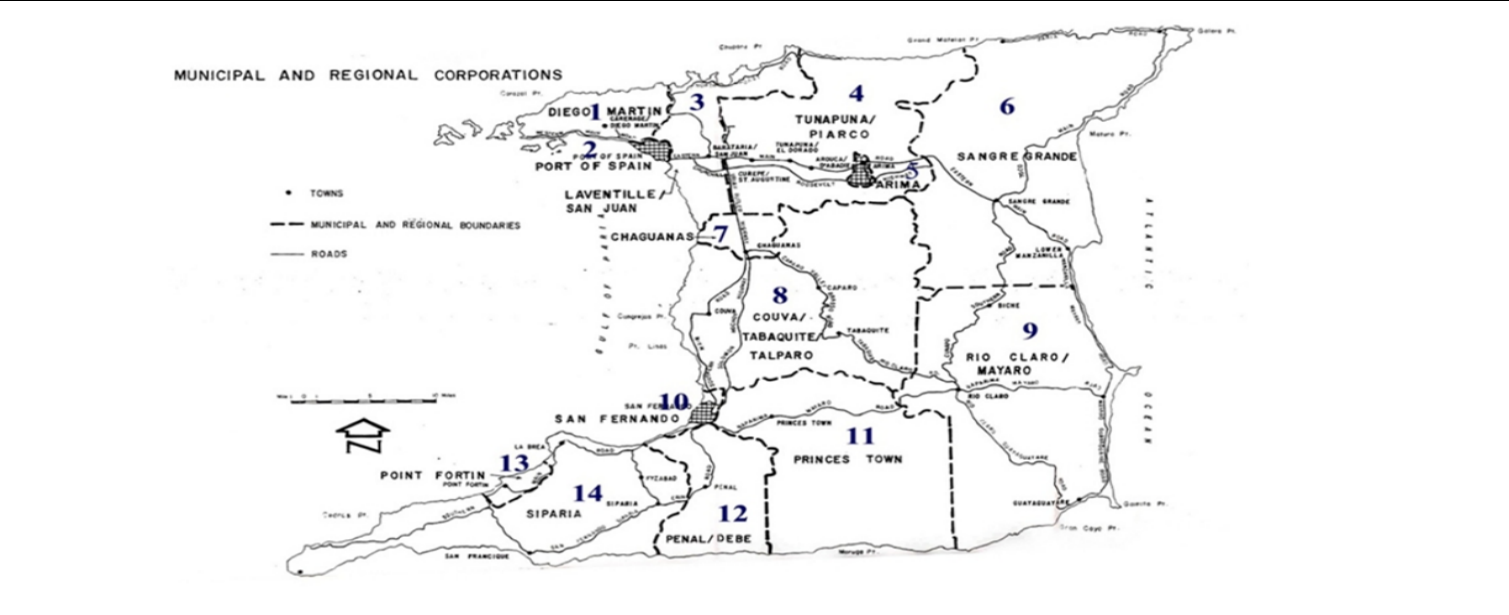
Using the map or table below please specify your location preference:

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 |
| 3. 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 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 #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: