| ID Card No. (M   | UST be entered) | Driver's                        | s Permit No.             | Passport No.                             |                    | Birth Certificate PIN                         |
|--|-----------------|---------------------------------|--------------------------|--|--------------------|---|
| Date of Birth<br>(MUST be entered)                                     | Sex             | TT Citizen                      | Have you l               | <br>been resident in T&T for<br>years?   | 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)                   |  | (Mo                | obile)  |
| Marital Status Single  | e 🗆 Mai         | rried 🗆 Sep                     | parated $\square$        | Divorced                                 | Widowed [          | ☐ Common Law ☐                                |
| Occupation   |                 | Total Monthly<br>Income (Gross) | If self employ earnings  | yed, state total monthly                 | field of busi      | <b>ployment</b> (if Self Employed state ness) |
| Total Monthy Expendi   | ture/Obligation | ons                             |                          |  |                    |   |
| Are you or your spous  | se an owner     | or part owner of                | f a house?               | Yes                                      |                    | No □  |
| Have you or your spor<br>If Yes, Please specify:                       |                 | •                               |                          | : Housing Programme? PERSONAL INFORMATIO | Yes □ N (OPTIONAL) | No □  |
| Surname  |                 |                                 | First Name               |  | Other              |   |
| ID Card No. (M   | UST be entered) |                                 | Permit No.               | Passport No.                             |                    | Birth Certificate PIN                         |
| Date of Birth (MUST be entered)  | Sex             | TT Citizen                      | Have you be              | een resident in T&T for the              | past 5 years?      | Country of Birth                              |
| yyyy / mm / dd   | м□ғ□            | Yes □ No □                      |                          | Yes □ No □                               |                    |   |
| Email Address  |                 |                                 |                          |  |                    |   |
| Residential Address  |                 |                                 |                          |  |                    |   |
| Mailing Address (if diff   | ferent from a   | bove)                           |                          |  |                    |   |
| Telephone Numbers (  | Home)           |                                 | (Work)                   |  | (Mo                | obile)  |
| Marital Status Single  | e 🗆 Mai         | rried 🗆 Ser                     | parated $\square$        | Divorced $\square$                       | Widowed [          | ☐ Common Law ☐                                |
| Occupation   |                 | Total Monthly<br>Income (Gross) | If self employ earnings: | yed, state total monthly                 | field of busi      | cupation (if Self Employed state ness)        |
| Total Monthy Expendi   | ture/Obligation | ons                             |                          |  |                    |   |
| Are you or your spouse an owner or part owner of any house? Yes □ No □ |                 |                                 |                          |  |                    | No □  |
| Have you or your spot<br>If Yes, Please specify:                       | use ever beer   | n a recipient of any            | y Government             | : Housing Programme?                     | Yes 🗆              | No 🗆  |

| SECTION C - LAND DESCRIPTION   |  |  |   |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|
| Address of land owned:   |  |  | Size of Lot (m <sup>2</sup> ):  |  |  |  |  |  |
| Do you posess Outline Permissions from the Town and Country Planning Division to develop the land for residential purpose?  Yes  No  No  |  |  |   |  |  |  |  |  |
|  | SELECTION CRI  | TERIA  |   |  |  |  |  |  |
| 1. Be a citizen of Trinidad and Tob<br>2. Be Twenty-One (21) years and<br>3. Be owner of land in Trinidad and<br>4. Must <b>NOT</b> be the owner of any<br>5. Must have statutory approvals<br>6. Must qualify under the TTMF or<br>7. Must not previously been the re | l over;<br>d Tobago;   | e on the land;<br>om which they are accessing<br>ng subsidy; and     |   |  |  |  |  |  |
|  | Please note:   |  |   |  |  |  |  |  |
| <ol> <li>Persons are allowed ONE application.</li> <li>Application forms are to be subtained.</li> <li>Incomplete applications will not.</li> <li>This application does NOT guaranteed.</li> </ol>   | mitted at the HDC Couva Mall <b>ONLY</b> (Mon  | to Fri 8:00 am -3:00pm an programme.                                 | d Sat 8:00am - 12:00pm).  |  |  |  |  |  |
| Ministry of Housing<br>& Urban Development<br>Level 2, #44-46 South Quay<br>Port-of-Spain  | HDC San Fernando Area Office #2 Mc Gillivary Street San Fernando For more information please contact | HDC Couva Mall<br>Lisas Gardens<br>Couva<br>- (868) 623-4663 ext 220 | Land Settlement Agency Head Office Orange Grove Road South Tacarigua 2.   |  |  |  |  |  |
| All information is subject to verification. Applicants are reminded that all criteria must be met for further consideration.   |  |  |   |  |  |  |  |  |
| SECTION D- DECLARATION AND AFFIRMATION   |  |  |   |  |  |  |  |  |
| is true to the best of my/our k  |  | iven in the information abov   | certify that the information given in this form<br>we which is not true or incorrect, knowingly or<br>to refuse this application. |  |  |  |  |  |
| Applicant's Signature:   | Со-Арр   | licant's Signature:  | Date:   |  |  |  |  |  |