|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Applicant Information** | | | | | | | |
| **Last Name:** | | | **First Name:** | | | | |
| **Address:** | | | **Phone Number(s)** | | | | |
| **Email Address:** | | | | |
| **Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **National ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Passport#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DP#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **BIR #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Sex**   * **Male** * **Female** | | |
| **1(a). SOURCE OF INCOME** | | | | | | | |
| **Salary**  **$** | **Old Age Pension**  **$** | **Self-Employed**  **Income**  **$** | | **National Insurance**  **$** | | **Disability Grant**  **$** | **Other Source:**  **$** |
| **List source** |
| **Name and Address of Employer: (If self-employed, list type of work done):** | | | | | **How long employed there:**  **\_\_\_\_ years \_\_\_\_\_ months** | | |
| **2. co-Applicant Information** | | | | | | | |
| **Last Name:** | | | **First Name:** | | | | |
| **Address:** | | | **Phone Number(s)** | | | | |
| **Email Address:** | | | | |
| **Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **National ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Passport#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DP#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **BIR #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Sex**   * **Male** * **Female** | | |
| **2(a). SOURCE OF INCOME** | | | | | | | |
| **Salary**  **$** | **Old Age Pension**  **$** | **Self-Employed**  **Income**  **$** | | **National Insurance**  **$** | | **Disability Grant**  **$** | **Other Source:**  **$** |
| **List source** |
| **Name and Address of Employer: (if self-employed, list type of work done):** | | | | | **How long employed there:**  **\_\_\_\_ years \_\_\_\_\_ months** | | |
| **TOTAL HOUSEHOLD INCOME** | | | | | **$** | | |
| **3. guarantor INFORMATION** | | | | | | | |
| **Last Name:** | | | **First Name:** | | | | |
| **Address:** | | | **Phone Number(s)** | | | | |
| **Email Address:** | | | | |
| **Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **National ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Passport#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DP#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **BIR #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Sex**   * **Male** * **Female** | | |
| **3(A). SOURCE OF INCOME** | | | | | | | |
| **Salary**  **$** | **Old Age Pension**  **$** | **Self-Employed**  **Income**  **$** | | **National Insurance**  **$** | | **Disability Grant**  **$** | **Other Source:**  **$** |
| **List source** |
| **Name and Address of Employer: (if self-employed, list type of work done):** | | | | | **How long employed there:**  **\_\_\_\_ years \_\_\_\_\_ months** | | |
| **4. HOUSEHOLD INFORMATION** | | | | | | | |

**How many persons live in the household sincluding applicant and co-applicant?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship to**  **Applicant** | **Please list any disabilities** | **Income** |
| **1.** |  | **APPLICANT** |  |  |
| **2.** |  | **CO-APPLICANT** |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |
| **11.** |  |  |  |  |
| **12.** |  |  |  |  |
| **TOTAL NUMBER OF PERSONS IN HOUSEHOLD** | | |  |  |
| **5. references** | | | |  |

**List two persons who have known you for at least two years.**

**Note: These persons will be contacted if for any reason we cannot reach you.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Name :** | | | **Address:** | | **Phone Number(s):** | |
| **Email address:** | |
| **2. Name:** | | | **Address:** | | **Phone Number(s):** | |
| **Email address:** | |
| **6. land tenure/location of land** | | | | | | |
| * **Freehold** * **Leasehold** * **Rented** * **Squatter** | **Where is land located? Give Legal Street Address or Light Pole Number:** | | | | | |
| **Write Directions to get to Property:** | | | | | |
| **7. ASSISTANCE REQUESTED (CHECK ONE)** | | | | | | |
| **CONStruction** | | **RENOVATION/**  **MICROBUILD** | | **COMPLETION** | | **OTHER**  **lIST:** |
| **FOR CONSTRUCTION ONLY: DO YOU HAVE TOWN AND COUNTRY APPROVAL? YES\_\_\_\_\_ No\_\_\_\_\_\_**  **IF YES, PROVIDE COPY OF THE APPROVAL** | | | | | | |
| **8. MONTHLY EXPENSES** | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Expense Item** | | **Amount** |
| **Rent** | |  |
| **Electricity (Divide by 2 for monthly amount)** | |  |
| **Cable TV** | |  |
| **WASA (Divide by 3 for monthly amount)** | |  |
| **Telephone (Include home and mobile bills)** | |  |
| **Internet** | |  |
| **Travel expenses (Total for each member of household)** | |  |
| **Medical Expenses** | |  |
| **School Expenses - Uniform, Books, etc. (Divide annual fees by 12)** | |  |
| **Grocery** | |  |
| **Market** | |  |
| **Toiletries** | |  |
| **Home and/or Life Insurance (Divide annual by 12)** | |  |
| **Loans/ Hire Purchase/Credit Card – Name of Creditor:** | **Outstanding balance:** | **Monthly Payment Amount** |
| **Car Number Plate** |  | **Car Payment Amount** |
| **Gas** | |  |
| **Car Maintenance** | |  |
| **Car Insurance (Annual total amount divided by 12)** | |  |
| **Other Expenses: List** | |  |
|  | |  |
| **TOTAL EXPENSES** | |  |
| **NET INCOME LEFT TO PAY LOAN (INCOME MINUS EXPENSES)** | |  |
| **SIGNATURES (check boxes indicating where you agree)** | | |

* **I/We understand that all monies expended by Habitat for Humanity Trinidad and Tobago on my/our behalf for any construction purposes are LOANS that must be repaid and I/we will be required to sign a Mortgage, Loan Agreement or Promissory Note including the terms of the agreement. I/We also agree that if Habitat TT applies for any government subsidy on my/our behalf or I/we apply on my/our own for a government subsidy for land, the monies will come directly to Habitat TT and credited towards my/our account.**
* **I/We authorize Habitat for Humanity Trinidad and Tobago to verify the information provided on this form as to credit and employment history through a paid credit check. I/We understand that if the information I/we provided is determined to be inaccurate, my/our application could be denied and any prior approval revoked.**
* **I/We agree to complete 300 hours of sweat equity as per Habitat for Humanity Trinidad and Tobago policy. I/We agree to attend homeowner workshops sponsored by Habitat TT and understand that my/our failure to attend may result in my/our application not being approved, or any prior approval being revoked.**
* **I/We give Habitat for Humanity Trinidad and Tobago permission to use my/our profile and pictures in promotional material.**

Signature of Applicant:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that as the Guarantor for this applicant, I will be signing the Mortgage or Loan Agreement or Promissory Note agreeing to act as Surety for this loan and that if the applicant(s) fail to repay the loan, I agree to be responsible for paying the loan and that Habitat TT may sue me to recover the outstanding balance.**

* **YES**
* **NO**

Signature of Guarantor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICIAL USE ONLY** | | | |
| Application Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewed with Applicant by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **DOCUMENTS RECEIVED (PLEASE TICK)** | | | |
| * **COPIES OF IDENTIFICATION CARDS** | | * **EVIDENCE OF CITIZENSHIP** | |
| * **COPIES OF BIRTH CERTIFICATE(S)** | | * **COPIES OF MARRIAGE LICENSE** | |
| * **COPY OF PROOF OF OWNERSHIP – LEASE, DEED OR PERMISSION TO OCCUPY LAND** | | * **COPIES OF LAND TAX RECEIPTS** | |
| * **COPIES OF WASA BILL/CLEARANCE CERTIFICATE** | | * **COPIES OF ELECTRICITY (TTEC) BILL** | |
| * **ESTIMATE OF MATERIALS/REPAIRS** | | * **APPLICATION FOR PMCU SUBMITTED** | |
|  | | | |
| * **APPLICATION APPROVED** | **BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * **APPLICATION DENIED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Reason for Denial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |