

1. APPLICANT INFORMATION

Last Name:	First Name:
Address:	Phone Number(s)
	Email Address:
Marital Status: _____	National ID#: _____ Passport#: _____ DP#: _____ BIR # _____ NIS # _____
Sex <input type="checkbox"/> Male <input type="checkbox"/> 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
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2. CO-APPLICANT INFORMATION

Last Name:	First Name:
Address:	Phone Number(s)
	Email Address:
Marital Status: _____	National ID#: _____ Passport#: _____ DP#: _____ BIR # _____ NIS # _____
Sex <input type="checkbox"/> Male <input type="checkbox"/> 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
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TOTAL HOUSEHOLD INCOME	\$
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3. GUARANTOR INFORMATION

Last Name:	First Name:
Address:	Phone Number(s)
Marital Status: _____	Email Address:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	National ID#: _____ Passport#: _____ DP#: _____ BIR # _____ NIS # _____

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 including applicant and co-applicant?

Name	Date of Birth	Relationship to Applicant	Please list any disabilities	Income
1.		<u>APPLICANT</u>		
2.		<u>CO-APPLICANT</u>		
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

<input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Rented <input type="checkbox"/> 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 <input type="checkbox"/>	RENOVATION/ MICROBUILD <input type="checkbox"/>	COMPLETION <input type="checkbox"/>	OTHER LIST: <input type="checkbox"/>
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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)

- | | |
|--|--|
| <input type="checkbox"/> COPIES OF IDENTIFICATION CARDS | <input type="checkbox"/> EVIDENCE OF CITIZENSHIP |
| <input type="checkbox"/> COPIES OF BIRTH CERTIFICATE(S) | <input type="checkbox"/> COPIES OF MARRIAGE LICENSE |
| <input type="checkbox"/> COPY OF PROOF OF OWNERSHIP – LEASE, DEED OR PERMISSION TO OCCUPY LAND | <input type="checkbox"/> COPIES OF LAND TAX RECEIPTS |
| <input type="checkbox"/> COPIES OF WASA BILL/CLEARANCE CERTIFICATE | <input type="checkbox"/> COPIES OF ELECTRICITY (TTEC) BILL |
| <input type="checkbox"/> ESTIMATE OF MATERIALS/REPAIRS | <input type="checkbox"/> APPLICATION FOR PMCU SUBMITTED |

<input type="checkbox"/> APPLICATION APPROVED	BY: _____	Date: _____
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 APPLICATION DENIED BY: _____ Date: _____

 Reason for Denial: _____

