**NATIONAL COMMISSION FOR SELF-HELP LIIVIITED**

Lassalle Court, 75 Abercromby Street, Port of Spain (Head Office) Ph Nos.: 627-9519

71-81 Independence Avenue, San Fernando (South Regional Office) Ph Nos: 652-3044/653-6588

Old Education Building, Scarborough (Tobago Office) Ph Nos.: 660-7672/ 635-0130

Registration Number: …................................. Application Number: ….................................

MINOR REPAIRS AND RECONSTRUCIION GRANT (MRRG)

APPLICATION FORM

l. Applicant / Head of Household ......................................................................................... 2. Age …….......

3. State any other names also known as ...........................................................................................................

4. ID Number (State DP, ID or PP) ........................................ D.O.B ……..… D / ………… M /……..……Y

5. Was assistance given to this particular home by the NCSHL before? Yes No

6. If yes, state the name on the application and the number ...................................................................

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7. Marital Status: Widow Single Married Divorced

Name of Spouse ………………………………………………………………………………………………

8. Sex: Male Female

9. Address: ......................................................................................................................................................................

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10. Phone Contacts: (H) ........................ (C) ..................... (W) ........................

11. Category of assistance being sought?

Single Parent Old Age Pensioner Fire Victim Natural Disaster Other

12. Present Occupation: ..........................................................................................................................................

13. Monthly Income (Excl.PA/OAP) ..................................................................................................................

14. Name and Address of Employers: ………………………………………………………………………………

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15. List all residents in the household including dependants and non-dependants. (eg. wife, child, aunt, grandparent, father)

Relationship Occupation (incl. Monthly

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| Name | Age | Relationship to Applicant | Occupation  (Including Students) | Monthly Income  ($) |
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16. Social Assistance received by the Applicant.

a) Public Assistance (PA.) Grant No. .................. $ ....................

b) Old Age Pension (O.AP Grant No. .................. $ ....................

c) National Insurance Scheme (N .I.S) Grant No. .................. $ ....................

d) Payrolll Employee Number ................................................................

17. Do you or any other member of the family living in the house suffer from any illness

or disability?

a. Name of ill person .................................................. Nature of ailment ..........................................................

Any other details .........................................................................................................................................................

b. Name of ill person .................................................. Nature of ailment .........................................................

Any other details .........................................................................................................................................................

c. Name of ill person .................................................. Nature of ailment ..........................................................

Any other details .........................................................................................................................................................

18. Describe existing conditions of house.

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19. a) State size and description of house to be built/repaired .............................................................

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b) Is the house/land: owned rented leased by the applicant?

(Give details eg. taxes etc.).......................................................................................................................................

c) If the land is owned attach proof of ownership e.g. deed or certificate of comfort to the application.

d) If land is rented:

ii Is there security of tenure? (Present receipt if yes) Yes No

ii. Was owner approval granted? (Attach letter of approval) Yes No

20. Is applicant prepared to undertake labour costs? .............................................

Date: ........................ Signature of Applicant ....................................................................................

**For Project Officer Only**

Brief Description of Present Conditions

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Detail Recommendations:

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Scope of Works:

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Project Officer Project Manager Chairman Approval Committee