



Registration Number:

Receipt Number:

THE NATIONAL COMMISSION FOR SELF HELP LIMITED
An agency of the Ministry of Sport and Community Development

Lassalle Court, 75 Abercromby Street, Port of Spain (Head Office) Ph. Nos.: 612-6274

54 Southern Main Road Marabella (South Regional Office) Ph. Nos.: 652-8861 / 652-3044

91 Barrington's Court, Bon Accord, Tobago (Tobago Regional Office) Ph. Nos.: 639-0032 / 660-7672

MINOR REPAIRS AND RECONSTRUCTION GRANT (MRRG) APPLICATION FORM

EMERGENCY REPAIRS AND RECONSTRUCTION ASSISTANCE GRANT (ERRAG) APPLICATION FORM

PART ONE: PERSONAL INFORMATION

Name: _____

State Any Other Names Also Known As: _____

Age: _____ Sex: Male: Female: Date of Birth: __/__/____

Current Residence: _____

Tel. Contact: (H) ____-____ (C) ____-____ (W) ____-____

Email: _____

ID Number: (DP) _____ (ID) _____ (PP) _____

Marital Status: Single Married Common Law Widowed Divorced

Name of Spouse _____

Name of next of Kin and Contact # _____

Please answer the following questions:

1. Was assistance given to this particular home by the NCHSL or any other Ministry/Agency before?

Yes No if yes, state the name on the Application, the File Number and Value (\$):

2. Does the house/ property have insurance coverage:

Yes No if yes, please provide details:

3. Are you currently employed?

Yes No if yes, please state, Name of Employer and Current Position:

PART TWO: FINANCIAL INFORMATION

Please indicate your income bracket:

Less than Two Thousand (0 -\$2000)

Two Thousand and One – Three Thousand (\$2001 -\$3000)

Three Thousand and One – Four Thousand (\$3001 - \$4000)

Four Thousand and One – Five Thousand (\$4001 - \$5000)

More than Five Thousand (\$5000 and above)

1. Please indicate your monthly income:

(Please provide supporting documents)

Type	Value (\$)
Salary	
Public Assistance, including Disability Grant	
Old Age Pension	
National Insurance Scheme	
Other, please specify: _____	
Total	

2. Please list your monthly Financial Liabilities:

(Please provide supporting documents)

	Value (\$)
Loans	
Hire Purchase	
Electricity	
Water	
Telephone	
Groceries	
Medical Expenses	
Other, specify: _____	
Total	

PART THREE: HOUSEHOLD INFORMATION

1. Please list all residents in the household, including dependents and non-dependents:

Name	Age	Relationship	Employed (Yes/No)	Monthly Income (\$)
Accumulated Income of Household			\$	

2. Do you or any member of the household suffer from any illness/disability?

Yes No , if yes, please provide details:

Name	Nature of Ailment	Any other details

PART FOUR: OTHER INFORMATION

1. State the size and description of the house to be repaired:

2. Is the House/Land: Owned Rented Leased

a. If owned, Deed or Certificate of Comfort attached? Yes No

b. If rented land, Tenure Security and Written Permission from owner attached? Yes No

I hereby certify that the above information which I have provided is true and correct. I also acknowledge that any falsified information submitted can result in the automatic denial of my request for assistance and prosecution by the relevant authorities.

Applicant's Signature _____

Date: __ / __ / ____