



**NATIONAL COMMISSION
FOR SELF HELP LIMITED**

"Empowering Communities Since 1987"

Registration Number:

Receipt Number:

THE NATIONAL COMMISSION FOR SELF HELP

An agency of the Office of the Prime Minister

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

54 Southern Main Marabella (South Regional Office) Ph. Nos.: 612-6274

91 Barrington's Court, Bon Accord, Tobago (Tobago Regional Office) Ph. Nos.: 612-6274, 639-0032

**MINOR REPAIR AND RECONSTRUCTION GRANT (MRRG)/ EMERGENCY REPAIR
AND RECONSTRUCTION ASSISTANCE GRANT (ERRAG) APPLICATION FORM**

1. Applicant Information:

Name: _____

National ID/Driver's Permit/Passport#: _____

Head of Household: Male Female Age: _____

Citizenship/Legal Residence: _____

Country of Birth: _____ Date of Birth: D ___/M ___/Y _____

Telephone: Mobile _____ Home _____ Work _____

Email address: _____

Current Address: _____

Mailing Address (if different from above): _____

Marital Status: Single Married Divorced Separated
 Common Law Widowed

2. Co-Applicant Information:

Name: _____

National ID/Driver's Permit/Passport#: _____

Sex: Male Female Age: _____

Citizenship/Legal Residence: _____

Country of Birth: _____ Date of Birth: D ___/M ___/Y _____

Telephone: Mobile _____ Home _____ Work _____

Email address: _____

Current Address: _____
_____ No. & Street Village/Town

3. Current Dwelling:

Residential Residential/Commercial Commercial
 Apartment Townhouse Other _____

State the size and description of the house to be repaired: _____

4. Physical characteristics of current dwelling:

Material of Outer Walls:

Brick/Concrete Wood/ brick/concrete Box Board/Plywood

Wood/galvanize Wood Other
Type of Roofing: Metal Concrete Shingles Tiles Other _____
Type of Flooring: Concrete Earth Wood Tiles Other _____
Year Building Constructed: _____ **How long have you resided at this address:** _____

5. Land Tenure Type:

Freehold Rental State Agricultural Lease
 Leasehold State Regularized Crown Grant
 Squatting (State lands; Not regularized,)

6. If rented or other, have you received a permission letter from the owner? Yes No
 7. If regularized, have you received a permission letter from the Land Settlement Agency (LSA) or other state agency? Yes No
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8. In the last 5 years have you received any assistance for this particular home by the NCSHL or any other Ministry/Agency before? Yes No
 If yes, please state what assistance you received? _____
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9. Works to be done on dwelling:

Please check boxes for all work that has to be completed:

Foundation Interior walls
 Installation of doors and windows Flooring repairs
 Outer walls including door and window frames Wall Finish (Plastering)
 Roof Works Other _____

Estimate of the percentage completion of the dwelling so far?

Not started Less than 25% 25% to 50%
 50%-75% More than 75% Don't know

10. How water is currently supplied to dwelling?

(You can choose more than one option)

State Connection (WASA) Truck Borne
 Spring River
 Other: _____

11. How is energy / electricity supplied to the dwelling?

Electricity (TTEC) Generator
 Solar The area currently has no electricity supply
 Other: _____

12. What type of system/toilet facilities are at the dwelling?

Linked to sewer Septic Tank/Soak Away Pit Latrine (Outhouse)
 None Other: _____

Does the house/property have insurance coverage? Yes No

13. Does the site have direct road access? Yes (paved) Yes (unpaved) No

14. Directions to site

15. Household Data

Applicant Monthly Income: (Evidence of income to be provided):

Type	Value (\$)
Salary	
Pension	
Public Assistance Grant	
National Insurance Benefits	
Disability Grant	
Other, please specify	

Occupation _____

Place of Employment _____

Total Income (monthly): _____

Household Monthly Income: (Evidence of employment and earnings to be provided):

Names	Relationships (to applicant)	Age	Occupations/Places of Employment	Current Monthly \$ Earnings

Are there any family members with disabilities resident in the household? Yes No

Total Gross Monthly Household Income: _____

16. Monthly Living Expenses: (Evidence to be provided where *)

- Food* \$ _____
- Utilities* \$ _____
- Loan* \$ _____
- Education* \$ _____
- Transport \$ _____
- Medical Expenses* \$ _____
- Housing* \$ _____
- Recreation \$ _____
- Other, specify \$ _____
- TOTAL:** \$ _____

WARNING:

ANY PERSON WHO KNOWINGLY MAKES A WRITTEN OR ORAL STATEMENT THAT IS FALSE/MISLEADING IS GUILTY OF AN OFFENSE.

DECLARATION:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION, WHICH I HAVE PROVIDED, IS TRUE AND CORRECT. I ALSO ACKNOWLEDGE THAT ANY FALSIFIED INFORMATION SUBMITTED MAY RESULT IN THE AUTOMATIC DENIAL OF MY REQUEST FOR ASSISTANCE AND PROSECUTION BY THE RELEVANT AUTHORITIES, IN ACCORDANCE WITH THE PERJURY ACT, CHAP. 11:14 OF THE LAWS OF TRINIDAD AND TOBAGO.

APPLICANT'S SIGNATURE: _____

DATE: _____

NAME OF INTERVIEWER: _____

DATE: _____

INTERVIEWER'S SIGNATURE: _____

TIME: _____

AUTHORISING OFFICER (BLOCK LETTERS): _____

AUTHORIZING OFFICER'S SIGNATURE: _____

TITLE:

PROJECT OFFICER PROJECT SUPPORT OFFICER SENIOR PROJECT OFFICER

RECOMMENDED:

NOT RECOMMENDED:

REASON(S) FOR INELIGIBILITY:

ADDITIONAL COMMENTS

No. & Street Village/Town **(For Official Use)**

TRINIDAD

Municipality:

City Corporations

- Port-of- Spain
City Corporation
- San Fernando
City Corporation

Boroughs

- Arima Borough
- Chaguanas
Borough
- Diego Martin
Borough
- Point Fortin
Borough
- Siparia Borough

Regional Corporations

- Couva/Tabaquite/Talparo Regional
Corporation
- Mayaro/Rio Claro Regional Corporation

- Penal/Debe Regional Corporation
- Princes Town Regional Corporation
- Sangre Grande Regional Corporation
- San Juan/Laventille Regional Corporation
- Tunapuna/Piarco Regional Corporation

Tobago:

- Tobago House of Assembly