



Application Form
HOME COMPLETION PROGRAMME

1. APPLICANT'S INFORMATION

National ID/Passport # _____

Surname First Name Alias/ Nickname

Citizenship Country of Birth

ADDRESS No. & Street _____

Village _____

Town _____

DATE OF BIRTH dd mm yr

TELEPHONE NUMBERS
Home _____
Work _____

Net Monthly Income _____
Gross Monthly Income _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Common Law ☐ Widowed ☐

2. CO-APPLICANT'S INFORMATION

National ID/Passport # _____

Surname First Name Alias /Nickname

Citizenship Country of Birth

ADDRRES No. & Street _____

Village _____

Town _____

DATE OF BIRTH dd mm yr

TELEPHONE NUMBERS
Home _____
Work _____

Gross Monthly Income _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Common Law ☐ Widowed ☐

How many people including yourself will be living in the unit, if you are successful?

Of the people who will be living in the unit, how many fall into the following age groups?

(i) 0 – 4 years _____ (ii) 5 – 11 years _____ (iii) 12 – 17 years _____ (iv) 18 years and over _____

Are you a recipient of a home in any of the Tobago Housing Developments? YES ☐ NO ☐

Have you received any assistance under the Government's Home Improvement Grant/
Home Improvement Subsidy / Beneficiary Owned Land Subsidy- New Home Construction? YES ☐ NO ☐

3. PROPERTY OWNERSHIP

Do you own or are you part owner of any property? YES ☐ NO ☐

(1) Applicant's Signature _____ (2) Co-Applicant's Signature _____ Date _____

I/We certify that the information given in this form is true to the best of my/our knowledge and belief. If there is anything in the information given above which is not true or which I/we do not believe to be true, I/we am/are aware that the Tobago House of Assembly is entitled to refuse my/our application.

Received by: _____ Date Received: _____

Processed by: _____ Date Processed: _____

Checked by: _____ Date Checked: _____

Date Interviewed: _____

FOR OFFICIAL USE ONLY



APPLICATION FOR THE HOME COMPLETION PROGRAMME

IMPORTANT INFORMATION



The New Tobago Home Completion Programme forms part of a holistic plan by the Tobago House of Assembly to address the housing needs of the citizens of Trinidad and Tobago, residing in Tobago. The programme will assist persons who are constructing new homes in Tobago and are in need of minimum financial assistance to complete.

How does it work?

The Home Completion Programme is simply for persons who have started home construction, wishing to complete, but are unable to do so because of financial constraints. The Tobago House of Assembly, Division of Settlements Urban Renewal and Public Utilities, Department of Settlements, would disburse the monies in 2 tranches of \$10,000.00 after verification of the scope of works and through continuous monitoring.

Who can apply?

Any citizen of Trinidad and Tobago, residing in Tobago for a minimum of five (5) consecutive years, who is constructing their own home and is unable to complete such due to lack of necessary funding

ADDITIONAL CRITERIA

- 1. Total income of applicant(s) must not exceed \$144,000.00 per annum, which is equivalent to a gross household monthly income of no more than \$12, 00.00 per month.
- 2. The applicant must not own any other property or have any other real estate interest for dwelling purposes in Trinidad and Tobago.
- 3. The property must be the intended primary residence of the applicant.

The original and copy of the following documents should be submitted:-

Documents to be submitted:

- 1. Birth Certificate
- 2. ID Card or Passport
- 3. Evidence of citizenship
- 4. Marriage Certificate (where applicable)
- 5. Deed/ Certificate of Title/ Affidavit re property ownership and Land and Building Tax receipt
- 6. Recent pay slip/ job letter/ pension slip, (where persons are self-employed, an affidavit attesting to their income would be accepted)

Annual Income \$	Subsidy Amount \$
\$144,000.00	Up to \$20,000.00

*Applicants who are interested in participating in this programme must be made aware that the income levels and the dimensions of external windows and doors identified are extremely important in qualifying for the Home Completion Programme.
Kindly identify the window sizes required and the amount:*

Quantity	Dimension
	1x2
	2x2
	3x2
	4x4

Completed application forms must be submitted at the following location:



Division of Settlements, Public Utilities & Rural Development
Department of Settlements
Tel: 612-4213

I hereby acknowledge that I have read and understood the above.

Applicant

Co-applicant



QUOTATION FOR REPAIR WORKS

Name of Applicant (BLOCK LETTERS)
Address of Applicant
..... Telephone
Name of Builder/Contractor (BLOCK LETTERS)
Address of Builder/Contractor
.....
Telephone Numbers of Builder/Contractor

DESCRIPTION OF WORKS TO BE DONE

(Include sketch and measurements of area to be repaired)
.....
.....
.....

MATERIALS NEEDED

Item Description	Quantity	Unit Cost	Total Cost

LABOUR COSTS

Skill Type	No. of Persons	No. of Days	Daily Rate	Total
Mason				
Carpenter				
Electrician				
Plumber				
Painter				
Labourer				

TOTAL TIME FOR COMPLETION OF JOB days/weeks

TOTAL COST OF JOB \$TT

.....
Signature of Applicant Signature of Builder /Contractor Date
(Where available please affix Company Stamp)

REPUBLIC OF TRINIDAD AND TOBAGO:

IN THE MATTER
OF THE STATUTORY DECLARATION ACT
CHAPTER 7:04

I,.....,of
.....
.....in the Island of Tobago, do solemnly and sincerely declare as follows:

1. I am a citizen of Trinidad and Tobago residing here.
2. I am the applicant named in the application for the
3. The number of persons living in the house located at the address is consisting of adults including myself and children.

4. The household including myself consist of the following persons with the monthly income Described below:

Name	Relationship to Applicant	Age	Employment Status Place of Employment	Monthly Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

5. Neither I nor my co-applicant have benefited either from the Government’s Home Improvement Grant Programme or previously from the Home Improvement Subsidy Programme and Home Completion Programme.

I make this declaration conscientiously believing the same to be true and according to the Statutory Declaration act, and I am aware that if there is any statement in this declaration which is false in fact, Which I know or believe to be false or do not believe to be true, I am liable to fine and imprisonment.

.....
Declarant

Declared before me this _____ day of _____ 20____

Commissioner of Affidavits



DIVISION OF SETTLEMENTS PUBLIC UTILITIES & RURAL DEVELOPMENT
Department of Settlements

Date:

The Administrator
Division of Settlements
Public Utilities & Rural Development

Dear Madam,

Re: PERMISSION TO CONDUCT REPAIRS

This letter serves to confirm that I/we undersigned do hereby give permission to

_____ of _____

_____ to conduct repairs on the said land at

the above mentioned address.

Yours respectfully,

_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION
_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION
_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION
_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION
_____ NAME (in block letters)	_____ SIGNATURE	_____ IDENTIFICATION

KINDLY SUBMIT A COPY OF EACH PERSON’S IDENTIFICATION