HOUSING SUPPORT REQUEST & NEEDS ASSESSMENT FORM

OFFICE OF THE MEMBER OF PARLIAMENT

WESTERN HANOVER

876-940-2081 | 876-215-0367 westernhanover2023@gmail.com 1 Cressy's Lane, Lucea, Hanover

*This form is used to request housing-related assistance through programmes supported by the **Constituency Development Fund (CDF) Programme Management Unit, Office of the Prime Minister.** Information provided may be used to conduct a needs assessment and determine eligibility for assistance.*

☐

Submission of this request does not guarantee approval. Assistance is subject to programme guidelines and available resources.

APPLICANT INFORMATION

Full Name:

Date of Birth:

Address:

Contact Number:

HOUSING INFORMATION

Type of Housing Structure

☐ Concrete House ☐ Mixed Structure

☐ Board House ☐ Other: _____

Ownership Status

☐ Owner ☐ Renting

☐ Family Property ☐ Other: _____

Type of Housing Structure

_____

TYPE OF HOUSING ASSISTANCE REQUESTED

Please tick the category that best describes the assistance needed.

☐ Home Repairs ☐ Roof Repair / Replacement

☐ Structural Support ☐ Disaster / Hurricane Damage Assistance

☐ Building Materials ☐ Other *(please specify)*

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DESCRIPTION OF HOUSING NEED

Please briefly explain the reason for requesting assistance.

_____

_____

_____

SUPPORTING DOCUMENTS

☐ Identification ☐ Photos of Housing Condition

☐ Proof of Address ☐ Land Ownership / Permission Letter

☐ Other Supporting Documents

_____

_____

HOUSEHOLD INFORMATION *(Needs Assessment)*

Number of persons living in the household

_____

Employment Status of Parent / Guardian:

☐ Employed ☐ Employed ☐ Employed

Brief description of household circumstances *(if applicable)*

_____

_____

N.B.: *Applicants are required to submit all relevant supporting documents when submitting this form. Incomplete applications may delay the review process.*

DECLARATION

I confirm that the information provided in this request is true and accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Applicant Eligible for CDF Needs Assessment ☐ Yes ☐ No

Needs Assessment Form Completed ☐ Yes ☐ No

Recommendation ☐ Approved ☐ Pending ☐ Not Approved

Officer Handling Application _____

OFFICER'S REMARKS: _____

Applications are reviewed in accordance with programme guidelines and available resources.