



CHAPA APPLICATION FOR HOUSING DEVELOPMENT

SECTION A- PERSONAL INFORMATION

For Office Use Only: Date Received:	Time Received:	Client #:
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Who is the head of household? (Legal Name):

Passport Number/Expiration Date:	Drivers License#:	Social Security#:
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Surname:	First Name:	Other:
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Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Country of Birth:	Nationality:
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Nationalization #:

Address:

Telephone Number.	Cell:	Work:	Home:
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Marital Status

Singl arried Widow(er)
 Divorced

SECTION B- CO APPLICANT PERSONAL INFORMATION

Social Security#:	Passport Number/Expiration Date:
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Surname:	First Name:	Other:
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Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Country of Birth:	Nationality:
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Nationalization#:

Address:

Telephone Number	Cell:	Work:	Home:
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If we were unable to reach you, whom could we contact?

Name: _____ **Relationship:** _____
Address: _____
Telephone Number: _____ **Cell** _____ **Home:** _____
Work: _____

Which project are you requesting:

Are all members of your household citizens of Antigua and Barbuda?

Yes

No

If not, please give the names and alien registration # for those who are not citizens:

Landlord Name	Address	Date From	Date To	Contact Number

Do you expect anyone to move out of your household within the next 12 months? Yes
 No

If yes who? _____ When _____

Does anyone in your household currently use a controlled or illegal drug? Yes
 No

If yes, what it is? _____

Are you or any household member subject to lifetime registration as a sex offender? Yes
 No

If yes, Name the Household Member: _____

Have you ever been evicted due to alcohol abuse that threatened the health, safety or right to a peaceful enjoyment of the unit of other residents or neighbors in the vicinity of your resi nce?
 Yes No

Work History:

Occupation: _____

Name of current employer: _____

Were you employed there for less than 3 yea Yes
 No

If yes number of years: _____

BANKING INFORMATION

NAME OF BANK	TYPE OF ACCOUNT

SECTION C- INCOME ANALYSIS

Name of Applicant:	Social Security #:
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Address:

Telephone Number: Home	Cell:	Work:
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INCOME:

- a) Gross Monthly Income \$ _____
- b) Less- Deduction of Source (PAYE) \$ _____
- c) Net Take Home Pay \$ _____
- d) Add-Live-in- Spouse Monthly Income \$ _____
- e) Total Net Monthly Income \$ _____

\$ _____

EXPENDITURE:

- a) 1st Mortgage \$ _____
- b) Rent \$ _____
- c) Maintenance and Repair to Property \$ _____
- d) Property Insurance \$ _____
- e) Other (Specify) \$ _____

\$ _____

TRANSPORTATION

- a) For Car \$ _____
- b) Car License \$ _____
- c) Car Insurance \$ _____
- d) Car Operating Cost \$ _____
- e) Public Transportation \$ _____

\$ _____

LIVING EXPENSES:

- a) Food \$ _____
- b) Clothing \$ _____
- c) Electricity \$ _____
- d) Telephone \$ _____
- e) Medical and Dental \$ _____
- f) Life Insurance \$ _____
- g) Entertainment & Social \$ _____
- h) Other (Specify) \$ _____

\$ _____

INSTALLATION OBLIGATION:

FURNITURE AND APPLIANCES \$ _____
 Other (Specify) \$ _____

\$ _____

Total Monthly Commitments

\$ _____

Residue (Line 5 minus line 10)

\$ _____

Applicant Personal Declaration and Certification:

I certify that the information given to the Central Housing and Planning Authority on my household composition and characteristics, drug and criminal activity and income is accurate and complete. I understand that false statement or information are punishable under the law and ground for denial of this application.

I herby further certify that all information contained in this application is true, accurate and complete.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

_____ **Office Use Only** _____

I do hereby certify that I have received and reviewed the application for completeness.

CHAPA Representative: _____ Date: _____

I do hereby certify that this application has been reviewed with the applicant and any changes in information have been updated and verified and the final eligibility has been determined bases on the verification of this information.

CHAPA Representative: _____ Date: _____

Applicant Signature: _____ Date _____

ATTACHMENT TO APPLICATION:

- Letter from Employer (for applicant and co- applicant)
- Bank Statement (for applicant and co- applicant)
- Copy of a Valid passport or proof of citizenship
- utility bill/ proof of address (applicant and co- applicant)

