



CHAPA

CENTRAL HOUSING AND PLANNING AUTHORITY

CHAPA LAND APPLICATION FORM

SECTION A- PERSONAL INFORMATION

Application # (Official use only)		Social Security#:		Passport Number	Expiration Date:
Surname:		First Name:		Other:	
Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Country of Birth:	Nationality:		
Address					
Telephone Number.	Cell:	Work:	Home:		
Marital Status					
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Divorced <input type="checkbox"/>		
Employers Name:					
Employers Address:		Occupation:			
Gross Monthly Income:		Does your gross monthly include:			
Pension <input type="checkbox"/>		Social Welfare <input type="checkbox"/>	Disability <input type="checkbox"/>	Other <input type="checkbox"/>	
Financial Commitment:					
Car Loan <input type="checkbox"/>	House Loan <input type="checkbox"/>	Land <input type="checkbox"/>	Other <input type="checkbox"/>		
Name of your Financial Institution:					
Do you own any land? Yes <input type="checkbox"/> No <input type="checkbox"/>		Requested Land: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes specify location of land:		Requested Land: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you own or are you part owner of any property:		Requested Land: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes specify location of property:		Requested Land: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you Squatting? Yes <input type="checkbox"/> No <input type="checkbox"/>		Requested Land: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes Please specify: CHAPA <input type="checkbox"/> Crown <input type="checkbox"/> Private <input type="checkbox"/>		Requested Land: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please specify since when: Location: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you Physically Challenged or differently able? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes Describe:					

SECTION B- CO APPLICANT PERSONAL INFORMATION

Social Security#:		Passport Number	Expiration Date:
Surname:		Other:	
Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Country of Birth:	Nationality:
Address			
Telephone Number.	Cell:	Work:	Home:
Marital Status			
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Divorced <input type="checkbox"/>
Employers Name:			
Employers Address:		Occupation:	
Gross Monthly Income:		Does your gross monthly include:	
Pension <input type="checkbox"/>		Social Welfare <input type="checkbox"/>	Disability <input type="checkbox"/> Other <input type="checkbox"/>

**SECTION C- INCOME ANALYSIS**

Name of Applicant:

Social Security #:

Address:

Telephone Number: Home:

Cell:

Work:

**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) 1<sup>st</sup> Mortgage \_\_\_\_\_ \$
- b) Rent \_\_\_\_\_ \$
- c) Maintenance and Repair to Property \_\_\_\_\_ \$
- d) Property Insurance \_\_\_\_\_ \$
- e) Other (Specify) \_\_\_\_\_ \$

**TRANSPORTATION**

- a) Car Loan \_\_\_\_\_ \$
- 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:**

- i) FURNITURE AND APPLIANCES \_\_\_\_\_ \$
- j) Other (Specify) \_\_\_\_\_ \$

k) Total Monthly Commitments \_\_\_\_\_ \$

l) Residue ( Line e minus line K) \_\_\_\_\_ \$

**Declaration:**

I, ..... declare that I have completed this application with true and correct information to the best of my knowledge. I also understand that in the event any information I have provided proves to be false, misleading and incorrect, that my application would become invalid and I would be rendered ineligible for the receipt of lands under the Central Housing and Planning Authority programme.

I further agree to pay all prescribed fees and charges in connection failure to meet prescribe payments will result in forfeiture of down payments/deposit. At which point Central Housing and Planning Authority has the right repossess the land.

Signature: .....

Date: .....

Witness: .....

Address: .....

Phone No: .....

*Do not write below this line*

**Official Use Only:**

Location of land being allocated: .....

Block #: ..... Parcel #: .....

Size: ..... Price per Sq. Ft.: \$.....

Approved by: ..... Date: .....

**ATTACHMENT TO APPLICATION:**

- Copy of a Valid passport both front and picture page