



CHAPA HOMES INITIATIVE

SECTION A- PERSONAL INFORMATION

Date Submitted : (Official use Only)	Social Security#:	Passport Number :	Expiration Date:
Surname:	First Name:	Other Names:	
Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Country of Birth:	Nationality:
Current Address:			
Telephone Number(s): 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(s): _____			
Name of your Life /Property Insurance Company: _____			
Are you the owner of the land? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Please state the Owner's Name below: _____			
Land Location:	Reg. Section:	Block #	Parcel # Size:
Land was purchased via: CHAPA <input type="checkbox"/> CROWN <input type="checkbox"/> PRIVATE <input type="checkbox"/>			
Model Requested :			

SECTION B- CO APPLICANT PERSONAL INFORMATION

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"/>	



SECTION C- INCOME ANALYSIS

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

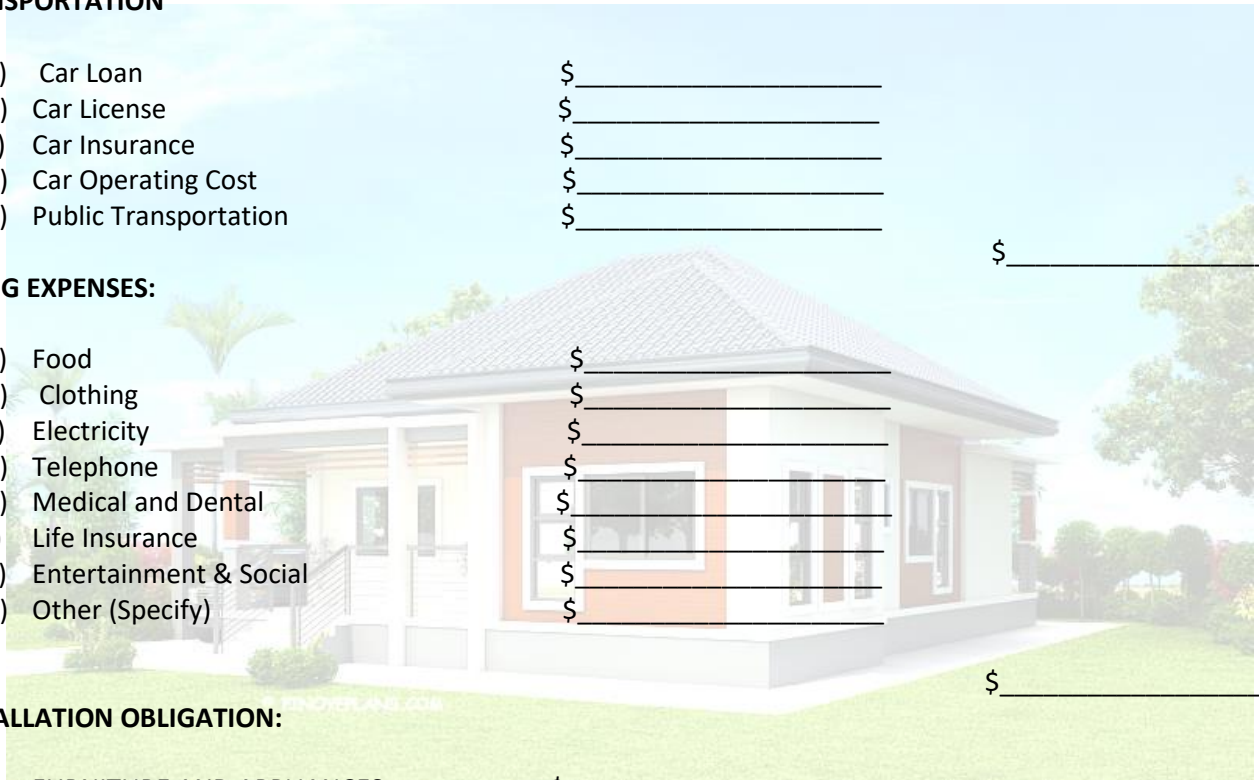
- a) Car Loan \$ _____
- b) Car License \$ _____
- c) Car Insurance \$ _____
- d) Car Operating Cost \$ _____
- e) Public Transportation \$ _____

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)** \$ _____





Banking Information:

Name of Financial Institution/Bank	Type of Account Savings/Chequeing

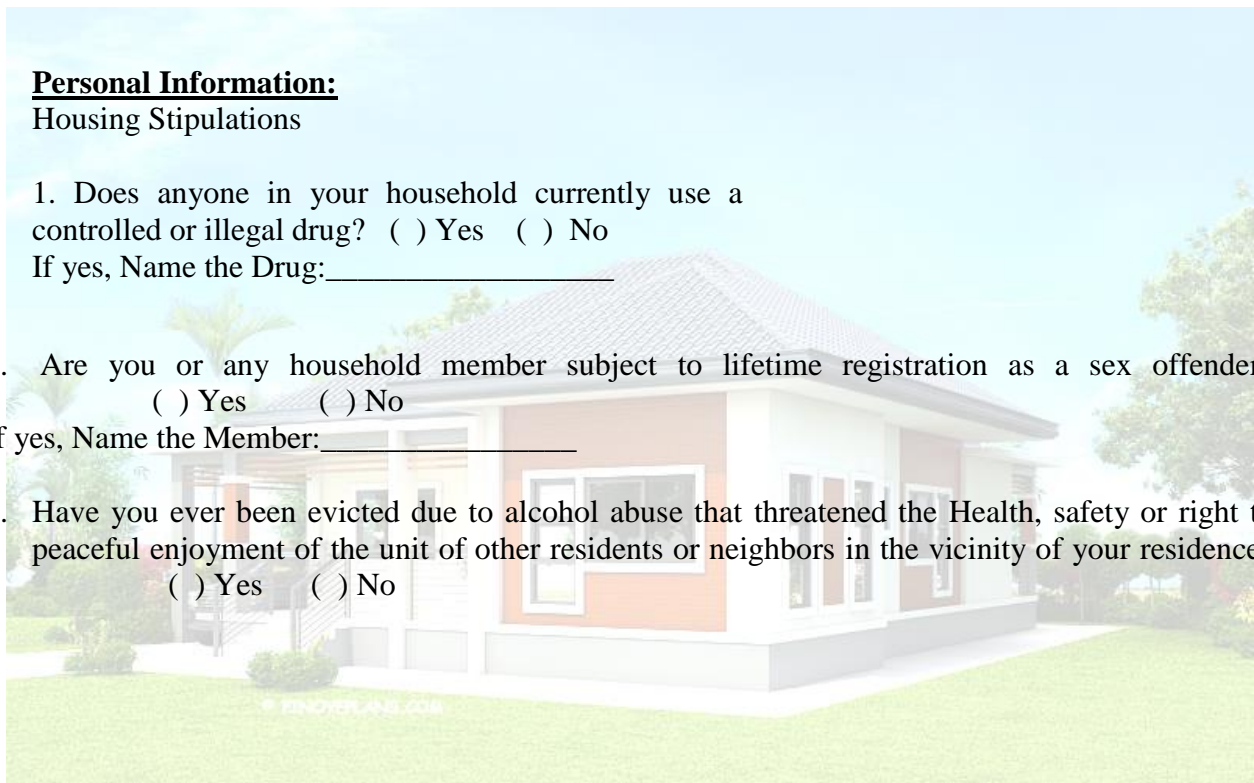
Personal Information:

Housing Stipulations

1. Does anyone in your household currently use a controlled or illegal drug? () Yes () No
If yes, Name the Drug: _____

2. Are you or any household member subject to lifetime registration as a sex offender?
() Yes () No
If yes, Name the Member: _____

3. Have you ever been evicted due to alcohol abuse that threatened the Health, safety or right to peaceful enjoyment of the unit of other residents or neighbors in the vicinity of your residence?
() Yes () No



ATTACHMENTS TO APPLICATION:

- ✓ COPY OF A PASSPORT or Proof of citizenship
 - ✓ LETTER FROM EMPLOYER [for applicant and co-applicant]
 - ✓ BANK STATEMENT *If Self-Employed* [for applicant and co-applicant]
- ✓ UTILITY BILL / PROOF OF ADDRESS [applicant and co-applicant]
- ✓ LAND REGISTRAR/LAND CERTIFICATE (parcel of land)



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:



Application Approved: _____

Application's Reason On Hold: _____

Type of House to be Constructed:

Block #: Parcel #:

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

Approved by (Manager): Date: