



LAND & HOUSING APPLICATION FORM

I am Applying for : Land Housing

Location Requested : _____

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:			Email 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 or are you part owner of any property: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes specify location of property:				
Are you Squatting? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please specify: CHAPA <input type="checkbox"/> Crown <input type="checkbox"/> Private <input type="checkbox"/>				
Please specify since when:			Location:	

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) 1 st 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 PASSPORT (PHOTO PAGE & FIRST PAGE)

- JOB LETTER

-RECENT PAY SLIP

CONTACT US ; (268) 462-2033/FAX: (268) 462-5584