

13. Annual Income Less than \$25,000 \$25,000-\$50,000 Over \$50,000

14. Sources of Income (*Check All that Apply*)
 Social Security/Pension Salary/Wages Rental/ Business
 Other (*If other, please specify*) _____

15. Amount of Aid Requested (*Please enter amount*)

16. If Approved, Funds will Be Directed Towards:
 New House House Repairs Other (Please specify):

17. (a) Do you own property that sustained damage during Hurricanes Irma or Maria?
 YES No

17. (b) If Yes, please indicate type of property owned
 House Apartment Building Commercial Building
 Land Lot # _____ Parcel # _____

18. Are you the sole legal owner of the property referred to in Question 17.(a) ?
(If no, please have Part II of this form completed by each additional owner) YES NO

19. Please indicate the address of the damaged property:

20. Is your property insured?
 Fully Partially Uninsured

21. Do you reside in the damaged property mentioned above? YES NO

22. If your property is insured, please identify your insurance company's name and telephone number, your policy number and claim amount pending or received for the property in question (if applicable)

Insurance Company Name & Telephone Number: _____ Policy Number _____

Claim Amount Pending/Received: \$ _____

23.(a) Please Indicate the level of damage sustained to the **roof** of your property

Level 1: No Significant Damage: Structure is useable and can be occupied. Repairs required are minimal.

Level 2: Minor Damage: Can be used after urgent, temporary measures are taken.

Level 3: Unsafe/Severely Damaged: Not useable and cannot be used until after repairs are made.

Level 4: Totally Destroyed: Roof has been destroyed and must be completely replaced.

23. (b) Please indicate the level of damage sustained to the **windows and doors** of your residence

- Level 1:** No Significant Damage: Windows and doors are useable and require no or minor repairs.
- Level 2:** Minor Damage: Windows and doors can be used after urgent, temporary repairs are made.
- Level 3:** Unsafe/Severely Damaged: Most windows have been severely damaged and cannot be used until after repairs are made.
- Level 4:** Totally Destroyed: Windows and doors of the premises have been destroyed and are irreparable. Must be replaced.

23. (c) Please indicate the level of damage sustained to the **walls** of your residence

- Level 1:** No Significant Damage. Structure is useable and can be occupied. No repairs required or repairs required are minimal
- Level 2:** Minor Damage. Walls will remain intact with urgent, temporary repairs
- Level 3:** Unsafe/Severely Damaged. Walls are severely damaged and are in danger of collapsing without repair
- Level 4:** Totally Destroyed. Walls have partially or totally collapsed. Must be replaced.

24. (a) Are you receiving assistance from any other non-profit or non-government organization?

- YES NO

24. (b) If yes, please list the organizations from which you are receiving aid.

25. (a) Do you have experience in the construction industry? YES NO

25. (b) Would you be able to carry out any of the construction works required (*if applicable*)?

- YES NO

25. (c) Would you be interested in receiving training in construction?

- YES MAYBE NO

25. (d) Would you be Interested in labour opportunities thereafter?

- YES MAYBE NO

Part II- ADDITIONAL PROPERTY OWNER INFORMATION

This section should be completed and endorsed by additional property owners ONLY. If your property is owned by more than three (3) additional individuals, please request an additional sheet to include each individual's information.

1. Name of 1st Additional Property Owner

2. Physical Address

3. E-Mail Address *(If applicable)*

4. Contact Number

5. Date of Birth *(dd/mm/year)*

6. Gender Male Female

7. Annual Income Under \$25,000 \$25,000 - \$50,000 Over \$50,000

8. Occupation

9. Sources of income *(Please select all that apply)*

Social Security/Pension Salary/Wages Rental/ Business

Other *(If other, please specify)* _____

10. Name & ages of all dependents not indicated in Part I of this form

Name of Occupant	Age	Name of Occupant	Age

1. Name of 2nd Additional Property Owner

2. Physical Address

3. E-Mail Address (If applicable)

4. Contact Number

5. Date of Birth (dd/mm/year)

6. Gender Male Female

7. Annual Income Under \$25,000 \$25,000 - \$50,000 Over \$50,000

8. Occupation

9. Sources of income (Please select all that apply)
 Social Security/Pension Salary/Wages Rental/ Business
 Other (If other, please specify) _____

10. Name & ages of all dependents not indicated in Part I of this form

Name of Occupant	Age	Name of Occupant	Age

1. Name of 3rd Additional Property Owner

2. Physical Address

3. E-Mail Address (If applicable)

4. Contact Number

5. Date of Birth (dd/mm/year)

6. Gender Male Female

7. Annual Income Under \$25,000 \$25,000 - \$50,000 Over \$50,000

8. Occupation

9. Sources of income (Please select all that apply)
 Social Security/Pension Salary/Wages Rental/ Business
 Other (If other, please specify) _____

10. Name & ages of all dependents not indicated in Part I of this form

Name of Occupant	Age	Name of Occupant	Age

HOUSING RECOVERY ASSISTANCE PROGRAMME DECLARATION AND RELEASE

Expires September 30, 2018

In order to be eligible for the Housing Assistance Programme, an applicant must be a citizen, be deemed to belong, has obtained residency status, or maintains an eligible immigration status, and was domiciled in the Territory at least 6 months prior to September 6, 2017. Please read this form carefully, sign the sheet and return with the application.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen of the British Virgin Islands
- I am deemed to belong to the British Virgin Islands
- I have obtained residency status for the British Virgin Islands
- I maintain qualified immigration status to remain within the British Virgin Islands
- I do not possess any of the above status within the British Virgin Islands

By my signature I certify that:

- Only one application has been submitted for my household.
- All information I have provided regarding my application for the Housing Recovery Assistance Programme is true and correct to the best of my knowledge.
- I will return any Housing Recovery Assistance Programme money I received from the Ministry of Health & Social Development or the National Bank of the Virgin Islands obtained through the aforementioned program if I do not use the Housing Recovery Assistance Programme money for the purpose for which it was intended.

I understand that if I intentionally make false statements or conceal any information in attempt to obtain aid, it is a violation of the Laws of the Virgin Islands (*Section 110 of the Criminal Code 1997*).

I understand that the information provided regarding my application for the Housing Recovery Assistance Programme may be subject to sharing with but not limited to the National Bank of the Virgin Islands, Social Development Department and Immigration Department.

I authorize the Ministry of Health & Social Development and/or Social Development Department to verify all information given by me about my property/place of residence, income, employment status, dependents and immigration status in order to determine my eligibility for disaster assistance through the Housing Recovery Assistance Programme; and

I authorize all custodians of records of my insurance, employment, any public or private entity and/or financial institution to release information to the Ministry of Health & Social Development and/or Social Development Department upon request.

APPLICATION NO.:	SURNAME OF APPLICANT (print):	FIRST NAME OF APPLICANT (print):	
APPLICANT SIGNATURE:	WITNESSED BY (print):	WITNESS SIGNATURE:	DATE (DD/MM/YYYY)

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under the Housing Recovery Assistance Programme.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

FOR OFFICIAL USE:

Application received by _____

Application received by _____