



GOVERNMENT OF THE VIRGIN ISLANDS

TO COMPLETE THIS APPLICATION FORM:

- Read all the questions carefully and complete this application in full.
- Write in block letters (for example: JANE SMITH)
- Show your answer with a tick, where there are answer boxes
- Attach any supporting documentation required
- Sign the declaration and bring in necessary identification with this application form or have the form signed by a witness if you are unable to sign and/or deliver this application form.



APPLICATION FOR HOUSING RECOVERY ASSISTANCE

**PLEASE ANSWER ALL OF THE QUESTIONS BELOW
PLEASE PRINT WHERE WRITING IS NECESSARY**



**GOVERNMENT OF THE
VIRGIN ISLANDS**
Ministry of Health
and Social Development

Application No. _____
(For Official Use Only)

SECTION A - APPLICANT INFORMATION

1. Name of Applicant

2. Mailing Address

3. E-Mail Address (if applicable)

4. Contact Number(s)

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

6. Gender Male Female

7. Country of Citizenship

8. Length of Residency in the BVI Under 5 Years 5-10 Years Over 10 years

9. (a) Number of Household Occupants 2 or less 3-4 Over 4

9. (b) Please List the names and ages of each occupant within your household

| Name of Occupant | Age | Name of Occupant | Age |
|------------------|-----|------------------|-----|
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10. (a) Does anyone in your household suffer from a disability? YES NO

10. (b) If yes, please indicate their age(s) and type of disability

11. Occupation

12. Place of Employment

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. Are you and/or your family unable to reside in your home as a result of Hurricanes Irma or Maria?
 YES NO

16. Amount of Aid Requested (*Please enter amount*) \$ _____

17. If approved, funds will be directed towards
 New House House Repairs Other (Please specify):

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

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

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

20. Please indicate the address of the damaged property

21. Is your property insured?
 Fully Partially Uninsured

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

23. 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 _____ Contact Number _____

Policy Number _____ Claim Amount Pending/Received \$ _____

24. (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.

24. (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.

24. (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.

25. (a) Are you receiving aid or assistance from any other source?

- YES NO

25. (b) If YES, please list the sources from which you are receiving aid

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

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

- YES NO

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

- YES MAYBE NO

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

- YES MAYBE NO

SECTION B - 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(s)

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 |
|------------------|-----|------------------|-----|
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1. Name of 2nd Additional Property Owner

2. Physical Address

3. E-Mail Address (If applicable)

4. Contact Number(s)

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 |
|------------------|-----|------------------|-----|
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1. Name of 3rd Additional Property Owner

2. Physical Address

3. E-Mail Address (If applicable)

4. Contact Number(s)

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 |
|------------------|-----|------------------|-----|
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SECTION C - 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 <i>(print)</i> : | FIRST NAME OF APPLICANT <i>(print)</i> : | |
|----------------------|---------------------------------------|--|---------------------------|
| | | | |
| APPLICANT SIGNATURE: | WITNESSED BY <i>(print)</i> : | WITNESS SIGNATURE: | DATE: <i>(dd/mm/year)</i> |
| | | | |

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 recieved by _____

Application dated _____