



FORM B – SELF EMPLOYED
APPLICATION FORM FOR SOCIAL ASSISTANCE FOR
PERSONS WHO EXPERIENCE LOSS OF OR REDUCED INCOME
IN RESPECT OF THE COVID -19 VIRUS
GUIDELINES

To qualify for this assistance, you must have experienced a Loss/Reduction in Income on or after **March 1st, 2020**. To ensure that the application is processed speedily, please enclose copies of the following documents with the completed application form:

1. Copy of National Identification Card- Expired ID will be accepted. (**NOT** Driver's Permit or Passport);
2. Citizens and Permanent Residents (National ID or Certificate of Immigration Status or Certificate of Residence or Passport Bio-data page and page with stamp of Registration);
3. Certificate of Registration/Incorporation of the business (if available);
4. The application must be supported by one recommendation from verifiable sources. See **GUIDELINES FOR THE RECOMMENDER**;
5. Where there are employed members of the family, apart from the applicant, proof of actual earnings must be submitted such as a payslip or job letter; and
6. For rental assistance (**Residential ONLY**), applicants are required to submit proof of ownership of property (e.g. WASA Bill or other document with name of landlord), rental agreement or most recent rent receipt and a copy of the landlord's ID Card and phone contact.

Your application may be rejected if the supporting documents are not submitted or if the form is incomplete. The completed form along with the aforementioned documents, shall be **submitted via email** to the undermentioned addresses or dropped off at the Social Welfare office in your district:

- supportforyou.east@gov.tt
- supportforyou.north@gov.tt
- supportforyou.central@gov.tt
- supportforyou.south@gov.tt
- supportforyou.tobago@gov.tt

GUIDELINES FOR THE RECOMMENDER

- The Recommender must have known you personally for at least three (3) years and know you well enough to be confident that the statements you have made in the application are true;
- The Recommender must not be an immediate relative of the applicant; and
- The Recommender must be a citizen/permanent residence of Trinidad and Tobago and be included in one of the following categories:
 - Minister of Religion registered under law to perform marriages;
 - Managing Director, Director and Manager of Banks, Companies and Cultural and Other Associations;
 - Professionals (University Graduates). (State qualifications.);
 - Member of Parliament, Mayor, Borough or County Councillor;
 - Notary Public/Justice of the Peace/Commissioner of Affidavits;
 - Senior Public Servants (Range 30 and above);
 - Police Officer (Corporal and above rank). (Include Regimental Number);
 - Prison Officer II and above rank. (Include Regimental Number);
 - Fire Sub-Officer and above rank. (Include Regimental Number);
 - Member of Defence Force (Corporal/Leading Seaman and above rank-Include Regimental Number)
 - School Principal, Vice-Principal, Lecturer, Graduate Teacher (Teacher I and above rank).

APPLICATION FORM B-SELF EMPLOYED
SECTION 1 – GENERAL INFORMATION
 TO BE COMPLETED BY ALL APPLICANTS

1. APPLICANT							
Name		First Name					
		Surname					
Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>			
National ID #							
National Insurance #							
Employment Classification		Loss of Income <input type="checkbox"/>		Reduced Income <input type="checkbox"/>			
Job Title		EFFECTIVE DATE:					
Assistance being sought		INCOME SUPPORT GRANT <input type="checkbox"/>		RENTALASSISTANCE GRANT <input type="checkbox"/>			
Contact No.		TEMPORARY FOOD CARD SUPPORT <input type="checkbox"/>					
Email Address							
Home Address							
Proof of Citizenship/ Permanent Residence							
Bank Name and Branch							
Account Number							
2. Household Information							
Name		Gender	Relationship to Applicant	Date of Birth	Age	Employment Status	Total Income
Appl.							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	Total						
12	Total Income before Loss/Reduction in Income						
13	If Line 11 is Equal to or LESS than \$10,000						Tick ()
14	If Line 11 is MORE than \$10,000						Tick ()

"I agree with the information stated above"