



If you require assistance in completing this form please contact any Church Official, Justice of the Peace, Police Officer, Teacher, Election Officer, Doctor, Social Worker or any other responsible member of your community.

Application for Assistance with Minor Building Works – Not Exceeding CI\$15,000

**WARNING
A FALSE DECLARATION WILL INVALIDATE THIS APPLICATION
AND MAY RESULT IN IMPRISONMENT**

Applicant Details

Full Name:

Date of Birth:

Passport and/or Driver's License Number (if available):

Mailing Address:

Contact Telephone Number:

Contact Address:

If residing in a shelter, please specify location:

- | | | | | | |
|-----------------------|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|
| West Bay Primary Hall | <input type="checkbox"/> | Community College | <input type="checkbox"/> | Prospect Primary Hall | <input type="checkbox"/> |
| Breakers Comm Centre | <input type="checkbox"/> | Bodden Town Primary | <input type="checkbox"/> | North Side Civic Centre | <input type="checkbox"/> |
| East End Civic Centre | <input type="checkbox"/> | Gun Bay Community Hall | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

Applicant Dwelling

Please state type of dwelling: House Apartment/Condo Other _____

Please state number of bedrooms in dwelling: 1 bedroom 2 bedroom Other _____

Please state address, block and parcel of dwelling: Block _____ Parcel _____

Street Address:

Do you occupy the dwelling yourself? Yes No

Is the dwelling owned by the applicant? Yes No

Please indicate approximate value of dwelling? CI\$ _____

For information purposes only, please provide the details of the interior damage to the dwelling as a result of the Hurricane

Ceiling	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Sheet Rock Walls	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Concrete Walls	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Floorboards	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Tiles/Carpet	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Electrical	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Internal Plumbing	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____

For information purposes only, please provide the details of the damage to appliances within the dwelling as a result of the Hurricane

Fridge	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Stove	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Washer	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Dryer	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Other	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____

Applicant Financial Assessment

Is Applicant currently employed?

Yes No

If yes, please provide your job title, name of your employer and your employer's contact details:

If no, please explain reason for unemployment:

Is Applicant's spouse currently employed?

Yes No

If yes, please provide your spouse's job title, the name of their employer and their employer's contact details:

If no, please explain reason for unemployment:

Applicant Monthly Income

Employment Wages/Pension/Government assistance: Amount \$

Spouse's or Partner's Employment Wages/Pension/Government assistance: Amount \$

Maintenance Payments from Children's Father/Mother:	Amount \$
Contributions from Relatives and Friends:	Amount \$
Gratuities:	Amount \$
Receipts from Rental Property/Business:	Amount \$
Other Income:	Amount \$
Please list all assets	
Bank:	Account # Amount \$:
Bank:	Account # Amount \$:
Credit Union:	Account # Amount \$:
Other Assets (including other property, vehicles, etc.):	Value:

Normal Monthly Expenses					
Rent/Mortgage Payment	\$ _____	Court Costs/Maintenance	\$ _____	Maid/Helper	\$ _____
Electricity	\$ _____	Credit Card Charges	\$ _____	Medication	\$ _____
Water	\$ _____	Bank Loans/Loans	\$ _____	Other Household Expenses	\$ _____
Food	\$ _____				

I hereby authorize the members or representatives of the Cayman Islands National Recovery Fund to verify information I have provided in this application with any bank, employer or any other relevant third parties. I also solemnly and sincerely declare that the contents of this application are true. I acknowledge that if this application contains any false statements, I may be guilty of various offences under the Penal Code and in respect of which I would be liable to imprisonment.

Applicant Name:	Name of Witness:
Applicant Signature:	Witness Signature:
Date of Application:	Witness Address:
	Witness Telephone Number:

**DROP-OFF COMPLETED APPLICATION FORM AT
Cayman Islands National Recovery Fund Office
PO Box 190
Grand Cayman KY1-1104**

FOR OFFICIAL USE ONLY
Assigned Claim #:
Date Application Received: