

## MINISTRY OF ECONOMIC GROWTH AND JOB CREATION **25 DOMINICA DRIVE KINGSTON 10 JAMAICA**



## **NEW SOCIAL HOUSING PROGRAMME**

## **APPLICATION FOR HOUSING**

All copies of documents su	bmitted must be sign	ed, stamped & dated by a Justice of
Applicant's Name:		
(First)	(Mide	dle) (Last)
Alias:	ID/NIS:	TRN:
Contact Numbers: (H)	(C)	(W)
Date of Birth/Age:	/	
Gender: Female / Ma	le	
Family Status: Single Man / S	ingle Woman / Couple	/ Family
Occupation of Applicant:		_ Number Of Dependents: ( )
Age(s) of Dependents:		
Current Address:		
Proposed Site:		
Directions To Site:		
Signature of Applicant Representative		MEGJC/HOPE
Date		Date Application Received

## **IMPORTANT NOTICE:**

Where corrections are necessary, draw a line through the information and initial.

- No Liquid Paper!

Original documents should **not** be submitted. A JP is required to certify the copied documents.

Proof of ownership or approval to build on the land is required Successful applicants who either **rent or sell** the housing units **are subject to action** which includes loss of the unit by the applicant.

Application Status: Complete	FOR OFFICIAL USE ONLY	
Date of Approval:	GPS Location:	
Start Date:	Date Completed:	
Comments/Remarks:		
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