

**Land Empowerment Programme Form**

Area : _____

SECTION A- PERSONAL INFORMATION

Application # (Official use only)		Social Security#:		Passport Number	Expiration Date:
Surname:		First Name:		Other:	
Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Country of Birth:		Nationality:	
Address:			Email Address:		
Telephone Number. Cell:		Work:		Home:	
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/>					
Employers Name:					
Employers Address:			Occupation:		
Gross Monthly Income:	Does your gross monthly include: Pension <input type="checkbox"/> Social Welfare <input type="checkbox"/> Disability <input type="checkbox"/> Other <input type="checkbox"/>				
Financial Commitment: Car Loan <input type="checkbox"/> House Loan <input type="checkbox"/> Land <input type="checkbox"/> Other <input type="checkbox"/>					
Name of your Financial Institution:					
Do you own or are you part owner of any property:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes specify location of property:					
Are you Squatting?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please specify:		CHAPA <input type="checkbox"/>	Crown <input type="checkbox"/>	Private <input type="checkbox"/>	
Please specify since when:			Location:		

SECTION B- CO APPLICANT PERSONAL INFORMATION

Social Security#:		Passport Number		Expiration Date:	
Surname:		First Name:		Other:	
Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Country of Birth:		Nationality:	
Address					
Telephone Number. Cell:		Work:		Home:	
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/>					
Employers Name:					
Employers Address:			Occupation:		
Gross Monthly Income:	Does your gross monthly include: Pension <input type="checkbox"/> Social Welfare <input type="checkbox"/> Disability <input type="checkbox"/> Other <input type="checkbox"/>				

SECTION C- INCOME ANALYSIS

INCOME:

- a) Gross Monthly Income \$ _____
 - b) Less- Deduction of Source (PAYE) \$ _____
 - c) Net Take Home Pay \$ _____
 - d) Add-Live-in- Spouse Monthly Income \$ _____
 - e) Total Net Monthly Income \$ _____
- \$ _____

EXPENDITURE:

- a) 1st Mortgage \$ _____
 - b) Rent \$ _____
 - c) Maintenance and Repair to Property \$ _____
 - d) Property Insurance \$ _____
 - e) Other (Specify) \$ _____
- \$ _____

TRANSPORTATION

- a) Car Loan \$ _____
 - b) Car License \$ _____
 - c) Car Insurance \$ _____
 - d) Car Operating Cost \$ _____
 - e) Public Transportation \$ _____
- \$ _____

LIVING EXPENSES:

- a) Food \$ _____
 - b) Clothing \$ _____
 - c) Electricity \$ _____
 - d) Telephone \$ _____
 - e) Medical and Dental \$ _____
 - f) Life Insurance \$ _____
 - g) Entertainment & Social \$ _____
 - h) Other (Specify) \$ _____
- \$ _____

INSTALLATION OBLIGATION:

- i) FURNITURE AND APPLIANCES \$ _____
 - j) Other (Specify) \$ _____
- \$ _____
- k) **Total Monthly Commitments** \$ _____
 - l) **Residue (Line e minus line K)** \$ _____

Declaration:

I, declare that I have completed this application with true and correct information to the best of my knowledge. I also understand that in the event any information I have provided proves to be false, misleading and incorrect, that my application would become invalid and I would be rendered ineligible for the receipt of lands under the Central Housing and Planning Authority programme.

I further agree to pay all prescribed fees and charges in connection failure to meet prescribe payments will result in forfeiture of down payments/deposit. At which point Central Housing and Planning Authority has the right repossess the land.

Signature:

Date:

Witness:

Address:

Phone No:

Do not write below this line

Official Use Only:

Location of land being allocated:

Block #: Parcel #:

Size: Price per Sq. Ft.: **\$3.00**

Approved by: Date:

REQUIREMENTS

- **LOW INCOME EARNERS under \$5000.00 EC**
- **FIRST TIME GOVERNMENT LAND OWNER**
- **NO REQUIRED AGE RANGE**

ATTACHMENTS REQUEST

- **JOB LETTER**
- **COPY OF BIO PAGE PASSPORT**
- **MOST RECENT PAY SLIP**