

**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 Indv.**
\$3500.00 Co-App \$5000.00 limit
- **FIRST TIME GOVERNMENT LAND OWNER**
- **NO REQUIRED AGE RANGE**

ATTACHMENTS REQUEST

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