

**Home Empowerment 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) 1 st 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:

REQUIREMENTS

- LOW INCOME EARNERS
- FIRST TIME GOVERNMENT HOME OWNER
- NO REQUIRED AGE RANGE

ATTACHMENTS REQUEST

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