



MINISTRY OF AGRICULTURE,
LANDS, HOUSING &
ENVIRONMENT



CENTRAL HOUSING AND PLANNING AUTHORITY

APPLICATION FOR HOUSING DEVELOPMENT

For Office Use Only

Date Received: _____ Time Received: _____ Client # _____

Note: Application form must be completed using black or blue ink only.

Who is the head of household? (Legal Name): _____

Last Name _____ First Name _____ M.I _____

Social Security # _____ Date of Birth _____ Sex: M F
(D) (M) (Y)

Driver Lic # _____

Marital Status: Married Single Widow(er) Divorced. Sex: M F

Maiden Name/other names used: _____

Place of Birth _____

Are you a naturalized citizen of Antigua & Barbuda? Yes No

Naturalization #: _____

Address _____

Telephone _____
(Home) (Work) (Other)

SPOUSE/CO-HEAD

Last _____ First _____ MI _____

Social Security # _____ Date of Birth _____ Sex: [] M [] F
(D) (M) (Y)

Place of Birth _____

Are you a naturalized citizen of Antigua & Barbuda? [] Yes [] No

Naturalization #: _____

Address _____

Telephone _____
(Home) (Work) (Other)

If we were unable to reach you, whom could we contact?

Name _____ Relationship _____

Address _____

Telephone _____
(Home) (Work) (Other)

Which Project and type of house you are requesting:

North Sound Project:

Two Bedroom []

Three Bedroom []

Duplex []

Folleys Project:

Two Bedroom [] House #

Three Bedroom [] House #

2 Story Building [] House #

Herberts Project

Two Bedroom [] House #

Three Bedroom [] House #

Household members: List the legal names of all household members below. Start with the head of household then spouse or co-head, then minors (oldest to youngest), then any other adults.

NAME	RELATIONSHIP TO APPLICANT

Banking Information: Please list all information concerning any of your accounts.

NAME OF BANK	TYPE OF ACCOUNT

Income Information: List all sources of income received by you and for each member of the household even if the income is going to someone not on your application to be used on behalf of a member of your family.

FAMILY MEMBERS	SOURCE OF INCOME	RATE/FREQUENCY	ANNUAL INCOME
			\$
			\$
			\$
			\$

Do you have a car? Yes No Make _____ Model _____

Are all members of your household citizens of the Antigua and Barbuda? Yes No

If not, please give the names and alien registration # for those who are not citizens:

List your current landlord and his/her address:

Address Dates (From/To) Landlord Address Telephone Number

LANDLORD NAME	ADDRESS	FROM	TO	CONTACT #

Do you expect anyone to move in or out of your household within the next 12 months? Yes No

If yes, who? _____ When? _____ What? _____

Does anyone in your household currently use a controlled or illegal drug? Yes No

If yes, what is it? _____

Are you or any household member subject to lifetime registration as a sex offender? [] Yes [] No

If yes? Name of Household Member: _____

Have you ever been evicted due to alcohol abuse that threatened the health, safety or right to peaceful enjoyment of the unit of other residents or neighbors in the vicinity of your residence? [] Yes [] No

Work History Where was the last place of employment for all adult household members?

FAMILY MEMBER	EMPLOYER	ADDRESS	FROM – M/Y	TO – M/Y

Applicant Personal Declaration and Certification.

I certify that the information given to the Ministry of Agriculture, Lands, Housing and Environment and Central Housing and Planning Authority on my household composition and characteristics, drug and criminal activity and income is accurate and complete. I understand that false statements or information are punishable under the Law and grounds for denial of this application.

I hereby further certify that all information contained in this application is true, accurate and complete.

Signature of Head of Household _____ Date _____

Signature of Spouse or Co-Head _____ Date _____

OFFICE USE ONLY

I do hereby certify that I have received and reviewed the application for completeness.

ALHE / CHAPA Representative _____ Date: _____

I do hereby certify that this application has been reviewed with the applicant and any changes in information have been updated and verified and final eligibility has been determined based on the verification of this information.

ALHE / CHAPA Representative: _____ Date: _____

Applicant Signature: _____

ATTACHMENTS TO APPLICATION:

___ LETTER FROM EMPLOYER [for applicant and co-applicant]

___ FINANCIAL STATEMENT [for applicant and co-applicant]

___ COPY OF A PASSPORT or proof of citizenship

___ Utility bill / proof of address [applicant and co-applicant]