# National Housing Trust

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## **Disability Grant Application Form**

#### WHO CAN APPLY?

- ANY CURRENT CONTRIBUTOR TO THE NHT:
  - WHO HAS A DISABILITY OR CARES FOR A RELATIVE WITH A DISABILITY;
  - WHOSE MORTGAGE AND CONTRIBUTIONS ARE CURRENT;
  - WHO IS REGISTERED WITH THE JAMAICA COUNCIL FOR PERSONS WITH DISABILITIES (JCPD);
  - WHO HAS SATISFIED THE ELIGIBILITY REQUIREMENTS FOR A DISABILITY GRANT.
- THE DISABILITY GRANT CAN BE USED TO RETROFIT AND/OR UPGRADE THE DWELLING TO MAKE IT SUITABLE TO SERVE THE NEEDS OF THE DISABLED INDIVIDUAL.

### **INSTRUCTIONS**

- 1. ALL SECTIONS OF THIS FORM **MUST** BE COMPLETED.
- 2. **DO NOT** WRITE IN SECTION LABELLED "FOR OFFICIAL USE".
- 3. **DO NOT** USE CORRECTION FLUID (WHITEOUT) OR ERASER (RUBBER) ON THIS FORM. CORRECT ALL ERRORS BY DRAWING A LINE THROUGH THE ERROR AND INITIALING SAME.
- 4. THE NAME YOU WRITE ON THIS FORM **MUST** BE THE SAME AS YOU PRESENTLY USE ON LEGAL OR OTHER IMPORTANT DOCUMENTS SUCH AS YOUR PASSPORT, DRIVER'S LICENCE OR EMPLOYER'S ANNUAL RETURN.
- 5. THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION FORM FOR COMPLETENESS:
  - Proof of disability certificate or verification letter from the Jamaica Council for Persons with Disabilities (JCPD)
  - Proof of relation birth certificate, statutory declaration, marriage certificate, notarised letter from Pastor, Justice of Peace, or Notary Public for persons who are co-habiting and/or declaration of common-law relationship.
  - Power of attorney/authorisation letter person acting on behalf of mortgagor
  - Valid Identification driver's license, passport, voter's ID
  - Application form for Disability Grant
  - Estimate of Works
  - TRN Card
  - NIS Card



NHT DISABILITY GRANT APPLICATION RECEIPT



## **DISABILITY GRANT APPLICATION FORM**

- This form is to be completed by eligible mortgagors who have a disability or are caregivers of relatives with a disability. Prints answers where applicable and place a tick in boxes where required. Obtain the relevant checklist prior to completing this form.

Note: A mortgagor who is found guilty of falsifying the information forfeit his/her right to the benefit under the NHT Disability Grant and shall be subject to legal action.

PERSONAL INFORMATION									
NAME:	(Applicant 2)								
(Applicant 1) TRN:	(Applicant 2)								
NIS #:									
GENDER: Male Female	Male Female								
ID. TYPE: Driver's Licence Passport ID	Driver's Licence Passport ID	S							
ID. NUMBER:									
CONTACT NO.									
MORTGAGE ACCOUNT #									
PROPERTYADDRESS:									
MAILING ADDRESS: (If different from property address)									
WHO HAS THE DISABILITY? Mortgagor Relative									
FOR OFFICIAL USE	ONLY								
FOR COMPLETION BY CUSTOMER SERVICE REPRESENTATIVE	(CSR)								
NAME OF CSR:	BRANCH/ SERVICE CENTRE: _								
DATE APPLICATION WAS RECEIVED:									
COMMENTS:									
FOR COMPLETION BY BRANCH SUPERVISOR									
RECOMMENDED FOR APPROVAL YES NO									
SUPERVISOR:	SIGNATURE	DATE							
FOR COMPLETION BY BRANCH MANAGER									
1. CUSTOMER'S MORTGAGE AND CONTRIBUTIONS CURRENT		YES NO							
2. GRANT FOR MORTGAGED PROPERTY YES NO									
3. DISABLED PERSON REGISTERED WITH THE JAMAICA COUNCIL FOR PERSONS WITH DISABILITIES NO									
4. APPROVED		YES NO							
BRANCH MANAGER: NAME	SIGNATURE	DATE							