



**FORM B – SELF EMPLOYED**  
**APPLICATION FORM FOR SOCIAL ASSISTANCE FOR**  
**PERSONS WHO EXPERIENCE LOSS OF OR REDUCED INCOME**  
**IN RESPECT OF THE COVID -19 VIRUS**  
**GUIDELINES**

To qualify for this assistance, you must have experienced a Loss/Reduction in Income on or after **March 1<sup>st</sup>, 2020**. To ensure that the application is processed speedily, please enclose copies of the following documents with the completed application form:

1. Copy of National Identification Card- Expired ID will be accepted. (**NOT** Driver's Permit or Passport);
2. Citizens and Permanent Residents (National ID or Certificate of Immigration Status or Certificate of Residence or Passport Bio-data page and page with stamp of Registration);
3. Certificate of Registration/Incorporation of the business (if available);
4. The application must be supported by one recommendation from verifiable sources. See **GUIDELINES FOR THE RECOMMENDER**;
5. Where there are employed members of the family, apart from the applicant, proof of actual earnings must be submitted such as a payslip or job letter; and
6. For rental assistance (**Residential ONLY**), applicants are required to submit proof of ownership of property (e.g. WASA Bill or other document with name of landlord), rental agreement or most recent rent receipt and a copy of the landlord's ID Card and phone contact.

**Your application may be rejected if the supporting documents are not submitted or if the form is incomplete.** The completed form along with the aforementioned documents, shall be **submitted via email** to the undermentioned addresses or dropped off at the Social Welfare office in your district:

- [supportforyou.east@gov.tt](mailto:supportforyou.east@gov.tt)
- [supportforyou.north@gov.tt](mailto:supportforyou.north@gov.tt)
- [supportforyou.central@gov.tt](mailto:supportforyou.central@gov.tt)
- [supportforyou.south@gov.tt](mailto:supportforyou.south@gov.tt)
- [supportforyou.tobago@gov.tt](mailto:supportforyou.tobago@gov.tt)

**GUIDELINES FOR THE RECOMMENDER**

- The Recommender must have known you personally for at least three (3) years and know you well enough to be confident that the statements you have made in the application are true;
- The Recommender must not be an immediate relative of the applicant; and
- The Recommender must be a citizen/permanent residence of Trinidad and Tobago and be included in one of the following categories:
  - Minister of Religion registered under law to perform marriages;
  - Managing Director, Director and Manager of Banks, Companies and Cultural and Other Associations;
  - Professionals (University Graduates). (State qualifications.);
  - Member of Parliament, Mayor, Borough or County Councillor;
  - Notary Public/Justice of the Peace/Commissioner of Affidavits;
  - Senior Public Servants (Range 30 and above);
  - Police Officer (Corporal and above rank). (Include Regimental Number);
  - Prison Officer II and above rank. (Include Regimental Number);
  - Fire Sub-Officer and above rank. (Include Regimental Number);
  - Member of Defence Force (Corporal/Leading Seaman and above rank-Include Regimental Number)
  - School Principal, Vice-Principal, Lecturer, Graduate Teacher (Teacher I and above rank).

**APPLICATION FORM B-SELF EMPLOYED**  
**SECTION 1 – GENERAL INFORMATION**  
 TO BE COMPLETED BY ALL APPLICANTS

1. APPLICANT							
<b>Name</b>		<b>First Name</b>					
		<b>Surname</b>					
<b>Gender</b>		Male <input type="checkbox"/>		Female <input type="checkbox"/>			
<b>National ID #</b>							
<b>National Insurance #</b>							
<b>Employment Classification</b>		Loss of Income <input type="checkbox"/>		Reduced Income <input type="checkbox"/>			
<b>Job Title</b>		EFFECTIVE DATE:					
<b>Assistance being sought</b>		INCOME SUPPORT GRANT <input type="checkbox"/>		RENTALASSISTANCE GRANT <input type="checkbox"/>			
<b>Contact No.</b>		TEMPORARY FOOD CARD SUPPORT <input type="checkbox"/>					
<b>Email Address</b>							
<b>Home Address</b>							
<b>Proof of Citizenship/ Permanent Residence</b>							
<b>Bank Name and Branch</b>							
<b>Account Number</b>							
2. Household Information							
Name		Gender	Relationship to Applicant	Date of Birth	Age	Employment Status	Total Income
Appl.							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	<b>Total</b>						
12	<b>Total Income before Loss/Reduction in Income</b>						
13	If Line 11 is Equal to or LESS than \$10,000						Tick ( )
14	If Line 11 is MORE than \$10,000						Tick ( )

3. RECOMMENDER INFORMATION (To be completed by RECOMMENDER ONLY)	
<b>Name</b>	
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Job Title</b>	
<b>Contact No.</b>	
<b>Email Address</b>	
<b>Home Address</b>	
<b>Recommender's Certification.</b>	<p>I certify that I know Mr./Ms. ....</p> <p>for ..... years. I certify that the information provided in this application is true and correct.</p> <p style="text-align: right;">(stamp)</p>
<b>Signature</b>	

**SECTION 2 – DECLARATION OF TRUTH  
(MUST be completed and signed by the Applicant)**

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF THE SOCIAL SERVICES.**

I \_\_\_\_\_ (*full name*), swear that with effect....., I experienced a loss/reduction of income while in self-employment and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. I recognise that the information submitted in this application is for the purpose of social services support by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorise such agency to contact any certifying agencies for the purpose of verifying the information supplied and determining my eligibility. I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change.

I acknowledge and agree that any misrepresentations in this application will be grounds for denial or immediate revocation of benefits. I declare, under penalty of perjury, that the information provided in this application and supporting documents is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_