



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

The Ministry of Labour and Small Enterprise Development (MOLSED) in collaboration with the Ministry of Social Development and Family Services, in response to Government’s initiatives to mitigate the social and economic effects related to the spread of ‘COVID 19’ in Trinidad and Tobago, especially as they impact upon the most vulnerable among us, is requesting the under-mentioned information.

To qualify for this assistance, you must have experienced a Loss/Reduction in Income on or after **March 1st, 2020**.

To ensure that the application is processed speedily, please enclose copies of the following documents with the completed assessment/declaration form:

1. Copy of National Identification Card (**NOT** Driver’s Permit or Passport);
2. Proof of citizenship or permanent residence in Trinidad and Tobago;
3. Certificate of Registration/Incorporation of the business (if applicable);
4. The application must be supported by two recommendations from verifiable sources as detailed on the Assessment/Declaration Form;
5. Where there are employed members of the family, apart from the applicant, proof of actual earnings must be submitted such as a payslip and job letter; and
6. For rental assistance, applicants are required to submit a rental agreement, evidence of most recent payment and a copy of the landlord’s or landlady’s ID Card (payment will be made directly to the landlord or landlady).

The completed form along with the aforementioned documents, shall be **submitted via email** to the undermentioned addresses. In the event that you do not have an email address, only then should the form be dropped off at the Social Welfare office in your district:

- supportforyou.east@gov.tt (Barataria/Blanchiessuse to Toco)
- supportforyou.north@gov.tt (Morvant to Maraval/Las Cuevas/Diego Martin/Petit Valley/Chaguaramas)
- supportforyou.central@gov.tt (Chase Village; Caroni; Felicity; Chaguanas; Tabaquite; Manzanilla; Couva; Talparo; Freeport; Claxton Bay and surrounding areas)
- supportforyou.south@gov.tt (Pointe-a-Pierre to Moruga/Icacos/Rio Claro/Guayaguayare)

When submitting the completed application by email, please ensure that the **SUBJECT** is sent in the following format:

Area/First Name/Last Name /Identification Number for example:

- **North/Janice/John/19741503421 for self-employed OR**

TO AVOID DELAYS IN THE PROCESSING OF YOUR APPLICATION, PLEASE UTILISE THE GUIDELINES AS PROVIDED)

NOTE: ONLY ONE APPLICATION SHOULD BE SUBMITTED ON BEHALF OF EACH SELF EMPLOYED

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 and Companies;
 - 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).
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SECTION 1 – GENERAL INFORMATION

TO BE COMPLETED BY ALL APPLICANTS

APPLICANT	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
National ID	
National Insurance No.	
Employment Classification	Loss of Income <input type="checkbox"/> Reduced Income <input type="checkbox"/> EFFECTIVE DATE:
Reason for the above	
Job Title	
Assistance being sought	PUBLIC ASSISTANCE GRANT <input type="checkbox"/> RENTAL ASSISTANCE GRANT <input type="checkbox"/> TEMPORARY FOOD CARD SUPPORT <input type="checkbox"/>
Contact No.	
Email Address	
Home Address	
Proof of Citizenship/Permanent Residence	
Name of Bank and Branch	
Account Number	

SECTION 2 – EMPLOYMENT INFORMATION

1. Describe your MAIN employment activities.

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SECTION 3 – RECOMMENDER INFORMATION

(TO BE COMPLETED BY RECOMMENDER ONLY)

	Recommender 1
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Job Title	
Contact No.	
Email Address	
Home Address	
Recommender's Certification	
Signature	

Recommender 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Job Title	
Contact No.	
Email Address	
Home Address	
Recommender's Certification	
Signature	

Household Income							
Name		Gender	Relationship to Applicant	Date of Birth	Age	Employment Status	Total Income
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	Total						
12	Total Income before Loss/Reduction in Income						
13	If Line 11 is Equal to or LESS than \$10,000						Tick ()
14	If Line 11 is MORE than \$10,000						Tick ()

SECTION 5 – DECLARATION OF TRUTH

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 or affirm that I have recently 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: _____

OFFICIAL USE ONLY

VERIFICATION (Ministry of Labour and Small Enterprise Development)

To: The Permanent Secretary, Ministry of Social Development and Family Services

The details of the application submitted by the person listed hereunder have been verified. The application is forwarded for consideration for a grant by your Ministry.

Applicant's Name: ----- ID No.-----

Date referred for endorsement of verification _____

Verification Endorsed

Verification not Endorsed

Officer Name:

Official Position

Signature of Officer:

Date:

ACKNOWLEDGEMENT (Ministry of Social Development and Family Services)

This is to certify that an assessment to determine your eligibility for a grant was completed. You are advised that you

(1) met the requirement for a grant

(2) did not meet the requirement for a grant because of the following

Applicant's Name: ----- ID No.-----

Officer Name:

Official Position

Signature of Officer:

Date: