



# House of Assembly of the Virgin Islands

## Request for Assistance Application Form

### 3rd District 3rd Quarter Allocation 2021

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

Status:  BVIlander/Belonger  Non-Belonger  Resident  Other \_\_\_\_\_

Age:  under 25  25 – 35  36 – 45  46 – 55  56 – 65  65+ Marital Status: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Annual Income:  under \$15,000  \$15,000 – 30,000  \$30,001 - \$50,000  + \$50,000

Type of request:  medical  educational  financial Hardship  funeral grant  other

Member from whom assistance is being sought: \_\_\_\_\_

Amount being requested: \_\_\_\_\_

Reason for request (if space provided is insufficient please complete details on a separate page and attach to application form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach supporting documentary evidence.

**Medical:** Doctor's certificate of illness is to be provided within 60 days of application.

**Educational:** The full reasons for the application and the amount.

**Financial Hardship:** Proof of inability to cover expenses (e.g. past due bills, eviction notice etc.)

**Taxi service for school:** Signed agreement between Member and driver showing rates and times of service

Have you received assistance from a representative, or from Social Development or any other public institution within the last 12 months?  Yes  No

If yes, please complete the following:

Date(s)	From Whom	Amount(s)	Reason for Assistance

#### UNDERTAKING TO ACCOUNT FOR THE USE OF AMOUNT OF ASSISTANCE

The applicant hereby undertakes to give his/her District/Territorial Representative a written account with documentary proof of the use of any amount granted on this application, within six months of receiving the amount or before making another application for assistance, whichever is earlier, to be lodged with the Clerk of the House of Assembly without delay.

**CERTIFICATE OF TRUTH**

**I hereby certify that the information provided herein is true and correct.**

\_\_\_\_\_  
**Applicant's Name (Please print)**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date of Application**

**INTERNAL USE ONLY**

\_\_\_\_\_  
**Recommended by (Representative)**

\_\_\_\_\_  
**Approved by (Clerk, HOA)**

\_\_\_\_\_  
**Date Recommended**

\_\_\_\_\_  
**Date Approved**

\$ \_\_\_\_\_  
**Amount Recommended**

\$ \_\_\_\_\_  
**Amount Approved**