



House of Assembly of the Virgin Islands

Request for Assistance Application Form

3rd District 4th 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