



## House of Assembly of the Virgin Islands COVID-19 Assistance Application Form

ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

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

District No: \_\_\_\_\_ Community/Village: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a Homeowner or Renter?      Homeowner      Renter

Owner's Name of Residence: \_\_\_\_\_

Status:      BVIlander/Belonger      Work Permit Holder      Resident      Other \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Sex:      M      F

Current Work Status:      Work Suspension      Layoff      Termination      Other: \_\_\_\_\_

Have you been unemployed or underemployed as a result of the impact of COVID-19 on your place of work/ business?      Yes      No

If YES, since what date? \_\_\_\_\_

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

Salary before 30<sup>th</sup> March 2020:    \$ \_\_\_\_\_      Weekly      Bi-weekly      Monthly      Fortnightly

Present Salary:    \$ \_\_\_\_\_      Weekly      Bi-weekly      Monthly      Fortnightly

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

Reason for request:      Hurricane Recovery      Hurricane Preparedness      COVID-19 Assistance

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

**Please attach supporting documentary evidence.**

**Employment Letter:** Termination or temporary layoff letter.

**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.)

Have you or anyone in your household applied for or received assistance from a representative, or from Social Development, or any other private or public institution within the last 12 months?      Yes      No

If yes, please complete the following:

Date(s)	Requested From	Amount Requested or Received	Reason for Assistance

**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**