

NEEDS ASSESSMENT – APPLICATION FORM DOCUMENT CHECKLIST

- ☐ Completed Needs Assessment – Application Form
- ☐ Bank Reference(s) – (addressed to Sister Islands Affordable Housing Development Corporation)
- ☐ Employment and Salary Letter verifying status of employment (addressed to Sister Islands Affordable Housing Development Corporation)
- ☐ Certified copy of Passport photo and signature page (for all applicants included in this application), or
Certified copy of Driver's License (if applicable)
- ☐ Police Clearance Certificate (for all applicant's included in this application)
- ☐ Marriage Certificate (if applicable)
- ☐ Divorce decree (if applicable)
- ☐ Personal References (for all applicants included in this application)
- ☐ Proof of Caymanian status
- ☐ Certified copy of birth certificate
- ☐ Personal-reference letter from landlord/relative

FINANCIAL INFORMATION:

Self-Employed Applicants only

- ☐ Evidence of your financial contribution (*if necessary*)
- ☐ Credit Reference (from all your banks)
- ☐ Current Financial Statement
- ☐ Copy of Trade & Business License

If previously a home owner please clarify and provide information or if currently on the land register of a home please explain below:

PRIMARY APPLICANT'S NAME – PRINTED

PRIMARY APPLICANT'S SIGNATURE

Date: _____

Note that all houses are 3 bedrooms. Kindly indicate preferred location (tick), noting that if you desire to build on your own property that is also an option.

Preferred Location:

Sunshine (Bluff) _____

West End (Bluff) _____

Spot Bay (Bluff) _____

Little Cayman _____

On land owned by you _____

No Preference _____

Kindly note the additional information you may need to submit, if preferred location is “on land owned by you”.

Acknowledged by: _____

(for SIAHDC)

Date: _____

1. PRIMARY APPLICANT'S INFORMATION☐ Mr. ☐ Mrs. ☐ Ms.

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name(s): _____

Date of Birth (D/M/Y) ____/____/____ Age: _____ Marital Status: _____

Nationality: ☐ Caymanian ☐ Caymanian Status _____ (Date) ☐ Other _____

Mailing Address: _____ E-mail: _____

House Number & Physical Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Employer: _____

Employer Address: _____

Job Title/ Position: _____ Years Employed: _____

If employed less than 3 years, name previous employer(s) & their phone number(s):

1. _____

2. _____

2. SECONDARY APPLICANT'S INFORMATION☐ Mr. ☐ Mrs. ☐ Ms.

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name(s): _____

Date of Birth (D/M/Y) ____/____/____ Age: _____ Marital Status: _____

Nationality: ☐ Caymanian ☐ Caymanian Status _____ (Date) ☐ Other _____

Mailing Address: _____ E-mail: _____

House Number & Physical Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Employer: _____

Employer Address: _____

Job Title/ Position: _____ Years Employed: _____

If employed less than 3 years, name previous employer(s) & their phone number(s)

1. _____

2. _____

3. PERSONAL CURRENT INFORMATION *(Information as it pertains to you at the time of completing this application)*

Number of Dependents: _____ How many dependants live with you? _____

Age of Dependents (under the age of 18): 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Other Dependents: Elderly _____ Handicap _____ Other _____

Particulars of individuals who will be residing with you

SURNAMES	FIRST NAMES	M/F	DATE OF BIRTH	Relationship to Applicant		Employment status i.e.
				A	B	Unemployed, Retired or Attending School

4. CURRENT LIVING CONDITIONS *(Information as it pertains to you at the time of completing this application)*Do you have a property registered in your name: ☐ YES ☐ NO Do you currently ☐ Rent ☐ Live with a relative

How many persons reside in home? _____ How many bedrooms available to you and your dependants? _____

How many bathrooms available to you and your dependants? _____

Do you share other rooms in the home: ☐ YES ☐ NO If yes, please provide details: _____

Years residing at present home: _____

5. FINANCIAL INFORMATION

MONTHLY INCOME (all sources)	MONTHLY EXPENSES
Applicant Income (Salary) _____	Rent _____
Co-Applicant Income _____	Mortgage _____
Rental Income _____	Car Loan(s) _____
Commission/ Gratuities _____	Credit Card(s) _____
Pension Income _____	Personal Loan _____
Other Income _____	Insurance _____
	Education Fees _____
	Food _____
	Utilities _____
	Vehicle Expenses _____
	Pension Payment _____
	Other Expense(s) _____
TOTAL INCOME _____	TOTAL EXPENSES _____

6. REFERENCES**Primary Applicant – Personal References***(Please attach reference letter from each person stated)*

<u>Name</u>	<u>Employer</u>	<u>Contact #</u>
_____	_____	_____
_____	_____	_____

Secondary Applicant – Personal References*(Please attach reference letter from each person stated)*

<u>Name</u>	<u>Employer</u>	<u>Contact #</u>
_____	_____	_____
_____	_____	_____

Banking Information: *(Please submit names & account numbers)*

Primary Applicant**Secondary Applicant**

<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Term Deposit	_____	_____
<input type="checkbox"/> Loan	_____	_____
<input type="checkbox"/> Credit Card	_____	_____

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7. OTHER INFORMATION *(Should a loan be granted to you)***No. Occupants in new home:**Total No. of Adults: _____ No. of Children *(Under the age of 18)*: _____Are any of the adults elderly *(65 & older)*? ☐ YES ☐ NO If yes, how many? _____Are there disabled living in the household? ☐ YES ☐ NO If yes, how many? _____**8. ASSETS**

Cash	\$ _____	
Investments	\$ _____	
Vehicle <i>(Make, model & year)</i>	_____	Current Value _____
Property <i>(Block & Parcel)</i>	_____	Current Value _____

DECLARATION BY APPLICANT

I/We declare that I/we have no other house/apartment/condominium in my/our name other than that declared above.

I/We declare that the property shall be at all times for my/our residential use and/or that of my/our immediate family, within the first 10 years of ownership.

I/We understand that there may be limitations to my/our ability to sell, exchange, or rent the property based on the list of covenants.

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I hereby confirm that the above information is true and correct and is to be regarded as part of any subsequent contract with the Sister Islands Affordable Housing Development. I/We hereby authorize Sister Islands Affordable Housing Development to verify any information that have provided on this application with my/our employer or any other relevant third parties. I/We also solemnly and sincerely declare that the contents of this application are true. I/We also acknowledge that any false information stated on this application may result in my application being denied.

Signature of Primary Applicant: _____

Date: ____/____/____

Witness _____

Signature of Secondary Applicant: _____

Date: ____/____/____

Witness _____