



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

Date: _____

PRIMARY APPLICANT'S SIGNATURE

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) _____
 Spot Bay (Bluff) _____

West End (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 dependents 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. Unemployed, Retired or Attending School |
|----------|-------------|-----|---------------|---------------------------|---|--|
| | | | | A | B | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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)

| <u>Primary Applicant</u> | <u>Secondary Applicant</u> |
|---|----------------------------|
| <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 (*Make, model & year*) _____ Current Value _____Property (*Block & Parcel*) _____ 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 _____