



If you require assistance in completing this form please contact any Church Official, Justice of the Peace, Police Officer, Teacher, Election Officer, Doctor, Social Worker or any other responsible member of your community.

**Application for Assistance with Minor Building Works – Not Exceeding CI\$15,000**

**WARNING**  
**A FALSE DECLARATION WILL INVALIDATE THIS APPLICATION**  
**AND MAY RESULT IN IMPRISONMENT**

**PART A**

**Applicant Details**

Full Name

Date of Birth

Passport and/or Drivers License Number if available

Mailing Address

Contact Telephone Number

Contact Address

If residing in a shelter, please specify location

- |                       |                          |                        |                          |                         |                          |
|-----------------------|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|
| West Bay Primary Hall | <input type="checkbox"/> | Community College      | <input type="checkbox"/> | Prospect Primary Hall   | <input type="checkbox"/> |
| Breakers Comm Centre  | <input type="checkbox"/> | Bodden Town Primary    | <input type="checkbox"/> | North Side Civic Centre | <input type="checkbox"/> |
| East End Civic Centre | <input type="checkbox"/> | Gun Bay Community Hall | <input type="checkbox"/> | Other                   | <input type="checkbox"/> |

**Applicant Dwelling**

Please state type of dwelling      House     Apartment/Condo     Other

Please state number of bedrooms in dwelling      1 bedroom     2 bedrooms     Other

Please state address, block and parcel of dwelling    Block    Parcel  
Street Address

Do you occupy the dwelling yourself      Yes       No

Is the dwelling owned by the applicant      Yes       No

Please indicate approximate value of dwelling? C1\$ \_\_\_\_\_

Is the dwelling mortgaged? Yes  No   
If Yes, provide name of bank and amount owing:  
\_\_\_\_\_

Is the dwelling insured? Yes  No   
If Yes, provide name of the insurance company:  
\_\_\_\_\_

### Dwelling Resident Details

Please list all the names and details of all individuals normally resident in the dwelling

Full Name	Age	Relationship	Owner/Tenant	If applicable, specify special needs

### Damage to Dwelling

Please provide the details of the damage to the structure of the dwelling as a result of Hurricane Ivan. Approved assistance will be limited to the following

- Roof  No  Yes      Extent of Damage
- Windows  No  Yes      Extent of Damage
- Doors  No  Yes      Extent of Damage
- Obstructions  No  Yes      Extent of Damage

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For information purposes only, please provide the details of the interior damage to the dwelling as a result of Hurricane Ivan

Ceiling	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Sheet Rock Walls	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Concrete Walls	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Floorboards	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Tiles/Carpet	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Electrical	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Internal Plumbing	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____

For information purposes only, please provide the details of the damage to appliances within the dwelling as a result of Hurricane Ivan

Fridge	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Stove	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Washer	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Dryer	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____
Other	<input type="checkbox"/> No <input type="checkbox"/> Yes	Extent of Damage _____

### Applicant Financial Assessment

Is Applicant currently employed

Yes  No

If yes, please provide your o title,name of your employer and your employers contact details

If no, please explain reason for unemployment

Is Applicants spouse currently employed

Yes  No

If yes, please provide your spouses title, the name of their employer and their employers contact details

If no, please explain reason for unemployment

### Applicant Monthly Income

Employment Wages Pension Government assistance Amount \$

Spouses or Partners Employment Wages Pension Government assistance Amount \$

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Maintenance Payments from Children's Father/Mother	Amount \$
Contributions from Relatives and Friends	Amount \$
Gratuities	Amount \$
Receipts from Rental Property/Business	Amount \$
Other Income	Amount \$

Please list all assets

Bank: Account # Amount \$:

Bank: Account # Amount \$:

Credit Union: Account # Amount \$:

Other Assets (including other property, vehicles, etc): Value:

Normal Monthly Expenses					
Rent/Mortgage Payment	\$ _____	Court Costs/Maintenance	\$ _____	Maid/Helper	\$ _____
Electricity	\$ _____	Credit Card Charges	\$ _____	Medication	\$ _____
Water	\$ _____	Bank Loans/Loans	\$ _____	Other Household Expenses	\$ _____
Food	\$ _____				

I hereby authorize the members or representatives of the Cayman Islands National Recovery Fund to verify information I have provided in this application with any bank, employer or any other relevant third parties. I also solemnly and sincerely declare that the contents of this application are true. I acknowledge that if this application contains any false statements, I may be guilty of various offences under the Penal Code and in respect of which I would be liable to imprisonment.

Applicant Name: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Witness Telephone Number: \_\_\_\_\_

**DROP-OFF COMPLETED APPLICATION FORM AT  
Cayman Islands National Recovery Fund Office  
Trinity Square, Eastern Avenue, Grand Cayman**

**FOR OFFICIAL USE ONLY**

**Assigned Claim**

**Date Application Received**

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