



## FORM A-EMPLOYER/EMPLOYEE

### APPLICATION FORM FOR SOCIAL ASSISTANCE FOR PERSONS WHO EXPERIENCE LOSS OF OR REDUCED INCOME IN RESPECT OF THE COVID -19 VIRUS

#### GUIDELINES

To qualify for this assistance, you must have been **Retrenched, Terminated** or experienced a **Reduction** in Income on or after **March 1<sup>st</sup>, 2020**. The reduced gross income (Minus Statutory Deductions) of the family must not exceed \$10,000 per month. To ensure that the application is processed speedily, please enclose copies of the following documents with the completed application form:

1. National Identification-Expired ID will be accepted. (**NOT** Driver's Permit or Passport);
2. Citizens and Permanent Residents (National ID or Certificate of Immigration Status or Certificate of Residence or Passport Bio-data page and page with stamp of Registration);
3. Letter from previous or current employer as proof of retrenchment, termination or reduced income. If the employer is unavailable, a recommender can certify retrenchment, termination or reduced income;
4. Where there are employed members of the family, apart from the applicant, proof of actual earnings must be submitted such as a payslip or job letter;
5. For rental assistance (**Residential ONLY**), applicants are required to submit proof of ownership of property (e.g. WASA Bill or other document with name of landlord), rental agreement or most recent rent receipt and a copy of the landlord's ID Card and phone contact.

*Please note the following:*

- **Only one application per the family;**
- **Employers are encouraged to assist employees in the completion and submission of application forms.**

The completed application form along with the aforementioned documents shall be **submitted via e-mail only** to the undermentioned email addresses relevant to your area:

- [supportforyou.east@gov.tt](mailto:supportforyou.east@gov.tt)
- [supportforyou.north@gov.tt](mailto:supportforyou.north@gov.tt)
- [supportforyou.central@gov.tt](mailto:supportforyou.central@gov.tt)
- [supportforyou.south@gov.tt](mailto:supportforyou.south@gov.tt)
- [supportforyou.tobago@gov.tt](mailto:supportforyou.tobago@gov.tt)

**APPLICATION FORM A-EMPLOYER/EMPLOYEE**

**SECTION 1- GENERAL INFORMATION**

TO BE COMPLETED BY ALL APPLICANTS

APPLICANT							
<b>Name</b>							
<b>Gender</b>		Male <input type="checkbox"/>		Female <input type="checkbox"/>			
<b>National Identification Card Number</b>							
<b>National Insurance Number</b>							
<b>Employment Classification</b>		RETRENCHED <input type="checkbox"/>		TERMINATED <input type="checkbox"/>		INCOME REDUCED <input type="checkbox"/>	
		EFFECTIVE DATE:					
<b>Assistance being sought</b>		INCOME SUPPORT GRANT <input type="checkbox"/>		RENTAL ASSISTANCE GRANT <input type="checkbox"/>			
		TEMPORARY FOOD CARD SUPPORT <input type="checkbox"/>					
<b>Job Title</b>							
<b>Contact No.</b>							
<b>Email Address</b>							
<b>Home Address</b>							
<b>Proof of Citizenship/Permanent Residence</b>							
<b>Name of Bank and Branch</b>							
<b>Account Number</b>							
<b>Employer (Business Name)</b>							
<b>Address of Business</b>							
<b>Contact Person /Authorised Person (CEO/Managing Director)</b>		Name					
		Contact #					
Household Information							
Name		Gender	Relationship to Applicant	Date of Birth	Age	Employment Status	Total Income
<b>Appl</b>							
<b>2</b>							
<b>3</b>							

4								
5								
6								
7								
8								
9								
10								
11	<b>Total</b>							
12	<b>Total Income before Retrenchment/Termination/Reduction in Salary</b>							
13	If Line 11 is Equal to or LESS than \$10,000							<b>Tick ( )</b>
14	If Line 11 is MORE than \$10,000							<b>Tick ( )</b>
<b><u>DECLARATION</u></b>								
I, the undersigned, hereby declare that the particulars I have supplied are true and complete.								
<b>Employee Name:</b>		<b>Signature of Employee:</b>				<b>Date:</b>		

**SECTION 2 – DECLARATION OF TRUTH  
(MUST be completed by Applicant)**

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF THE SOCIAL SERVICES.**

I \_\_\_\_\_ (*full name*), swear that with effect.....I was **RETRENCHED/TERMINATED/INCOME REDUCED** while in the employ of \_\_\_\_\_ (*Business Name*). I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. I recognise that the information submitted in this application is for the purpose of social services support by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorise such agency to contact any certifying agencies for the purpose of verifying the information supplied and determining the named applicants' eligibility. I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change.

I acknowledge and agree that any misrepresentations in this application will be grounds for denial or immediate revocation of benefits. I declare, under penalty of perjury, that the information provided in this application and supporting documents is true and correct.

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

Date: \_\_\_\_\_