



WE CARE GRANT APPLICATIONS MEMBERS FORM

Kindly note both sides of this Application Form

ACCOUNT NO: _____ APPLICATION DATE: _____

DETAILS OF APPLICANT

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

TEL NO. (APPLICANT): _____ (H) _____ (W) _____ (C)

EMAIL: _____

NATIONAL REGISTRATION NO: _____ NIS NO: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED

ADDRESS 1: _____

ADDRESS 2: _____

POSTAL CODE: _____ PARISH: _____

DETAILS OF FINANCIAL POSITION

FORMER/CURRENT JOB TITLE: _____

LENGTH OF UNEMPLOYMENT/TIME LAID-OFF: _____

AVERAGE SALARY/WAGE (Weekly):

\$250-\$500 \$501-\$750 \$751-\$900 Over \$901

NO. OF DEPENDENTS _____

DEPENDENTS' AGES (0-18 years): _____

NO. OF PERSONS LIVING IN THE HOUSEHOLD: _____

TOTAL HOUSEHOLD INCOME (Weekly): _____

REQUEST DETAILS

DOCUMENTS SUBMITTED: MEMBER ID CHILD ID NIS CERTIFICATE
UTILITY BILL/FINANCIAL INSTITUTION STATEMENT
OTHER _____

REASON FOR REQUEST:

SIGNATURE OF MEMBER: _____

APPLICATION NOTES

- All fields of this form are to be completed. Where a field does not apply, state "Not Applicable" or "NA".
- By completing this form, the applicant certifies that the information is complete, true and accurate.
- The information supplied is strictly confidential. The names of successful applicants in the We Care Member Outreach Programme will not be published.
- An application to the We Care Member Outreach Programme is not a guarantee of approval.
- The results of each Application will be communicated to applicants

Official Use Only:

Application No: _____ **Date Received:** _____

APPLICATION STATUS:

Approved | **Approved Funds: \$** _____
Denied | **Reason for denial:**

SIGNATURE: _____ **PRINT NAME:** _____

SIGNATURE: _____ **PRINT NAME:** _____

SIGNATURE: _____ **PRINT NAME:** _____

SIGNATURE: _____ **PRINT NAME:** _____