



Government of the Virgin Islands
PUBLIC ASSISTANCE APPLICATION

PERSONAL DATA

Applicant's LAST Name **Applicant's FIRST Name** **MIDDLE Name**

Place of Birth: _____ **Date of Birth:** _____ **Age:** _____

Social Security Number: _____ **NHI Number:** _____

Current Physical Address: _____ **Postal Address:** _____

City, Postal Code: _____ **Email Address:** _____

Daytime Phone: _____ **Cell Phone:** _____

Immigration Status: Belonger Non-Belonger Naturalized Resident N/A

Proof of Citizenship: Passport Belonger Card Other _____

Sex: Male Female

Relationship Status: Single Married Divorced Separated Widowed

Child (under 18) Other: _____

Race/Ethnicity: White Black Hispanic/Latino Asian Other: _____

Level of Education: (Check the highest education level attained)

Primary Secondary H.S. Grad/GED/Alternative Program College Education

School Dropout

Work Status: Employed Full-time Part-time Unemployed Self-Employed

Student Retired

Job Classification: Legislators/Senior Officials/Managers (*Corporate managers etc.*) Professionals (*journalists, accountants etc.*) Technicians/Associate Professionals Clerk (*Secretaries, Store Clerks*)
 Service Workers & Shop & Market Sales Workers (*Cooks, Childcare Workers etc.*) Skilled Agricultural & Fishery Workers Craft & Related Trades Workers (*Builders, Plumbers*) Plant & Machine Operators & Assemblers (*Machine operators etc.*) Elementary Occupations (*Street vendors, Domestic Helpers*)

Name of Employer(s): _____ **Length of time at job** _____

Address: _____ **Contact #:** _____

ASSISTANCE REQUESTED

Rent Assistance	Burial/Funeral Assistance
Emergency Financial Relief	Emergency Food Relief
Monthly Financial Grant	Monthly Disability Grant
Monthly Food Grant	Utility Assistance
Medical/General Assistance	Medical Equipment/Supplies
Transportation Assistance (Medical)	Child Care Assistance
Housing Repairs	Fire Relief/Fire Victim
Financial Assistance (General)	Other (specify)

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List all other members of the household.
Indicate the relationship of each family member to the head of household.

Household Member Name	Relationship to Head of Household	Sex M/F	D.O.B DD/MM/YYYY	Age	Immigration Status	Race

INCOME INFORMATION

Includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, **Social Security**, other benefits, other income.

List ALL household members and their income(s).

Attach a separate sheet if you need more space.

Household Member Name	Occupation	Source of Income (include employer name and phone number) or if Self-employed	Rate of Pay	Payment Basis (weekly, monthly, etc.)

EXPENSES				
Indicate the MONTHLY dollar expenditures for your family.				
Rent \$ _____	Medical \$ _____	Medication \$ _____	Electricity \$ _____	Car Payment \$ _____
Cable/Satellite/Netflix \$ _____	Internet \$ _____	Gas (Vehicle) \$ _____	Car Insurance \$ _____	Home Insurance \$ _____
Water \$ _____	Childcare/School Fees \$ _____	Mortgage \$ _____	Groceries \$ _____	Loan(s) \$ _____ \$ _____
Gas (Cooking) \$ _____	Dental \$ _____	Credit Card(s) \$ _____	Phone (Landline/Cell) \$ _____	Donation \$ _____
Transportation \$ _____	Life Insurance \$ _____	Grooming \$ _____	Afterschool Activities \$ _____	Tithes \$ _____
Remittances \$ _____	Entertainment \$ _____	Spousal Support \$ _____	Child Maintenance \$ _____	Other \$ _____

Total \$ _____

APPLICANT'S INCOME / ASSEST(S)				
No	Source	Yes	No	Amount
1.	Salary/Wages (weekly/monthly)			\$ _____
2.	Savings Account Name of Bank _____ Bank Acct #: _____			\$ _____
3.	Checking Account Name of Bank _____ Acct #: _____			\$ _____
4.	Certificate of Deposit Name of Bank _____			\$ _____
5.	Stock/Bonds			\$ _____
6.	Trust Funds			\$ _____
7.	Real Estate (Property Owner) Estimate value: \$ _____ Is the Real Estate/Property Rented? Monthly Income			
8.	Vehicle Owner Model and Year: _____			
9.	Social Security Pension Are you receiving social security from the U.S or other jurisdiction? If Yes, indicate amount			\$ _____ \$ _____
10.	Pension (Gov't or other)/Retirement Income Are you receiving Pension/Retirement Income from the U.S or other jurisdiction? If yes, indicate amount			\$ _____ \$ _____
TOTAL ASSETS				\$ _____

Home Description: House _____ Apartment Complex _____

Number of bedroom(s) ___1___ 2 ___3___ 4 ___5___ 6 or more

Name of Landlord: _____ **Cell Phone:** _____

APPLICANT'S CERTIFICATION

I understand the information provided above is collected to determine if I am eligible to receive Public Assistance. I hereby certify that all the information provided herein is true and correct. I understand that providing false information will result in my application being denied. I give approval for the Public Assistance Committee to conduct an investigation of the information I have supplied.

I have read the above certification and it was also read to me: [] Initials of Applicant
[] Initials of Intake Officer

AUTHORIZATION TO EXCHANGE/OBTAIN INFORMATION

I hereby give permission to the Social Development Department to exchange/obtain information for the purpose to conduct a Social Assessment. [] Initials of Applicant [] Initials of Intake Officer

Signature of Application	Date
Authorized Representative	Date

FOR OFFICIAL USE ONLY

Type of Client: New Established **Assigned Social Worker:** _____

Type of Contact: Walk-in Office Visit Referral (list referral source) _____

Total Asset \$ _____ **Total Monthly Expenditure \$** _____

Comments

Public Assistance Committee Decision

Date of P.A.C. Ruling: _____ **Signature:** _____

Chairman

GENERAL REQUIREMENT CHECKLIST

The following official documents must be submitted as part of the application requirements.

- Driver's License (if applicable)
- Social Security Card (if applicable)
- Proof of Citizenship
- Copy of Expenses (submit copies of the following)
- ___ Birth Certificate
- ___ Rent/Mortgage
- ___ Passport
- ___ Utilities (Water, Gas, Electricity, Cable)
- ___ Belonger Card
- NHI Card
- Payslip(s)