



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:

Mailing Address:

City, Postal Code:

Email Address:

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

Nationality: Belonger Non-Belonger Naturalized Other

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: _____

Education Status: (Check the highest education level attained)

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

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

Job Classification: Clerical Domestic Hospitality Professional
 Business Owner

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

Address: _____ **Contact #:** _____

ASSISTANCE REQUESTED	
Rent Assistance	Burial 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 the Head of Household and 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	DOB DD/MM/YYYY	AGE	NATIONALITY	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 incomes.
 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 \$ _____	Other (specify) \$ _____
Transportation \$ _____	Life Insurance \$ _____	Grooming \$ _____	Afterschool Activities \$ _____	Other (specify) \$ _____

Total \$ _____

ASSETS/INCOME				
No	Source	Yes	No	Amount
1.	Cash on hand			\$ _____
2.	Savings Account Name of Bank _____ Bank Acct #: _____			\$ _____
3.	Checking Account Name of Bank _____ Acct #: _____			\$ _____
4.	CD's 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 Are you receiving Social Security from the U.S or other jurisdiction? If Yes, indicate amount			\$ _____ \$ _____
10.	Pension/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 bedrooms ___1___ ___2___ ___3___ ___4___ ___5___ ___6 or more

Name of Landlord: _____ Cell Phone: _____

APPLICANT 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 statements or information will result in my application being denied. I give approval for the Public Assistance Committee to conduct a Social 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 requirement.

- 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