



MINISTRY OF RURAL DEVELOPMENT AND LOCAL GOVERNMENT
NATIONAL LATRINE ERADICATION PROGRAMME
APPLICATION & ASSESSMENT FORM

Part I (a) – Applicant Information			
Birth Certificate Pin:			
Surname:		First Name:	
Maiden Name, if any:		Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/>			
National ID #:		Nationality:	
Date of Birth (dd/mm/yyyy):		Place of Birth:	
Occupation/ Profession:			
Contact	Home:	Mobile:	Work:
Address/ Location			
No. & Street: _____			
Village/ Town: _____			
City: _____		Postcode: _____	
Municipality/ Region: _____			

Part I (b) – Co Applicant Information (If Applicable)			
Surname:		First Name:	
Maiden Name, if any:		Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
National ID #:		Nationality:	
Contact	Home:	Mobile:	Work:

Part II – Household Income Information	
Average Household Monthly Income:	
Less than \$2000 <input type="checkbox"/> \$2001 - \$3000 <input type="checkbox"/> \$3001 - \$4000 <input type="checkbox"/> \$4001 - \$5000 <input type="checkbox"/> More than \$5000 <input type="checkbox"/>	
Source(s) of Income (Please select all those that apply):	
Salary <input type="checkbox"/> Pension <input type="checkbox"/> National Insurance <input type="checkbox"/> Self-Employed <input type="checkbox"/> Social Welfare <input type="checkbox"/>	
Other <input type="checkbox"/> _____	

Part II – Household Income Information

Monthly Income Details:

Public Assistance	\$	Salary	\$
Disability Grant	\$	Earnings	\$
Old Age Pension	\$	Other	\$
NIB Pension	\$		

Part III – Land Tenure Information

Land Type: Private State

Land Tenure: Freehold Leasehold Renting Squatting

Other _____

Do you have any document(s) to support your ownership of the land? Yes No

If yes, please specify and attach copy:

No. of Years occupying this land: <10 11-20 21-30 >30

Do you have any documents to support your occupancy on the land? Yes No

If yes, please specify and attach copy:

Permission Letter from Landowner Rent Receipts (last three (3) years)

License to Occupy Acknowledgement from State Entity (CoC, Tenancy Agreement)

Other _____

Part IV – Household Information

No. of persons living in the household including yourself:

No. of adults (18 & over) living in the household, including yourself:

No. of children (under 18) living in the household:

If applicable, what are the ages of the children living in your household?

0 - 5 years 6 – 11 years 12 – 17 years

Is there any disabled/ special needs member? Yes No

If yes, please specify:

Wheelchair Bound Multiple Sclerosis Visually Impaired

Part IV – Household Information		
Hearing Impaired <input type="checkbox"/>	Muscular Dystrophy <input type="checkbox"/>	Bed-Ridden <input type="checkbox"/>
Other _____		
Current Toilet Facility on Premises: Pit Latrine <input type="checkbox"/> None <input type="checkbox"/>		
If none, do you share toilet facilities with other households? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please specify: _____		
Does the Yard/ House flood? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often per year? _____		
Water supply most used:		
Public piped into dwelling <input type="checkbox"/>	Public piped into yard <input type="checkbox"/>	Public standpipe <input type="checkbox"/>
Private piped into dwelling <input type="checkbox"/>	Truck Borne <input type="checkbox"/>	Spring/ River <input type="checkbox"/>
Other _____		
Lighting most used:		
Electricity (metered T&TEC) <input type="checkbox"/>	Electricity (informal connection to T&TEC) <input type="checkbox"/>	
Electricity (Neighbour) <input type="checkbox"/>	Kerosene, Gas Lamp, Candles <input type="checkbox"/>	
Other _____		

By my/ our signature(s) below, I/ We hereby certify that the information provided as part of this application, and any supporting documentation, are true and correct to the best of my/our knowledge. I/ We give my/ our consent to the sponsoring organization to use the information provided herein for the purpose of assessing my application.

To evaluate my/our application, I/ We understand, and hereby give permission to the representatives of the sponsoring organization to enter my/ our compound upon showing their work ID and identifying themselves. I/ We also understand that the submission of this application does not automatically qualify me for the Programme within a stipulated timeframe as applications are selected on a case by case basis and selection is prioritized.

Applicant's Signature	Co-Applicant's Signature	Date (dd/mm/yyyy)
Interviewer's Name	Interviewer's Signature	Date (dd/mm/yyyy)

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Part V – Site Visit Report	
GPS Co-ordinates: _____	X, _____ Y
Soil Type: Sandy <input type="checkbox"/>	Silt <input type="checkbox"/> Clay <input type="checkbox"/> Loam <input type="checkbox"/> Chalk <input type="checkbox"/> Peat <input type="checkbox"/>
Terrain: Flat <input type="checkbox"/>	Gentle Slopes <input type="checkbox"/> Steep Slopes <input type="checkbox"/>
Access to Property:	
Paved Roadway <input type="checkbox"/>	Dirt Track <input type="checkbox"/> Steps <input type="checkbox"/> Through Neighbour's Yard <input type="checkbox"/>
Other _____	
Is there access to a pipe-borne water supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an electricity connection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there existing sewer lines nearby?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Is there proper drainage in the area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any watercourse near the applicant's residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Housing Structure: Mud/ Dirt <input type="checkbox"/>	Wooden <input type="checkbox"/> Brick/ Concrete <input type="checkbox"/>
Combination <input type="checkbox"/>	Please specify, _____
Current Housing Condition: Dilapidated <input type="checkbox"/>	Under Construction <input type="checkbox"/> Newly Built <input type="checkbox"/>
Additional Notes/ Comments:	

Part VI – Other

Date of Visit (dd/mm/yyyy):

Name of Officer:

Position:

Department:

Was the applicant recommended for the Programme by someone? Yes No

If Yes, by whom?

Priority Given based on Site Visit (High to Low): 1 2 3 4

Name of Officer (BLOCK LETTERS)

Signature of Officer

Official Stamp of Organization:

SUPPORTING DOCUMENTATION TO BE ATTACHED:

- 1.** Copy of Birth Certificate of all Applicants
- 2.** Copy of National Identification Card of all Applicants
- 3.** Copy of Utility Bill in the Applicant's Name
- 4.** Copy of any of the following, where applicable:
 - a.** Deed of Conveyance
 - b.** Certificate of Title
 - c.** Deed of Lease
 - d.** Tenancy Agreement or Rent Receipts (last 3 years)
 - e.** Permission Letter from Landowner and Owner's Land Documents
 - f.** Statutory Lease
 - g.** Certificate of Comfort
- 5.** Statutory Declaration indicating the number of years occupying property.
- 6.** Picture of Existing Pit Latrine on Premises
- 7.** Picture of House (front facing)
- 8.** Any other supporting documents, e.g. Death Certificate