

WARNING: Providing false information to Government is an offence under the False Information Act 2016. If you are found guilty of providing false information to Government, you may be fined up to \$20,000 or sentenced to imprisonment for up to 10 years.

HOUSING ASSISTANCE FOR PERSONS WITH SPECIAL NEEDS

APPLICATION FORM

First Name Other Name

Last Name TIN No.

Email Phone No.

Postal Address

Residential Address

Number of Members in Household

Purpose of Grant Assistance

<input type="checkbox"/>	Improvements to existing house facilities such as lowered kitchen counters and sinks, widened doorways, and wheel-in showers;
<input type="checkbox"/>	Upgrading of Accessibility (e.g. wheel chair ramp, widening house entrance); or
<input type="checkbox"/>	Upgrading of Sanitations (e.g. Bathroom/Toilet)
<input type="checkbox"/>	Other Type of assistance

Please specify

Total Annual Household income

I Confirm that:

- I am a Fijian Citizen
- I am a registered applicant under the Department of Social Welfare
- I have not applied for any other housing assistance programme
- Annual household income is \$30,000 or below
- Has ownership for the house to be retrofitted (in the event of a minor – parent/legal guardian to be the owner of the house)

I Attach

<input type="checkbox"/>	Completed Grant Application Form
<input type="checkbox"/>	Birth Certificate / Citizenship certificate
<input type="checkbox"/>	FRCS/FNPF Identification Card
<input type="checkbox"/>	Quotation from reliable local hardware companies
<input type="checkbox"/>	Support Letter from Department of Social Welfare
<input type="checkbox"/>	Proof of ownership of the house (title/registered lease including the Agreement for lease /Notice to lease/Tenancy at Will/ Roko Tui's confirmation if the house is constructed within Registered Village Boundary). This grant shall exclude those renting others house or properties, vakavanua arrangements and any other informal arrangements.
<input type="checkbox"/>	Statutory Declaration confirming household income with documents to support (pay slip, etc) and Proof of Bank Details (Recent Copy of Bank Statement)
<input type="checkbox"/>	Statutory Declaration - have not been assisted previously through any other housing programme
<input type="checkbox"/>	Proof/source of additional funds, if total project cost exceeds \$5,000.00

Terms and Condition:

I intend to avail the special needs assistance towards the improvement (accessibility) of my residential property.

I understand that a false declaration on this form will invalidate my application and may result in further legal action being taken against me.

Name of Applicant:

Signature of Applicant:

Current Residential Address:

Postal Address:

Telephone/Mobile Contact:

Email Address:

The Application Form can be downloaded from the Ministry website at www.housing.gov.fj OR collected from any of the following office:

1. Ministry of Housing & Community Development Head Office at 33 Gorrie Street, Suva;
2. Ministry of Housing & Community Development Lautoka Branch at 14 Tavewa Avenue, Lautoka (Housing Authority Building); or
3. Legal Aid Offices located Fiji wide

Applicants may submit their applications with the supporting documents as listed above to Ms Shania Hussain on phone: 3309918, 9986711 or email shania.hussain@govnet.gov.fj OR Mr Joseph Williams on phone 9906680 or email joseph.williams@govnet.gov.fj

Applications can also be hand delivered to the **Ministry of Housing & Community Development @ 33 Korobasaga House, Gorrie Street, Suva.**