



**Life and Residential Declaration Form**

**Section A: General Client Information**

**1. Last Name:**..... **First Name:** ..... **Middle Name:**.....

**2. Date of Birth:** ..... **Age:**..... **Birth Certificate Pin Number:** .....  
*(Submit copy of Birth Certificate with Pin Number)*

**3. (a). (i) Permanent Address:**  
 House Number: .....  
 Street: .....  
 Community/ Village: .....  
e.g. Arima, Chaguanas  
 Region / Borough: .....  
e.g. City of San Fernando  
 Postal Code: .....  
 Country: .....  
**(ii) How long have you resided at this address:** *if less than 3 years please complete 3 (b)*  
 .....

**3. (b). Previous Address** *(if 3 (a) (II) was less than 3 years):*  
 House Number: .....  
 Street: .....  
 Community/ Village: .....  
e.g. Arima, Chaguanas  
 Region / Borough: .....  
e.g. City of San Fernando  
 Postal Code: .....  
 Country:.....

**3. (c). Current Address** *(if different from 3(a)):*  
 House Number: .....  
 Street: .....  
 Community/ Village: .....  
e.g. Arima, Chaguanas  
 Region / Borough: .....  
e.g. City of San Fernando  
 Postal Code: .....  
 Country:.....

**4. National Identification Card Number** *(Submit copy of both sides of ID Card):*

**5. (a) Client Contact Number (s):**  
 1. ....  
 2. ....

**5. (b) Client Email Address:**  
 .....  
 .....

**6 (a) Nominee Information :** *(Please tick the appropriate box):*  
 a. I have a Nominee   
*(Please complete 6 (b))*  
 b. I do not have a Nominee

**6. (b) Nominee's Information:** *(Submit copy of both sides of ID Card):*  
 Last Name: .....  
 First Name: .....  
 Relationship: .....  
 Contact Number: .....  
 ID Card Number: .....  
 Email Address:.....

**7. (a) Country of Birth:** .....  
**(b) Nationality:** .....  
**(c) Are you a resident or hold citizenship of another country?** Yes  No   
 If 'Yes' please specify:.....

**8. Applicable Grant(s):** *Please tick the appropriate box where necessary:*  
 a. Senior Citizens Pension  d. Public Assistance Grant   
 b. Disability Assistance Grant  e. Other Grant   
 c. Food Support Grant  *(Please Specify):*  
 .....

**Section B: Passport Information**

1. (a) I am the holder of a valid Passport: Yes  No

**(b) Trinidad and Tobago Passport Information:**

*(Submit copy of Bio-Data page).*

- I. Country of Issue: .....
- II. Passport Number: .....
- III. Date of Issue: .....
- IV. Date of Expiration: .....

**(c) Other Passport Information:**

*(Submit copy of Bio-Data page).*

- I. Country of Issue: .....
- II. Passport Number: .....
- III. Date of Issue: .....
- IV. Date of Expiration: .....

**(d) Travel Information for last Overseas Trip :**

- I. Date of departure from Trinidad & Tobago:.....
- II. Country visited: .....
- III. Purpose of visit : .....
- IV. Date Returned to Trinidad & Tobago: .....

**(e) Travel Information for 2<sup>nd</sup> to last Overseas Trip:**

- I. Date of departure from Trinidad & Tobago:.....
- II. Country visited: .....
- III. Purpose of visit : .....
- IV. Date Returned to Trinidad & Tobago: .....

**Section C: Declaration**

I,..... do solemnly and sincerely declare that I am currently residing in Trinidad and Tobago and have been residing in the country since.....

I meet all the eligibility criteria for the Grant(s).

I make this declaration conscientiously believing that same to be true and according to the Statutory Declarations Act, and I am aware that if there is any statement in this declaration which is false and which I do not believe to be true, I am liable to fine and imprisonment.

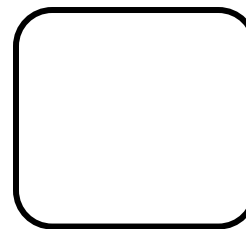
I understand that any false information supplied in the completion of this application may also result in the discontinuance of my grant(s) and the Ministry of Social Development and Family Services reserves the right to recover grant(s) previously received.

I hereby grant permission to the Ministry of Social Development and Family Services to access /obtain my travel information from the Immigration Division of the Ministry of National Security. I hereby also authorise the Ministry to contact any relevant Organisation for the purpose of verifying the information presented in this declaration form.

I also undertake to inform the Ministry of Social Development and Family Services of any changes to the above information within two weeks of the change.

Signature of Client:.....

Thumb Print:



and

Date:.....

**FOR OFFICIAL USE ONLY**

**Section A**

Name of Officer: .....

*(IN BLOCK LETTERS As witness to client signing the Form/ Declaration )*

Post:.....

Officer Signature:.....

Date Received: .....

**Section B**

Name of Supervisor: .....

*(IN BLOCK LETTERS -in respect of verification of Authorised officer above )*

Official Stamp:

Local Board:.....

Supervisor Signature:.....

Date : .....