



GOVERNMENT OF TRINIDAD AND TOBAGO  
MINISTRY OF PUBLIC UTILITIES



UTILITIES ASSISTANCE  
PROGRAMME

Application no.

Constituency: \_\_\_\_\_

**A – Applicant**

First Name: ..... Surname: .....

Address: .....

Home Telephone #: ..... Cell # .....

I.D. #: ..... Sex: Male  Female

Mailing Address (If different from above): .....

Next of Kin: ..... Relationship: .....

Address: .....

Telephone #:.....

**B - Subsidy Requested**

Type of bill assistance requested: WASA  T&TEC



**WASA**

Account # .....

Class:  A<sub>2</sub>  A<sub>3</sub>  A<sub>4</sub>

**Yes No**

Are you the owner of the above property?

Do you own any other property?

If yes, give details: .....



**T&TEC**

Account #: .....

Details of last bill:

Electricity Consumption: .....

Billing Period: .....

**C – Category of Beneficiary**

Criteria for assistance (please tick box that applies)

At present, I am

- A recipient of the Senior Citizen Grant, Disability or Public Assistance Grant or TT Food Card (please complete section D)
- A pensioner, not in receipt of Senior Citizens Pension (please complete sections E and F)
- A person with Disability, not in receipt of Disability Grant (please complete sections E and G)

**D – Recipients of Social Assistance**

Tick the box that indicates the type of pension, grant or social assistance that you receive

- Senior Citizen’s Pension
- Disability Grant
- Public Assistance Grant
- TT Food Card

**E – Details of Income/Pension**

State details of Income/Pension below:

Source/Organization	Amount (monthly)
<b>TOTAL:</b>	<b>\$</b>

**F – Other Pensioners**

Please tick the box that applies and submit the relevant documentation

Documentation of income

- NIB Slip
- Employment pension statement/Slip
- Other, state.....

**G – Other Persons with Disability**

Please tick the box that applies and submit the relevant documentation

Certification of disability:

Employment status:  Employed  Unemployed

If employed, state occupation.....

Documentation of income:

- Payment slip (s)
- Letter of employment
- Other, state.....

I hereby declare that the information is true and complete, to the best of my knowledge.

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...../...../.....

**Applicant's Signature**

**Date (dd/mm/year)**

**FOR OFFICIAL USE ONLY**

Copies of document(s) to be submitted

**All Applicants**

- ID Card
- Utility Bill(s)
- Proof of ownership/right to occupy

**Social Assistance Recipients**

- Social Assistance slip/letter

**Other Pensioners**

- Proof of Pension

**Other Persons with Disability**

- Certification of Disability
- Proof of Income, if employed

Date received by MPU.....

Date processed.....

Date sent to: WASA.....

T&TEC.....

Date verified by: WASA .....

T&TEC.....

WASA Application:  Approved, date.....

Not Approved, date.....

T&TEC Application:  Approved, date.....

Not Approved, date.....

Remarks: .....

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