



Government of Trinidad and Tobago  
Ministry of Public Utilities  
**WATER TANK ASSISTANCE**



**SECTION 1: APPLICANT INFORMATION**

CONSTITUENCY: .....

FIRST NAME: ..... SURNAME: .....

ADDRESS: .....

I.D. # ..... Tel. no. .... Mobile no. ....

MAILING ADDRESS: .....  
(If different from above)

POSITION: .....  
(if applying on behalf of an organisation)

**SECTION 2: SOCIAL/HOUSEHOLD DATA**

(To be completed by persons applying on behalf of a household)

Age of applicant: ..... Sex:  Male  Female

Is any member of the household receiving Senior Citizen Pension or grant(s) from the Government  
YES  NO  State .....

**Details of all members in household (inclusive of applicant)**

Name	Age	Relationship to applicant	Occupation	Monthly income (\$)
Total Household Income				\$

**SECTION 3: COMMUNITY FACILITY DATA**

(To be completed by persons applying on behalf of an organisation)

Name of community facility: .....

Name of applying organisation: .....

Head of Organisation/Manager of Facility: ..... Tel no. ....

Address of community facility: .....

Are you registered and/or receive assistance from any Ministry? YES  NO

If yes, please state.....

**Please tick the key Classification that applies:**

Community based organisation  Village/Community council

Non-governmental organisation  Other, specify: .....

Faith based organisation

**Community impact:** No. of persons who use facility: .....

Please provide the following documents for verification:

- 1.  Minutes of last meeting:                      3.  Annual Report
- 2.  AGM report:

**SECTION 4: DETAILS OF WATER SUPPLY**

(To be completed by all applicants)

No pipe borne water supply:

Truck borne water supply:  times per week .....

Other, source of supply:  state:.....

Current method of water storage: Barrels/Drums  Tank  Other, state .....

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

Applicant's signature: ..... Date: ...../...../ 20.....

## FOR OFFICIAL USE ONLY

Date of site visit: ..... (attach site visit report)

Other verification of site: Ministry of Health  Other  state, .....

Request recommended: YES  NO

Reason: .....

.....

Additional Comments: .....

.....

.....

TAC Approval: .....

Date approved: .....

MPU Officer: .....

Date: .....

## INSTRUCTIONS

### *You will need:*

1. Completed application form
2. Copy of Identification Card
3. Household applicants: Proof of income (upon request)
  - Job letter
  - Bank Statement
  - Social assistance slip/letter
4. Community facility applicants: Proof of community work and activities
  - AGM report
  - Minutes of last meeting
  - Annual Report (*applicable to managers of facilities*)

### **PLEASE NOTE:**

*MPU reserves the right to request additional information to facilitate this process.*