



Government of the Republic of Trinidad and Tobago
Ministry of Public Utilities
One Alexandra Place, #1 Alexandra Street,
St. Clair, Trinidad W.I. • Tel: (868) 628-9500
• Fax: (868) 628-0105 • website: www.mpu.gov.tt



WATER TANK ASSISTANCE

SECTION 1: APPLICANT INFORMATION

CONSTITUENCY:

FIRST NAME: SURNAME:

ADDRESS:
.....

MAILING ADDRESS:
(If different from above)

Electronic Birth Certificate Pin No. : I.D. no:

Tel. no. Mobile no. Work no. ext.

Age of applicant: Sex: ☐ Male ☐ Female

Next of Kin: Relationship: Tel. no.

SECTION 2: SOCIAL/HOUSEHOLD DATA

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

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:

Position of Applicant within the Organisation: ☐ Member ☐ Executive State position:

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

2. ☐ AGM report

3. ☐ Annual Report

SECTION 4: DETAILS OF WATER SUPPLY

(To be completed by all applicants)

WASA Connection ☐ times per week
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 outlined above is true and complete, to the best of my knowledge.

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

FOR OFFICAL 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 Identifi cation Card
- 3. Household applicants: Proof of income
 - Job letter
 - 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.