



Government of the Republic of Trinidad and Tobago

Ministry of Public Utilities

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website: [www.mpu.gov.tt](http://www.mpu.gov.tt)



UTILITIES ASSISTANCE PROGRAMME

Application no.

Constituency:

A – Applicant

First Name: ..... Surname: .....  
Address: .....  
.....  
Mailing Address (If different from above): .....  
.....  
Electronic Birth Certificate Pin #: ..... I.D. #: ..... Sex: ☐ M ☐ F  
Home Telephone #: ..... Mobile #: ..... Work #: ..... ext. ....  
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: ..... To

Billing Period: From ..... To .....

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 a 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

- |   |   |
|---|---|
| <input type="checkbox"/> Senior Citizen's Pension | <input type="checkbox"/> Disability Grant |
| <input type="checkbox"/> Public Assistance Grant  | <input type="checkbox"/> TT Food Card     |

E – Details of Income/Pension

State details of Income/Pension below:

Source/Organization	Amount (monthly)
TOTAL:	\$

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.

.....

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

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

Type: \_\_\_\_\_

Other Pensioners

☐ Proof of Pension

Type: \_\_\_\_\_

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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