



## Department of Social Services

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ArSoZa Registration #: \_\_\_\_\_ Maz #: \_\_\_\_\_

Crib #: \_\_\_\_\_

## **Financial Assistance Application Form** (Please fill the **entire** form)

### **Information of applicant:**

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Place of birth: \_\_\_\_\_  
Day Month Year

Sex: ( ) Male ( ) Female Nationality: \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Widow(er)  
( ) Divorced ( ) Living together ( ) Separated

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ or \_\_\_\_\_

Work: \_\_\_\_\_ Family member: \_\_\_\_\_

ID card#: \_\_\_\_\_ Valid until \_\_\_\_\_

Residence Permit#: \_\_\_\_\_ Valid until \_\_\_\_\_

Date of registration at the Census-Office: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

Former Country of residence: \_\_\_\_\_

**Information of spouse/partner:**

Last Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_  
Day Month Year

Date of marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of marriage: \_\_\_\_\_  
Day Month Year

Sex: ( ) Male ( ) Female Nationality: \_\_\_\_\_

ID card#: \_\_\_\_\_ Valid until \_\_\_\_\_

Residence Permit#: \_\_\_\_\_ Valid until \_\_\_\_\_

Date of registration at the Census-Office: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Is partner unemployed at the moment?

( ) Yes - Since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

( ) No – Working for (name of company): \_\_\_\_\_

Phone#: \_\_\_\_\_ Since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Information on Children:**

Do you have minor children living with you or of whom you are the legal guardian?

( ) No ( ) Yes - (answer the following questions)

	Name	Place of birth & ID Number	School attending	Nationality
1				
2				
3				
4				



**Information on housing:**

**Are you the owner of the house you now live in?**

Yes - (answer the following questions)

**What is the estimated value of your home?** \_\_\_\_\_

**Are you paying mortgage?**  Yes – \_\_\_\_\_ per month.  No

No, I'm living with family members - (answer the following questions)

What is the relationship? \_\_\_\_\_

What contribution do the others make toward the house expenditures? \_\_\_\_\_

No, I'm paying house/land rent - (answer the following questions)

Land Lord name: \_\_\_\_\_

Land Lord ID number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of your landlord: \_\_\_\_\_

\_\_\_\_\_

**Information on assets:**

Do you have house(s) or apartment(s) on rent?

No  Yes - (answer the following questions)

**I have \_\_\_\_\_ house(s) or \_\_\_\_\_ apartment(s) or \_\_\_\_\_ room(s) for rent?**

**What amount derived from rent?** \$.\_\_\_\_\_ Nafl.\_\_\_\_\_

**Do you have any savings?**  No  Yes – (answer the following questions)

**Which bank?** \_\_\_\_\_ **Current balance:** \_\_\_\_\_

**Which bank?** \_\_\_\_\_ **Current balance:** \_\_\_\_\_

**Do you own a car?**  No  Yes – (answer the following questions)

**What model?** \_\_\_\_\_ **Which Year?** \_\_\_\_\_

**Value?** \_\_\_\_\_ **Insurance company?** \_\_\_\_\_

**Information on education:**

**Schools attended:** Please detail schools attended beginning with the most recent:

	Name of School	Diploma/Degree	Start date	End date
1				
2				
3				
4				
5				

**Languages** (indicate G= good, L= little, N= no)

	Languages	Speak	Understand	Read	Write
1					
2					
3					
4					
5					

**Information on medical status:**

**What is the name of your family doctor?** \_\_\_\_\_

**Do you have any medical problems?** ( ) No ( ) Yes - (answer the following questions)

**State problems:** \_\_\_\_\_

**Do you use medication?** ( ) No ( ) Yes - (answer the following questions)

**What kind?** \_\_\_\_\_

**I'm a patient/member of the following institution(s):** Choose all that apply to you.

- ( ) None
- ( ) Mental Health Foundation
- ( ) Turning Point
- ( ) Key of Liberty
- ( ) Safehaven
- ( ) Sister Basilia (Live in patient)
- ( ) Sister Basilia (day care participant)
- ( ) Brasa mi
- ( ) Capriles Clinic
- ( ) Prison

**Information on income:**

What source of income do you or spouse/partner have? (Please specify currency)

State amount and currency per month:

	<b>Applicant:</b>	<b>Spouse:</b>
<input type="checkbox"/> None	_____	_____
<input type="checkbox"/> Pension	_____	_____
<input type="checkbox"/> Financial aid	_____	_____
<input type="checkbox"/> Child support	_____	_____
<input type="checkbox"/> Income from property on rent	_____	_____
<input type="checkbox"/> Salary (your gross income)	_____	_____
<input type="checkbox"/> Odd jobs	_____	_____
<input type="checkbox"/> Income from other source:		
_____	_____	_____
_____	_____	_____
<b>Total:</b>	_____	_____

**Information on expenditures:**

What are your expenditures?

State amount and currency per month:

<input type="checkbox"/> House/Land rent	_____
<input type="checkbox"/> Food	_____
<input type="checkbox"/> Utilities (GEBE)	_____
<input type="checkbox"/> Cooking gas	_____
<input type="checkbox"/> House phone	_____
<input type="checkbox"/> Cable	_____
<input type="checkbox"/> Internet	_____
<input type="checkbox"/> Mortgage	_____
<input type="checkbox"/> Insurances: (please mention what kind)	
_____	_____
_____	_____
<input type="checkbox"/> Loans: (please mention which type)	
_____	_____
_____	_____
<b>Total:</b>	_____

**Please take note of the following:**

The undersigned declares, that the above mentioned questions have been truthfully answered.  
(The willful furnishing of incorrect information is punishable by law and can result in annulment of application and retrieving of money received with interest)

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

**If applicant is unable to sign:** (State the reason the applicant is unable to sign)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of representative**

\_\_\_\_\_  
**Date**

**What is your relationship to the applicant:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Caseworker**

\_\_\_\_\_  
**Date**