



**Government of St. Kitts and Nevis  
Poverty Alleviation Program  
Application Form**



1. Name of Applicant: \_\_\_\_\_ 2. Social Security #: \_\_\_\_\_  
First Name Last Name

3. Age: \_\_\_\_\_ 4. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. Gender:  Male  Female  
Day / Month / Year

6.  National  Non-National 7. ID: \_\_\_\_\_  
 If non-national: Country of birth \_\_\_\_\_ Length of Residency \_\_\_\_\_

8. Home Address: \_\_\_\_\_

9. Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

10. Number of Persons in the household: \_\_\_\_\_ 11. Number of persons working: \_\_\_\_\_

12.

Occupation	Name of Employer	Address of Employer	Wage/Salary (\$)	Frequency of payments	Period of employment
				<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
				<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	

13. Other source(s) of income: \_\_\_\_\_  
(alimony, child support, rental income, government assistance etc)

**Working Adult #2 in the household**

14. Name of Working Adult #2: \_\_\_\_\_ 15. Social Security #: \_\_\_\_\_  
First Name Last Name

16. Age: \_\_\_\_\_ 17. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 18. Gender:  Male  Female  
Day / Month / Year

19.  National  Non-National 20. ID: \_\_\_\_\_  
 If non-national: Country of birth \_\_\_\_\_ Length of Residency \_\_\_\_\_

21. Telephone Number: (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

22.

Occupation	Name of Employer	Address of Employer	Wage/Salary (\$)	Frequency of payments	Period of employment
				<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
				<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	

23. Other source(s) of income: \_\_\_\_\_  
(alimony, child support, rental income, government assistance etc)

24. Total Gross Monthly Household Income: \_\_\_\_\_

**I hereby declare that all information given above is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_  
Day / Month / Year

**Documents required and supplied:**

**Applicant**

Letter of Lay - off or Redundancy

Official ID

Evidence of wage/salary (Most Recent PaySlip)

Proof of Address

If non-national, evidence of residency status **Working Adult**

**Please enter your Bank details for payment of your benefit:**

**Name on Account**

**Account No.**

**Name of Financial Institution**

**Select type of Account - Saving**

**Chequing**

**Adult #2**

Evidence of wage/salary

Official ID

If non-national, evidence of residency status **Working Adult**

**Name on Account**

**Account No.**

**Name of Financial Institution**

**Select type of Account - Saving**

**Chequing**

**Comments if any:**

**Contact Information**

**Telephone: 467-1257**

**Cell: 662-3597**

**Email: [Statistics@gov.kn](mailto:Statistics@gov.kn)**