

Housing Management Section

Application For Temporary Housing

Electoral District:.....
 File Ref:.....
 Permanent Postal Address:
 Telephone/ e-mail.....

Applicants Details:

Name of 1st Applicant:.....

D.O.B:

CONTACT:

N.I.N: - - - - -
 - - - - -
 - - - - -
 - - - - -

Do You Own Any Property? YES

NO

Parcel No:

Name of 2nd Applicant:.....

Relation:

D.O.B:

CONTACT:

N.I.N: - - - - -
 - - - - -
 - - - - -
 - - - - -

Dependents:

NAME	NIN / D.O.B	RELATION TO APPLICANT (Partner/son/mother/nephew/ect)	SALARY or OTHERS(Welfare/Disability Benefit/Alimony)	CONTACT NUMBER

Reason For The Request :

Fire Victim

Natural Disaster

Others

Present living situation :

Where are Applicant's currently Staying:.....

Address :.....

Amount Payable: SRC.....

Damaged Property:

Rental/House Purchase if any:

Private

PMC

Monthly Payment: SCR.....

Privately owned
Without liability

HFC

Housing Loan

Housing Loan with
Commercial Bank

Insurance Claims/Compensation Lodged: YES

NO

Financial Commitments:

Loan (Barclays Bank /Credit Union/DBS or clients Work place)

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Amount Taken SCR.....

Purpose of the Loan:

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Monthly Repayment: SCR.....

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