



NV GEBE & Social Services Pilot Program Relief Initiative Application Form for New Persons



Please complete the entire form and bring along ALL the following documents when applying.

REQUIRED SUPPORTING DOCUMENTS

Please attach copies of the following documents (REQUIRED):

- Valid Government-issued Photo ID (Passport or National ID Card)
- Immigration / residence permit (if applicable)
- Detailed registration form
- Proof of Address (recent utility bill, lease agreement, or official mail)
- Recent NV GEBE Utility Bill(s) - Last 3 months
- Proof of Income:
 - If employed: Recent pay slips (last 3 months) OR employment letter
 - If self-employed: Business registration and recent financial records
 - If unemployed: Termination letter OR proof of job loss
 - If receiving benefits: Award letter or benefit statement
- Proof of Other Household Income (if applicable)
- Medical documentation (if claiming medical hardship)
- Any other supporting documentation relevant to your application:

Note: Applications without required documentation will not be processed.

Division Labor Affairs & Social Services

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

Program Purpose: This pilot program provides monthly utility bill relief to vulnerable members of the Sint Maarten community through a voucher system.

Maximum Relief: Up to XCG 250.00 per month (subject to approval and availability)

Program Duration: One (1) year pilot program

Eligibility Requirements:

- You must be a private individual (not a business or legal entity)
- You must have an active NV GEBE utility account in your name
- You must demonstrate vulnerability/financial hardship
- You must provide all required supporting documentation

Important Notes:

- Submitting this application does NOT guarantee approval
 - All information provided will be kept confidential
 - False information may result in disqualification and legal consequences
 - Social Services has sole authority to determine eligibility
 - You will be reassessed every two (2) months to confirm continued eligibility
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CONTACT INFORMATION

For questions or assistance with this application:

Division of Labor Affairs and Social Services
Ministry of Public Health, Social Development & Labor

Address: Soualiga Road #1, Pond Island

Email: reliefprogram@sintmaartengov.org

Office Hours: Monday - Friday, 8:30 AM – 3:30 PM

Do not contact NV GEBE regarding application status. All inquiries must be directed to Social Services.

SECTION A: PERSONAL INFORMATION

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1. Full Legal Name:

Last Name: _____

Given Names: _____

2. Date of Birth: _____ / _____ / _____ (DD/MM/YYYY)

3. Place of Birth: _____

4. Gender: Male Female

5. Marital Status:

Single Married Divorced Widowed Common Law Partnership

6. National Identification (ID) Number: _____

7. Passport Number (if applicable): _____

SECTION B: CONTACT INFORMATION

8. Current Residential Address (where utilities are provided):

Street Address: _____

Building/House Number: _____

District: _____

9. Contact Numbers:

Primary Phone: _____

Secondary Phone: _____

Email Address: _____

10. Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

SECTION C: NV GEBE UTILITY ACCOUNT INFORMATION

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11. Is your NV GEBE utility account in your name?

Yes No

If "No," you are not eligible for this program. The utility bill must be in your name.

12. NV GEBE Contract Account Number: _____

13. NV GEBE Meter Number(s):

Water Meter: _____

Electrical Meter: _____

14. Average Monthly Utility Bill Amount: XCG _____

15. Current Utility Account Status:

- Account is current/paid up
- Account is in arrears
- Utilities have been disconnected

If in arrears, amount owed: XCG _____

Date of last payment: _____ / _____ / _____

SECTION D: HOUSEHOLD COMPOSITION

16. Total number of people living in your household: _____

17. List all household members:

Name	Relationship to You	Age	Employed? (Y/N)
1.			
2.			
3.			
4.			
5.			

Attach additional sheet if needed

18. Number of dependent children under 18: _____

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19. Number of elderly (65+) or disabled household members: _____

SECTION E: EMPLOYMENT AND INCOME INFORMATION

20. Current Employment Status:

- Employed - Full Time
- Employed - Part Time
- Self-Employed
- Unemployed
- Retired
- Disabled/Unable to Work
- Student
- Homemaker

21. If employed or self-employed:

Employer/Business Name: _____

Job Title/Type of Work: _____

Length of Employment: _____ years _____ months

Average Monthly Income: XCG _____

22. If unemployed:

Date Employment Ended: _____ / _____ / _____

Reason for Unemployment:

- Laid off/Terminated
- Business Closed
- Contract Ended
- Health Reasons
- Other: _____

Are you actively seeking employment? Yes No

23. Other Sources of Household Income:

Income Source	Monthly Amount (XCG)
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Spouse/Partner Employment	_____
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23. Other Sources of Household Income:

Monthly Amount (XCG)

Income Source

Social Assistance/Welfare

Pension/Retirement

SECTION F: VULNERABILITY ASSESSMENT

24. Please indicate which of the following apply to your situation:

- Recently lost employment (within last 6 months)
- Significant medical expenses for self or family member
- Single parent household
- Elderly (65+) living alone or with dependents
- Living with disability (self or household member)
- Caring for disabled/elderly family member
- Household income below minimum living standard
- Facing eviction or foreclosure
- Recent death of household income earner
- Domestic violence survivor
- Recently released from incarceration
- Other vulnerability: _____

25. Are you currently receiving any other forms of government assistance?

- Yes No

If yes, please specify:

- Financial Aid from Social Services
- Medical Assistance
- Other: _____

SECTION G: AUTHORIZATION AND DECLARATION

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⚠ FINAL TRUTHFULNESS CERTIFICATION ⚠

BEFORE SIGNING, READ THIS CERTIFICATION CAREFULLY:

I hereby solemnly declare and certify under penalty of law that:

1. Truthfulness of Information:

- ALL information I have provided in this application is TRUE, ACCURATE, and COMPLETE to the best of my knowledge and belief
- I have NOT knowingly omitted, concealed, or misrepresented any material facts
- I have NOT provided any false or misleading information
- I understand that this declaration has the same legal effect as a sworn statement

2. Understanding of Consequences:

- I fully understand that providing false information is a criminal offense under the laws of Sint Maarten
- I understand that false information will result in immediate disqualification, termination of benefits, criminal prosecution, and/or civil legal action

3. I understand that providing false or misleading information may result in:

- Immediate disqualification from the program
- Termination of any benefits received
- Potential legal consequences

4. I authorize Social Services to:

- Verify all information provided in this application
- Contact NV GEBE to verify my utility account information
- Conduct home visits if deemed necessary

5. I authorize NV GEBE to:

- Share my utility account information with Social Services
- Verify my identity when I redeem vouchers

6. I understand that:

- Approval is not guaranteed and is subject to Social Services' assessment
- Social Services has sole authority to determine eligibility
- If approved, I will be reassessed every two (2) months
- I must notify Social Services immediately if my circumstances change
- The program is a one-year pilot and may not continue beyond that

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- Vouchers are non-transferable and cannot be exchanged for cash
- Vouchers are valid for 3 months from date of issue
- I must pay any remaining balance on my utility bill after voucher deduction

7. I agree to:

- Comply with all program terms and conditions
- Attend any required meetings or interviews
- Provide updated information when requested
- Use vouchers only for their intended purpose
- Report any changes in my circumstances within seven (7) days
- Cooperate fully with any verification processes or investigations

8. I understand my rights:

- My personal information will be kept confidential
- I can withdraw from the program at any time

I CERTIFY UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.

APPLICANT SIGNATURE

Applicant Name (Print): _____

Applicant Signature: _____

Date: ____ / ____ / ____

FOR OFFICE USE ONLY

Application Received:

Date Received: ____ / ____ / ____

Received By: _____

Application Number: _____

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Initial Document Check:

- All required documents attached
 - Application complete
 - Documents incomplete - List missing items:
-

Assessment:

Assigned to Case Worker: _____

Date Assigned: ____ / ____ / ____

Interview Date: ____ / ____ / ____

Home Visit Required: Yes No

Home Visit Date: ____ / ____ / ____

Decision:

APPROVED - Effective Date: ____ / ____ / ____

DENIED - Reason: _____

PENDING - Additional Information Required:

Monthly Voucher Allocation: _____ vouchers (XCG _____)

Approved By: _____

Title: _____

Signature: _____

Date: ____ / ____ / ____

Applicant Notified: Yes

Notification Date: ____ / ____ / ____

Method: Mail Phone In Person Email

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