



# 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.

**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](mailto: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.**

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**SECTION A: PERSONAL INFORMATION**

**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):** \_\_\_\_\_

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**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: \_\_\_\_\_

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**SECTION C: NV GEBE UTILITY ACCOUNT INFORMATION**

**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*

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18. Number of dependent children under 18: \_\_\_\_\_

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

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**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

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**23. Other Sources of Household Income:**

<b>Income Source</b>	<b>Monthly Amount (XCG)</b>
Spouse/Partner Employment	_____
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****⚠ 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

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- The program is a one-year pilot and may not continue beyond that
- 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.**

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**APPLICANT SIGNATURE**

**Applicant Name (Print):** \_\_\_\_\_

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

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**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:
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**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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