



# Division Labor Affairs & Social Services

Soualiga Road #1, Pond Island, Philipsburg  
Phone: 542 0640 or 542 0349 Ext.: 2119/2120  
Email: [infosod@sintmaartengov.org](mailto:infosod@sintmaartengov.org)

## **Social Assistance Required Documents**

Please bring along **ALL** the following documents when applying

**Please complete the entire form**

**Social Services Unit reserves the right to randomly verify any documentation or information provided**

### **Personal Information:**

- (▶) ID card of everyone part of the family requesting aid
- (▶) Passport of everyone part of the family requesting aid
- (▶) Immigration paper(s) of everyone part of the family requesting aid (if applicable)
- (▶) Registration paper or a family registration paper with correct address – **CENSUS OFFICE**
- (▶) Copy of SZV or private medical card
- (▶) Not Insured **letter** from SZV
- (▶) Letter from institutions (Sister Basilia, Mental Health, Safehaven, Turning Point, Prison, etc.)
- (▶) Proof of legal guardianship of children (if applicable)
- (▶) Marriage book – Marriage certificate (if applicable)
- (▶) Divorce decree (if applicable)
- (▶) School letter(s) for children (Daycare, Elementary School, High School) (if applicable)
- (▶) Typed letter of living arrangements – if living with someone/family members + **I.D** (if applicable)
- (▶) Pay slip(s) of person living with – if living with someone/family members (if applicable)

### **Assets:**

- (▶) Bank statements/book with specified amount on current balance (**Update your Bank Book**)
- (▶) Copy of car insurance (if applicable)
- (▶) Copy of house deed or a recent value estimate (if applicable)
- (▶) Copy of insurances (House, Funeral, Life, etc) (if applicable)

### **Unemployment:**

- (▶) Proof of unemployment registration from **Labor Affairs** – (NEXT RECEPTIONIST)  
ONLY applicable for **FIRST TIME REQUESTS**
- (▶) Dismissal letter
- (▶) Doctor's Letter stating the medical condition and duration of no employment –  
**(MEDICAL REPORT and/or MHF REPORT)**
- (▶) Complaints Department Report (when applicable)
- (▶) Copy of work contract (if applicable)

### **Income:**

- (▶) All pension letter(s) (SZV, APS, Government, SHELL, LAGO, Holland, America, etc.)  
**MONTHLY AMOUNT - SZV OFFICE**
- (▶) Proof of orphan or widow pension (if applicable)
- (▶) Income Tax declaration **LETTER – (2021)- TAX DEPARTMENT** at Vineyard building
- (▶) Last two monthly or last 4 bi-weekly pay slips of applicant and spouse/partner (if applicable)
- (▶) Proof of Child alimony, orphan pension (if applicable)
- (▶) Proof of income (salary slips, pension letter) of **everyone** living in the house (if applicable)
- (▶) Last three rent income receipts for **each** apartment/room/house (if applicable)

### **Expenditures:**

- (▶) Last GEBE bill (water & light)
- (▶) Two last house/land rent receipts (if applicable)
- (▶) Copy of rent lease with a copy of landlord ID card (if applicable)
- (▶) Cable bill (if applicable)
- (▶) Home phone bill (if applicable)
- (▶) Internet bill (if applicable)
- (▶) Loans agreement - Any kind of loans (if applicable)
- (▶) Copy of any outstanding bill (if applicable)

### **Legal assistance:**

- (▶) Name of lawyer and/or Law Firm





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## **Social Assistance Application Form** (Please complete the entire form)

**Type of assistance:** (applicant need to approve requested assistance)

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

( ) Financial \_\_\_\_\_ Maz#: \_\_\_\_\_

( ) Medical \_\_\_\_\_ Maz#: \_\_\_\_\_

( ) Legal \_\_\_\_\_ Maz#: \_\_\_\_\_

### **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 \_\_\_\_\_

### **Information of spouse/live-in partner:** (Bring all documents to proof)

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

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

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

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

**Is partner unemployed at the moment?**

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

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

**Since:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Information on Children:** (Submit report card or school letter, ID card, passport, etc.)

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 employment:** (Employment contract, dismissal letter, etc.)

**Are you unemployed at the moment?** (Only those ages 18-59)

( ) Yes - (answer the following questions) **Since:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**State reason for unemployment:** \_\_\_\_\_

**When did you last apply for a job:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Which type of position are you interested in:**

1<sup>st</sup> preference: \_\_\_\_\_ 2<sup>nd</sup> preference: \_\_\_\_\_

**Do you have a driver's license?** ( ) Yes - Type: \_\_\_\_\_ ( ) No

**Are you available to work:** (choose all that apply to you)

- ( ) fulltime ( ) part-time  
( ) in the evenings ( ) on weekends  
( ) shift ( ) available to travel

( ) No - (answer the following questions)

**I'm working for** (name of company): \_\_\_\_\_

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

**I'm doing odd jobs:**

Which type? \_\_\_\_\_ How often? \_\_\_\_\_

**Please detail your activities and responsibilities of your most recent job:**

	Company	Position	Contact person	End date
1				
2				
3				
4				
5				

**( ) No, I'm retired.** Since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**I'm doing odd jobs:**

Which type? \_\_\_\_\_ How often? \_\_\_\_\_

**How many people are living in the house?** \_\_\_\_\_

**How many are working?** \_\_\_\_\_

**Who is the main bread winner?** \_\_\_\_\_

**Information on housing:** (Submit rent receipts, lease agreement, etc.)

**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:** (Receipts of rent collected, bank books, etc.)

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.\_\_\_\_\_

At which bank do you have a savings or checking account? (answer the following questions)

Which bank? \_\_\_\_\_ Which Country? \_\_\_\_\_

Savings ☐ Checking ☐ Current balance: \_\_\_\_\_ (provide book / statement)

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

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

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

**Information on medical status:** (MD letter/form, expired medical card, etc)

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 am a patient/member of the following institution(s): Choose all that apply to you.

- |   |  |
|---|--|
| <input type="checkbox"/> None                     | <input type="checkbox"/> Sister Basilia (Live in patient)      |
| <input type="checkbox"/> Mental Health Foundation | <input type="checkbox"/> Sister Basilia (day care participant) |
| <input type="checkbox"/> Turning Point            | <input type="checkbox"/> Brasami                               |
| <input type="checkbox"/> Key to Freedom           | <input type="checkbox"/> Capriles Clinic                       |
| <input type="checkbox"/> Safehaven                | <input type="checkbox"/> Prison                                |
| <input type="checkbox"/> St. Maarten Home         |  |

**Information on income:** (Pension letter(s), rent, payslips, copy of check, etc.)

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

State amount and currency per month:

	Applicant:	Spouse:
<input type="checkbox"/> None	_____	_____
<input type="checkbox"/> All Pensions	_____	_____
<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 of others in the home	_____	_____
<input type="checkbox"/> Income from other source(s)	_____	_____
_____	_____	_____
_____	_____	_____

Total: \_\_\_\_\_

**Information on expenditures:** (Rental receipts, utilities bill, etc.)

**What are your expenditures?** (Provide receipts for proof)

State amount and currency per month:

( ) House/Land rent	_____
( ) Food	_____
( ) Electricity (GEBE)	_____
( ) Water (GEBE)	_____
( ) Cooking gas	_____
( ) Balance on school fee	_____
( ) Loans: (please mention which type)	_____
_____	_____
_____	_____
<b>Total:</b>	_____

**For legal assistance only:**

**What is the reason(s) for Legal Assistance:** (Choose one)

- ☐ Divorce                      ☐ Labour Case (fired, loss of wages/hours)
- ☐ Division of Goods   ☐ Child Support/Custody
- ☐ Dispute                      ☐ Other \_\_\_\_\_

**Against – (Person, Company)** \_\_\_\_\_

**Your position?** \_\_\_\_\_

**Preferred Lawyer or Law Firm:** \_\_\_\_\_

**Please take note of the following:**

The undersigned declares, that the above mentioned questions have been truthfully answered. Furthermore, the undersigned, through this application process, authorizes the Social Services Unit to conduct house visits, should this be deemed necessary.

The applicant also, by signature to this application, gives consent and authorization to the Social Services Unit, to share information to other entities, including other Ministries within the Government of Sint Maarten, external third party care givers (e.g. MHF, Turning Point, SMMC, specialists, GP etc,) and SZV. Failure on the part of the client to cooperate with the house visit may lead to the Social Services Unit being unable to properly conduct an evaluation on the living circumstances and arrangements of the client.

**The willful furnishing of incorrect information is punishable by law and can result in annulment of application and retrieving of money received with interest and government assistance.**

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

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

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

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**Signature of representative**

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**Date**

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

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**Signature of Caseworker**

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**Date**





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### DECLARATION OF LIVING ARRANGEMENT

<b>Name of Applicant</b>	
<b>Registered Address</b>	
<b>Registered lease holder or owner of the property/ home</b>	

#### Household arrangement

<b>Total # persons in the household</b>		
<b>Name and Relation to applicant</b>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>Total # persons employed in the household</b>		
<b>Name and Relation to applicant</b>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Please provide proof of income (pay-slip, pension letter, etc.) from all that has an income.

Comments: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Date: \_\_\_\_\_