

MINISTRY OF LOCAL GOVERNMENT, SPORTS & CULTURE

APPLICATION FORM

SPECIAL HOUSING CASES

District :

1 Applicants Full Name :

2 N.I.N :

3 Are you the owner of House / and the Land on which the house stands? YES / NO

If yes , State Parcel Number of your Land:

If Not, state name of owner:

4 Details of Occupants:

	Names	NINs	Occupation:
1
2
3
4
5
6
7
8

5 House Structure:

No. of Bedrooms:

0	1	2	3	4	5
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Kitchen:

YES	NO
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Sanitary Facilities:

a Pit Latrine:

b Water Borne:

c Bathroom:

Structure:

GI Sheets	Bricks
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6 Special Remarks that qualifies the case:

a

b

c

c

c

e

g

h

7 Please attach photo of house

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