

**GOVERNMENT OF ANGUILLA  
MEANS TEST  
PUBLIC ASSISTANCE FORM (ADULTS)  
CONFIDENTIAL**

**1. Your Details**

**Full Name of Applicant.....**

**Any other name by which you are known.....**

**Male..... Female.....**

**Address..... Home Telephone.....**

**Work Telephone.....**

**Date of Birth ..... Age.....**

**Place of Birth.....**

**Nationality.....**

**Do you the applicant have the status of citizen or belonger of Anguilla?**

**Yes..... No..... If no, give details below:**

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**2. Marital Status**

**Tick as appropriate:**

**Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Common Law ( )**

**Next of Kin..... Relationship to you.....**

**Address..... Home Telephone.....**

**Work Telephone.....**

**3. Employment Status**

Tick as appropriate

Employed ( ) Self-employed ( ) Retired ( ) Unemployed ( )

Unable to work (e.g. illness) ( ) Taking care of dependants ( )

**4. Your Household**

(a). How many people are there in your household, including yourself?.....

Please complete their details below:

Full Name	M	F	Date of Birth	How is this person related to you?	What is his/her employment status?
_____					
_____					
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(b). Are there any other persons not living in your household who are dependent on you, or anyone else in your household, in any way?

Please write YES or NO ..... If YES, please give details below:

Full name of each dependent person

Full Name	M	F	Date of Birth	Address	What does he/she depend on you for?
_____					
_____					
_____					

**5. Your Income and Financial Circumstances**

**(a). Why are you applying for assistance? Please tick below:**

**You are ill or disabled and unable to support yourself otherwise.....**

**You are above retirement age and unable to support yourself .....**

**Other people are dependant on you, so that you are unable to support yourself.....**

**Another reason (please give details)**

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**(b). How have you and your household been supporting yourselves in the past year?**

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**©. Do you or anyone else in your household earn any income from employment or self-employment?**

**Please write YES or NO ..... If YES, please give details below:**

<b>Name of Employer</b>	<b>Amount</b>	<b>Frequency</b>	<b>Date of last payment</b>
		<b>e.g. every day, week, etc.</b>	

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**Income and Financial Circumstances (continued).**

**(d). Do you or anyone else in your household receive any income from pensions?**

**Please write YES or NO ..... If YES, please give details below:**

<b>Where does the pension come from?</b>	<b>What type of pension is it?</b>	<b>How often is it paid?</b>	<b>Amount</b>
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**(e). Do you or anyone else in your household receive any money from relatives or other persons on Island or overseas?**

**Please write YES or NO ..... If YES, please give details below:**

<b>Who is the money from?</b>	<b>How much is it ? (\$EC)</b>	<b>How often is it received?</b>	<b>What was the date of the last payment?</b>
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**(f). Do you or anyone else in your household receive any income from any other source?**

**Please write YES or NO ..... If YES, please give details below:**

<b>Details</b>	<b>Amount</b>	<b>Frequency</b>	<b>Date of last payment</b>
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**Income and Financial Circumstances (continued).**

**(g). Do you or anyone else in your household have any savings?**

**Please write YES or NO ..... If YES, please tick below to indicate the amount of savings your household has altogether:**

- Less than \$2000 EC** .....
- Between \$2000 and \$5000 EC** .....
- More than \$5000 EC** .....

**(h). Where are these savings held? Amount (EC \$)**

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**6. Property and Land.**

**(a). Do you or anyone else in your household own any land or property on Anguilla or elsewhere?**

**Please write YES or NO ..... If YES, please give details below:**

<b>Is it land or or property?</b>	<b>Where is it?</b>	<b>How much is the land or property worth?</b>	<b>Does anyone get any rent from it?</b>
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**(b). Do you own land or property jointly with others?**

**Please write YES or NO ..... If YES, please give details below**

**©. Who owns the property / land with you? What is their relationship to you?**

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**Property and Land (continued).**

**(d). Do you or anyone else in your household have any other assets?**

**Please write YES or NO ..... If YES, please give details below:**

**Details**

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**Amount /Value**

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**(e). What is the status of the house you are living in now?**

**Please tick below:**

**Rented from private Landlord .....**

**Owned subject to a mortgage .....**

**Owned outright by the household .....**

**Family property not owned by household .....**

**Other .....**

**(f). How much does your rent or mortgage cost you each month?**

**Amount.....**

**7. Illness and Disability**

**(a). Does your household have any special expenses arising out of the long-term illness or disability of a member of the household, including yourself?**

**Please write YES or NO ..... If YES, please give details below:**

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**(b). What is the nature of the special need? How much does this cost each month?**

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**©. Do you currently receive medical exemption from the Department of Social Development?**

**Please write YES or NO ..... If YES, please give details below:**

<b>Nature of illness/disability</b>	<b>Amount of medical exemption received (e.g.100%, 50%, etc.)</b>
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**8. Other outgoings**

**(a). Do you or any member of your household have any other outgoings or liabilities that you think should be taken into account?**

**Please write YES or NO ..... If YES, please give details below:**

**(b). What is the nature of the liability?                      How much does this cost each month?**

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**9. Other money that you may have**

**Please give the names of any Banks or other financial institutions who hold any other monies on your behalf that you have not previously mentioned:**

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**By completing this form, you have complied with the requirements set by the Poor Law Board to undertake a means test in order to qualify for financial assistance. Before you sign the declaration below, make sure you have answered all of the questions on the form as fully as possible.**

**DECLARATION**

I have answered the questions above to the best of my ability and I understand that, if I have given any false information, I may jeopardize my claim for government assistance.

Should I or any other member of my household decide to apply for any other help from government, the details I have given in reply to the above questions may be considered as part of that application.

I undertake to inform the Department of Social Development immediately of any changes in my circumstances, or in the circumstances of other members of my household, which may affect my claim for assistance.

Signed .....  
(Applicant)

Date.....

Or

Signed .....  
(on behalf of the Applicant)

Date .....

Signed.....  
(Witness)

Date.....

Full name of Witness.....

**For Office use only.**

**Received by Social Welfare Officer .....**

**Date.....**

**Officer's**

**Recommendation:.....**

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**Board's Decision: Approved .....**      **Disapproved .....**

**Comments:.....**

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**Date of Decision: .....**

**Chairperson's Signature.....**