



This application and all supporting documentation should be completed and submitted online at [dfa.gov.ky](https://dfa.gov.ky) where you will be able to see updates regarding the status of your application. You can also check whether you meet the eligibility criteria for Financial Assistance on our website.

Complete all parts of this application and the application form checklist accurately. If any information is missing or not completed accurately the application will be considered incomplete. Applications will only be processed when a complete application with all supporting documentation for all members of the household have been received by the Department of Financial Assistance.

## Part 1: Applicant

This section of the application form must be completed with information about the applicant, or as specified, the entire household. If you are completing this form as the applicant's representative, please complete this section with the applicant's details and complete the Authorisation of Representative Form. All fields marked with a \* are required.

All Caymanian adults in the household are considered applicants for assessment purposes. Adult Caymanian household members listed in the application will be treated as applicants once they have signed the Release of Information (ROI).

Where the only Caymanian household members are children, the parent(s) or legal guardian(s) of the Caymanian child(ren) will be treated as the applicant(s) for assessment purposes and must sign the Release of Information form.

**Type of application:**  New Application  Reassessment Application

**Who is completing this application?\***  Applicant  Representative  Other

**First Name\***  **Middle Name**

**Last Name\***  **Maiden Name**

**Other Names**

**Country of Birth\***

Cayman Islands  Jamaica  United States  United Kingdom **Other**

**Date of Birth\***  **Sex\***  Male  Female

**Marital Status\***  Single  Married  Divorced  Widowed  Separated  Civil Partnership

[\\*See Immigration and Employment Status Options \(Page 7\)](#)

**Immigration Status\***  **Immigration Link\* (if applicable)**  **Employment Status\***

**Name of Employer and/or School**

**Do you have health insurance?\***  Yes  No

**Do you have a disability?\***  Yes  No **Disability Type\***  Mental  Physical

**Preferred Method of Contact\***  Telephone  Email

**Email Address**  **Telephone**

**Property Status**  Owned - No Mortgage  Rented  Owned - Mortgage(In Good Standing)  
 Owned - Mortgage(Under Foreclosure)  Living with Family/Friend  Homeless  
 Resident at a Facility

**Physical Address\***

**Select your District**

Bodden Town  West Bay  East End  George Town  North Side  
 Cayman Brac  Little Cayman

**Receive Mail by General Delivery**  Yes  No

**Mailing Address**

**Have you been physically present in the Cayman Islands for a combined total of at least 8 months over the past 12 months?\***  Yes  No

**If not, please provide the rationale for not being on island for at least 8 of the last 12 months.\***

**Are you currently serving a prison sentence?**  Yes  No

**If yes, what is your expected/anticipated release date?**

**Applicant's Bank Details**

**Bank Name**

**Name of Account Holder(s)**

**Account Number**

**Account Type**  Savings  Checking

**Bank Account Currency**  C.I.  U.S.

**Bank Transit Number**   
*\*RBC and Scotia Only\**

**What service/services are being requested? (Choose all that are applicable)\***

Note: The DFA facilitates the assessment for indigent medical insurance and is not the approving body.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accommodation               | <input type="checkbox"/> Internet                       | <input type="checkbox"/> Rental Deposit          |
| <input type="checkbox"/> After-School Care           | <input type="checkbox"/> Long-Term Financial Assistance | <input type="checkbox"/> School Bag and Supplies |
| <input type="checkbox"/> Burial Assistance - Funeral | <input type="checkbox"/> Medical Supplies & Equipment   | <input type="checkbox"/> School Shoes            |
| <input type="checkbox"/> Burial Assistance - Vault   | <input type="checkbox"/> Medical Travel                 | <input type="checkbox"/> School Uniforms         |
| <input type="checkbox"/> Children's Camp             | <input type="checkbox"/> Optical                        | <input type="checkbox"/> Transportation          |
| <input type="checkbox"/> Clothing                    | <input type="checkbox"/> Phone                          | <input type="checkbox"/> Utilities - Electricity |
| <input type="checkbox"/> Dental                      | <input type="checkbox"/> Pines Placement                | <input type="checkbox"/> Utilities - Water       |
| <input type="checkbox"/> Food                        | <input type="checkbox"/> Pre-School Assistance          |  |
| <input type="checkbox"/> Health Insurance            | <input type="checkbox"/> Propane Gas                    |  |

**Reason(s) for applying? (Choose all that are applicable)\***

- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Disability   | <input type="checkbox"/> Emergency Circumstances | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Older Person | <input type="checkbox"/> Inadequate Income       |                                       |

**Emergency Circumstances**

If you have selected Emergency Circumstances, please complete the next two questions. Emergency circumstances should only be selected where you are without any other means of financial support. By selecting one of the emergency circumstances below, you declare that you don't have any other means of financial support.

Please note that when an application is submitted for a non Caymanian, Workforce Opportunities & Residency Cayman (WORC) will be formally notified of the individual's circumstances. The applicant must demonstrate that they have updated WORC in writing regarding their change in circumstances.

For work permit holders, DFA will contact the employer, who is legally responsible for the worker's maintenance, to verify the information provided. The employer must provide a written statement confirming that they are unable to offer financial support, as required under the Immigration (Transition) Act. Any other relevant agencies will also be informed, as appropriate.

**Please indicate which type of emergency you are experiencing.**

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Disaster | <input type="checkbox"/> In Need of Urgent Aid | <input type="checkbox"/> Significant Risk of Harm | <input type="checkbox"/> Domestic Violence |
|-----------------------------------|--|---|--|

**Please provide details on the emergency circumstances indicated above, including name and contact details for someone who can verify/validate emergency circumstances.**

**Do you have supporting evidence or proof of the emergency circumstance?\***  Yes  No

## Part 2a: Household

Household: As per the Act, household is defined as:

- a) a person who lives alone at an address; or
- b) two or more persons, whether or not related, who live together at the same address and who – benefit from one another’s combined income; and share living accommodations.

Further to this definition, a household may also be of one person if:

1. there is an older person or older couple living at the address of their adult child and the others in the household are not seeking financial assistance;
2. there is a person with a disability who is living with other people and the others in the household are not seeking financial assistance; or
3. there is an adult in the household who is living with their parents and their parents are not seeking financial assistance.

**Are there any other people living at this address that you do not consider to be a part of your household based on the definition?\***

Yes  No

**How many persons?**

**What is the rationale for them not being a part of the household?**

## Part 2b: Household Members

Household Member: A household member is any individual who meets the definition of being part of the household, as outlined above. Individuals who live at the same address but do not meet this definition are not considered household members. In cases where it is not specifically stated, applicants or recipients are also considered household members.

Further to this definition, if a household member resides in their own property or is the sole lessee of a leased accommodation and applies for services, all other individuals residing at the same address, including children or grandchildren, are considered household members. This applies regardless of whether those additional household members are also seeking assistance.

**Complete this section of the application form with details about each member of the household.**

**First Name**  **Middle Name**

**Last Name**  **Maiden Name**

**Other Name(s)**

**Country of Birth**  
 Cayman Islands  Jamaica  United States  United Kingdom **Other**

**Date of Birth**  **Sex**  Male  Female

**Marital Status**  Single  Married  Divorced  Widowed  Separated  Civil Partnership

**Relationship to the Applicant**

[\\*See Immigration and Employment Status Options \(Page 7\)](#)

**Immigration Status\***  **Immigration Link\* (If applicable)**  **Employment Status\***

**Name of Employer and/or School**

**Does this household member have health insurance?** Yes No **Disability Type**

**Does this household member have a disability?**  Yes  No  Mental  Physical

**First Name**  **Middle Name**   
**Last Name**  **Maiden Name**   
**Other Name(s)**

**Country of Birth**  
 Cayman Islands  Jamaica  United States  United Kingdom **Other**

**Date of Birth**  **Sex**  Male  Female

**Marital Status**  Single  Married  Divorced  Widowed  Separated  Civil Partnership

**Relationship to the Applicant**

[\\*See Immigration and Employment Status Options \(Page 7\)](#)

<b>Immigration Status*</b>	<b>Immigration Link* (If applicable)</b>	<b>Employment Status*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Employer and/or School**

**Does this household member have health insurance?** Yes No **Disability Type**  
**Does this household member have a disability?**  Yes  No  Mental  Physical

**First Name**  **Middle Name**   
**Last Name**  **Maiden Name**   
**Other Name(s)**

**Country of Birth**  
 Cayman Islands  Jamaica  United States  United Kingdom **Other**

**Date of Birth**  **Sex**  Male  Female

**Marital Status**  Single  Married  Divorced  Widowed  Separated  Civil Partnership

**Relationship to the Applicant**

[\\*See Immigration and Employment Status Options \(Page 7\)](#)

<b>Immigration Status*</b>	<b>Immigration Link* (If applicable)</b>	<b>Employment Status*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Employer and/or School**

**Does this household member have health insurance?** Yes No **Disability Type**  
**Does this household member have a disability?**  Yes  No  Mental  Physical

First Name  Middle Name   
Last Name  Maiden Name   
Other Name(s)

Country of Birth  
 Cayman Islands  Jamaica  United States  United Kingdom Other

Date of Birth  Sex  Male  Female

Marital Status  Single  Married  Divorced  Widowed  Separated  Civil Partnership

Relationship to the Applicant

[\\*See Immigration and Employment Status Options \(Page 7\)](#)

Immigration Status\*  Immigration Link\* (If applicable)  Employment Status\*

Name of Employer and/or School

Does this household member have health insurance? Yes No Disability Type

Does this household member have a disability?  Yes  No  Mental  Physical

First Name  Middle Name   
Last Name  Maiden Name   
Other Name(s)

Country of Birth  
 Cayman Islands  Jamaica  United States  United Kingdom Other

Date of Birth  Sex  Male  Female

Marital Status  Single  Married  Divorced  Widowed  Separated  Civil Partnership

Relationship to the Applicant

[\\*See Immigration and Employment Status Options \(Page 7\)](#)

Immigration Status\*  Immigration Link\* (If applicable)  Employment Status\*

Name of Employer and/or School

Does this household member have health insurance? Yes No Disability Type

Does this household member have a disability?  Yes  No  Mental  Physical

## Immigration and Employment Status Options

### **Immigration Status\***

Caymanian  
Cayman Status  
Permanent Residency  
Resident Employment Rights Certificate (RERC) - Parent of a Caymanian Child (RAS)  
Resident Employment Rights Certificate (RERC) - Spouse of a Caymanian (RAS)  
Resident Employment Rights Certificate (RERC) - Spouse of a Permanent Resident Holder (RRD)  
Resident Employment Rights Certificate (RERC) - as a Dependent (RRD)  
Dependent of Caymanian  
Dependent of Work Permit Holder  
Work Permit Holder  
Visitor  
Unknown  
Dependent of Refugee  
Refugee  
Asylum Seeker  
Exempted Cuban  
Dependent of Exempted Cuban

### **Immigration Link (if applicable)\***

Spouse or Civil Partner of a Caymanian  
Guardian of a Dependent who is Caymanian  
N/A

### **Employment Status\***

Unemployed  
Employed Full-Time  
Employed Part-Time  
Full-Time Education  
Part-Time Education  
Self-Employed Full-Time  
Self-Employed Part-Time  
Retired

### Part 3: Income

Please provide details about all adult household member's sources of income in this section of the application form. Enter the CI amount for each source of income.

Income Source	Name of Payer	Amount CI\$	Frequency	
Child Support / Maintenance			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Donations			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Employer			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Life Insurance / Other Annuities			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Pension			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Rental Income			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Seafarer's Ex-Gratia Benefit			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Social Security			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Veteran's Ex-Gratia Benefit			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Other Income			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Other Income			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Other Income			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<b>Total CI\$</b>				

## Part 4: Expenses

Please provide details about all adult household member's expenses in this section of the application form. Enter the CI monthly amount if the expenses are paid monthly.

Expense Type	Name of Payee	Amount CI\$	Frequency	
After School Care			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Bank Loan - Personal			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Bank Loan - Property			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Bank Loan - Vehicle			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Cable TV			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Car Registration & Licensing			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Child Support / Maintenance			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Court Fines			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Credit Card Payment			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Employment (Helper/Caregiver)			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Groceries			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Insurance - Car			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Insurance - Health			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Insurance - Home			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Insurance - Life			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Internet			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Internet (Top Up)			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly

Expense Type	Name of Payee	Amount CI\$	Frequency	
Laundry			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Lunches			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Medications			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Mortgage			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Pension			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Propane			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Rent			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
School Fees			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Telephone (Postpaid/Landline)			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Telephone (Top Up)			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Transportation			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Utilities - Electricity			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Utilities - Water			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Vehicle Maintenance			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Other Expense			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Other Expense			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
<b>Total CI\$</b>				

## Part 5: Savings

Please provide details about all adult household member's savings in this section of the application form. Enter the CI monthly amount for the relevant savings type.

Savings Type	Amount CI\$
Bank Savings	
Credit Union (Savings & Shares)	
Life Insurance Savings	
Fixed Deposit	
Certificate of Deposit	
Stocks & Bonds	
Other Savings	
<b>Total CI\$</b>	

## Part 6: Assets

Please provide details about all adult household member's assets in this section of the application form. Enter the CI amount for the relevant asset.

Asset Type	Amount CI\$
House	
Land	
Other Property	
Vehicle	
Other Assets & Investments	
<b>Total CI\$</b>	

### Part 7: Liabilities

Please provide details about all adult household member’s liabilities in this section of the application form. Enter the CI amount for the relevant liability.

Liabilities Type	Arrears Amount CI\$	Payee
Credit Card Balance (s)		
Mortgage Balance (s)		
Vehicle Loan Balance (s)		
Other Loan Balance (s)		
Other Liabilities		
Other Liabilities		
Other Liabilities		
<b>Total CI\$</b>		

### Part 8: Declaration

I, \_\_\_\_\_, declare that to the best of my knowledge the information given in this application is correct. I will inform the Department of Financial Assistance in writing of any change in circumstances which may affect the accuracy of the information given while the application is being considered.

A person who, on examination under the authority of the Financial Assistance Act, 2022, knowingly gives false evidence, makes a false declaration or provides false or misleading information where required to do so under this Act, commits an offence and is liable on summary conviction to a fine of three thousand dollars or to imprisonment for a term of six months, or to both.

\_\_\_\_\_  
Applicant/Representative Signature\*

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

Thank you for completing this document. This document can be submitted online by visiting [dfa.gov.ky](http://dfa.gov.ky) or via email to [dfaapplications@gov.ky](mailto:dfaapplications@gov.ky).