



This appendix and all supporting documentation should be completed and submitted with the application form online at dfa.gov.ky where you would 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 accurately Appendix 1 for all additional adult members within your household. 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 2b: Household

Complete Appendix 1 with details about each adult member of the household. If there are multiple adult household members, this section should be completed once per household member. All fields marked with an * are required.

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*

Civil Partnership Divorced Married Separated Single Widowed

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

Do you have health insurance?*

- Yes No

Preferred Method of Contact* Telephone Email

Email Address **Telephone**

Does this person have a disability?* Yes No **Disability Type*** Mental Physical

Has this person 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.*

Has this person ever received services from the DFA (Formerly known as NAU)?* Yes No

Part 3: Income

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's sources of income in this section of the application form. Enter the CI amount for each source of income that the relevant household member has. Complete Appendix 1 for additional adult household members and submit with your application. All fields marked with an * are required.

Household Member Name*

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

Part 4: Expenses

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's expenses in this section of the application form. Enter the CI monthly amount if the expenses are paid monthly. All fields marked with an * are required.

Household Member Name*

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

| Expense Type | Name of Payer | 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 |
| 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 |
| Other Expense | | | <input type="checkbox"/> Monthly | <input type="checkbox"/> Yearly |
| Total CI\$ | | | | |

Part 5: Savings

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's savings in this section of the application form. Enter the CI monthly amount for the relevant savings type. Complete Appendix 1 for additional adult household members and submit with your application. All fields marked with an * are required.

Household Member Name*

| Savings Type | Amount CI\$ |
|---------------------------------|----------------------|
| Bank Savings | <input type="text"/> |
| Credit Union (Savings & Shares) | <input type="text"/> |
| Life Insurance Savings | <input type="text"/> |
| Fixed Deposit | <input type="text"/> |
| Certificate of Deposit | <input type="text"/> |
| Socks & Bonds | <input type="text"/> |
| Other Savings | <input type="text"/> |
| Total CI\$ | <input type="text"/> |

Part 6: Assets

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's assets in this section of the application form. Enter the CI amount for the relevant asset. Complete Appendix 1 for additional adult household members and submit with your application. All fields marked with an * are required.

Household Member Name*

| Asset Type | Amount CI\$ |
|---|----------------------|
| <input type="text" value="House"/> | <input type="text"/> |
| <input type="text" value="Land"/> | <input type="text"/> |
| <input type="text" value="Other Property"/> | <input type="text"/> |
| <input type="text" value="Vehicle"/> | <input type="text"/> |
| <input type="text" value="Other Assets & Investments"/> | <input type="text"/> |
| <input type="text" value="Total CI\$"/> | <input type="text"/> |

Part 7: Liabilities

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's liabilities in this section of the application form. Enter the CI amount for the relevant liability. Complete Appendix 1 for additional adult household members and submit with your application. All fields marked with an * are required.

Household Member Name*

| Liabilities Type | Arrears Amount CI\$ | Payee |
|--------------------------|----------------------|----------------------|
| Credit Card Balance (s) | <input type="text"/> | <input type="text"/> |
| Mortgage Balance (s) | <input type="text"/> | <input type="text"/> |
| Vehicle Loan Balance (s) | <input type="text"/> | <input type="text"/> |
| Other Loan Balance (s) | <input type="text"/> | <input type="text"/> |
| Other Liabilities | <input type="text"/> | <input type="text"/> |
| Other Liabilities | <input type="text"/> | <input type="text"/> |
| Other Liabilities | <input type="text"/> | <input type="text"/> |
| Total CI\$ | <input type="text"/> | |

Part 8: Declaration

I, _____, declare that to the best of my knowledge the information given in this appendix 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 or via email to dfaapplications@gov.ky.