



This application and all supporting documentation should be completed and submitted online at 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.

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 housing repairs assistance requests, and is not the approving body

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

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 | |

Please indicate your emergency circumstance.

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 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 \(Page 7\)](#)

Immigration Status*	Immigration Link* (If applicable)	Employment Status*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Employer and/or School <input type="text"/>		

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*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Employer and/or School <input type="text"/>		

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
Total CI\$				

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 Payer	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 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
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
Total CI\$				

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	
Total CI\$	

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	
Total CI\$	

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		
Total CI\$		

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 or via email to dfaapplications@gov.ky.