



# SOCIAL SECURITY POVERTY ALLEVIATION PROGRAM APPLICATION FOR NON-CONTRIBUTORY PENSION

## FOR OFFICIAL USE ONLY

CLAIM #: \_\_\_\_\_

Date Received \_\_\_\_\_  
DD MM YY

RECEIVED BY:  
(NAME IN BLOCK LETTERS)

SIGNATURE: \_\_\_\_\_

### WARNING

Any person who knowingly makes a false statement or false representation for the purpose of obtaining benefit commits an offence punishable by fine or by imprisonment or both, and the claimant forfeits the right to receive any benefit under this scheme.

**Please note that if you have received a Retirement Grant you are not eligible for a Non-Contributory Pension.**

### SECTION 1- Particulars of Applicant

Social Security Number 				DATE OF BIRTH       DD MM YY			Female <input type="checkbox"/> Male <input type="checkbox"/>		Age	
Mr. Mrs/Ms.	SURNAME:			FIRST NAME:			MIDDLE NAME:			
ADDRESS _____ STREET (NUMBER AND NAME) CITY/TOWN/VILLAGE DISTRICT								PHONE NUMBER:		

### SECTION 11 - Particulars of Contact Person

Mr. Mrs/Ms	SURNAME			FIRST NAME:			MIDDLE NAME		
ADDRESS _____ Street (Number and Name) City/Town/Village District								<u>Phone Number</u>	

### SECTION 111 – Applicant Information

1. Are you presently living in the country of Belize? Yes  No
2. If you have dual nationality or Permanent Residence of another country, write the name of the second country of residency: - \_\_\_\_\_
3. Are you working? Yes  No   
If Yes, indicate total Monthly Income/Commission or Bonus \$ \_\_\_\_\_
4. Do you live alone? Yes  No   
If you are not living alone, indicate persons living in your household:
  - i. spouse  or common-law
  - ii. Name of spouse/common-law \_\_\_\_\_ SSN \_\_\_\_\_
  - iii. Number of children (0 – 14 years) \_\_\_\_\_
  - iv. Number of grandchildren (0 – 14 years) \_\_\_\_\_
  - v. Number of adults or relatives \_\_\_\_\_
  - vi. Number of other adult non-relatives \_\_\_\_\_

5. How many persons living in your household are working?  
(Please specify number) (\_\_\_\_\_)
  
Total Monthly Salary/Commission or Bonus \$ \_\_\_\_\_
6. Do you get any financial assistance from your children or other persons? Yes  No 
  
If Yes, indicate Monthly Amount receiving? \_\_\_\_\_
  
If No, who provides your meals? \_\_\_\_\_
7. Do you get assistance from any organization such as Social Services, Red Cross, Help Age, or Church? Yes  No  Name of Organization: \_\_\_\_\_
  
Money  Amount \$ \_\_\_\_\_
  
Food  How often \_\_\_\_\_
  
Clothing  How often \_\_\_\_\_
8. Is your spouse receiving a Pension? Yes  No 
  
If Yes, please indicate source of Pension \_\_\_\_\_; Amount \$ \_\_\_\_\_
9. Do you or your spouse have property that you are renting to someone?
  
Yes  No  Monthly Rental Income \$ \_\_\_\_\_
10. a. If you or your spouse have any land property or farm land, indicate its approximate size \_\_\_\_\_.
- b. What is the land used for?
  
 agriculture  commercial  subsistence
  
 residential  undeveloped
11. Do you or any family member in your household own a sugar cane license quota?
  
Yes  No 
  
If yes, state amount of quota: 50-99 tons 100-149 tons 150-199 tons 200 tons &-over
12. The house you are living in belongs to:-
  
Yourself  Your Spouse  Your Son  Your Daughter 
  
Other (specify) \_\_\_\_\_
13. Your house is made of which of the following material?
  
 Cement/concrete  Wood  other (specify)
- Number of rooms: \_\_\_\_\_
  
Number of floors: \_\_\_\_\_
  
Indicate the approximate value of the house \$ \_\_\_\_\_
14. Do you own or have any of the following items in your household?
  
Stove  Refrigerator  Stereo  T.V.  Radio 
  
Motor Vehicle  Other (specify) \_\_\_\_\_

15. If you qualify for a Retirement Grant which would you prefer?:

Retirement Grant

Non Contributory Pension

**\*Note: If a grant is awarded you will not be eligible for a Non-Contributory Pension.**

16. Do you have a permanent disability?

Yes  No

If yes, please explain your medical condition:

17. In a short paragraph, please explain why you should be awarded a Non Contributory Pension: (Include if you have any special needs in respect to your medical condition or other circumstances).

I certify that the information I have given above is true to the best of my knowledge.

i) Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_  
DD MM YY

ii) Name and signature of person completing the form on behalf of applicant:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Date: \_\_\_\_\_  
DD MM YY

iii) If you are unable to sign, kindly have one of the following persons sign this form as witness:

- Justice of the Peace
- Notary Public
- Minister of Religion
- Senior Human Development Officer
- Senior Help-Age Officer
- Registered Physician

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

DD MM YY