

Covid-19 Unemployment Relief Application Form

NOTICE: All applicants are encouraged to apply online at <https://portal.covid19.bz/individual/index.php/> where the time between application, approval and relief payment will be shortest. If you need help in filling out the form, a short instructional video has also been prepared and can be found on the covid19.bz website.

Please write clearly in ink.

Section A – About the Applicant									
Applicant Given Names:					Applicant Family Name:				
Write First Names here					Write surname/family name here				
Applicant Date of Birth:		Month	Day	Year	Applicant Sex (circle correct one): Male/Female				
Applicant Social Security Number (9 numbers):					Applicant Home Address				
					Street:				
Applicant Contact Details					City/Town/Village/Community:				
Home Telephone:					District:				
Mobile Number:					Preferred method of contact (circle correct one):				
Email Address:					Text / Email				
Section B – For Recent and Longer Term Unemployed Persons Only									
Name of Past Employer					Job Title of Applicant:				
Address of Past Employer					Type of work:				
Employer Contact Telephone Number:					Last Date of Work:		Month	Day	Year
					What was your last wage/salary:				
Section C – For Independent Service Providers Only									
Name under which work was done if not own name:					Type of work:				
Licence or Registration number (if tour guide etc):					Are you are a member of a trade association (eg. A tour guide or business association) If yes, which one?				
Name and address of Hotel, Tour Companies, or other company for whom you have worked:					Contact Number for Organisation:				
1.					Last Date of Work:		Month	Day	Year
2.					Last Date of Work:		Month	Day	Year
Section D – Banking Information									
Name of Applicant's Bank or Credit Union:					Account Number :				
Section E – Applicant's Consent									
<p>I hereby declare that all information provided herein is true and accurate and I hereby give consent to and authorize my employer/former employer and my bank/credit union named in this application and such third parties as the Economic Oversight Team of the Government of Belize (EOT-GOB) and/or the Social Security Board (SSB) shall determine, to disclose to the EOT-GOB and SSB as the case may be such information as they may require for the purposes of the COVID-19 Unemployment Relief Program to verify the truth and accuracy of the information submitted herein.</p> <p style="text-align: center;">Applicant's Signature _____</p>									