



SOCIAL SECURITY BOARD

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.

SECTION 1- Particulars of Applicant

Social Security Number

DATE OF BIRTH

Female

Age

Male

DD MM YY

Mr.
Mrs/Ms.

FIRST NAME

MIDDLE NAME

SURNAME

ADDRESS:

PHONE NUMBER:

SECTION 11 - Particulars of Contact Person

Mr.
Mrs/Ms.

FIRST NAME

MIDDLE NAME

SURNAME

ADDRESS

PHONE NUMBER:

SECTION III – Applicant’s Information

1. Are you a born Belizean? Yes No
2. Are you a naturalized Belizean? Yes No
3. Are you presently living in the country of Belize? Yes No
4. Are you currently working? Yes No

If Yes, indicate total Monthly Income/Commission or Bonus \$ _____

5. 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 _____ SS# _____
- 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 _____

6. Who pays your bills: water, electricity, phone, cable? _____

7. How many persons living in your household are working?
 (Please specify number) (_____)

Total Monthly Salary/Commission or Bonus \$ _____
8. 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? _____
9. 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 _____
10. Is your spouse receiving a Pension? Yes No

If Yes, please indicate source of Pension _____; Amount \$ _____
11. Do you or your spouse have property that you are renting to someone?

Yes No Monthly Rental Income \$ _____
12. If you or your spouse have any land property or farm land, indicate its approximate size:

_____.
- a. What is the land used for?

 Agriculture Commercial Subsistence farming

 Residential Undeveloped
13. 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
14. The house you are living in belongs to:

Yourself Your Spouse Your Son Your Daughter

Other (specify) _____
15. 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 \$ _____
16. Do you own or have any of the following items in your household?

Stove Refrigerator Stereo T.V. Radio

Motor Vehicle Other (specify) _____

