



GOVERNMENT OF ST. KITTS AND NEVIS

CLAIM FOR COVID-19 INCOME SUPPORT

Section A: Applicant's Details

1. Social Security No.

2.

FIRST NAME	MIDDLE NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Date of Birth (dd/mm/yyyy) 4. Gender Male Female 5. Occupation _____

6. Street Address _____
 City/Town/Village _____ Island St. Kitts Nevis

7. P.O. Box No. 8. E-mail Address _____ 9. Tel./Cellular No.

Section B: Employment History

10. Name of Current/Last Employer _____

11. Date Last Employed (dd/mm/yyyy) 12. Last pay date (dd/mm/yyyy)

13. Period Employed from: (dd/mm/yyyy) To: (dd/mm/yyyy)

14. Name of Secondary Employer _____

15. Period Employed was from: (dd/mm/yyyy) To: (dd/mm/yyyy)

Section C: Eligibility

16. Are you currently employed? Yes No
17. If yes; have reduced hours? Yes No
18. Are you self-employed? Yes No
19. If so; are you registered with the Social Security Board? Yes No
20. Have you received Severance Payment(s) after 31 March 2020? Yes No
21. If yes, state the total amount received _____

22. Are you receiving payments under the Poverty Alleviation Programme (PAP)? Yes No

23.a Are you receiving any other form of payments from the Government? Yes No

23.b If yes to 23.a, please specify _____

24. Are you receiving pension payments from the Social Security Board, Government of St. Kitts and Nevis or any other institution?

- Social Security Government
 Other: _____ None

- I hereby authorize and request the Ministry of Finance, Government of St. Kitts and Nevis, to transfer the COVID-19 Income Support payment to the designated financial institution for deposit in my account.
- If the electronic transmission for this authorization for any reason results in an overpayment of the Income Support payment due and payable to me, I hereby authorize the Ministry of Finance to either withhold a sum equal to the overpayment from my next Income Support payment or seek full reimbursement by whatever means is appropriate.
- If any action taken by me, without adequate notification to the Ministry of Finance, results in non-acceptance of the transfer by the designated financial institution, I understand that the Ministry of Finance assumes no responsibility for processing supplemental Income Support payments until the funds are returned to the Government of St. Kitts and Nevis by the financial institution.

Section D: Banking Information

Please enter your **Bank** details for payment of your Income Support:

25. Name on Account

26. Account No.

27. Name of Financial Institution

Select type of Account - Savings -

Chequing -

Section E: Declaration

I hereby declare that the information given in this claim is true to the best of my knowledge and belief and that I will not receive or keep any payment in respect of any period for which I am employed or do not meet the criteria.

- a. I hereby authorize the Ministry of Finance and any Government Agency approved to process my claim, to use a copy (including electronic copy) of this form and the information contained therein, as well as other information previously provided to other Government Agencies by me, for the purpose of determining my eligibility for benefits and for processing such benefits.
- b. I understand that there may be some circumstances in which this information may be shared with other parties where necessary for routine purposes including:
 - i. for auditing of programme eligibility and payments;
 - ii. to establish or verify information provided by programme applicants; and
 - iii. for administering/issuing programme payments.
- c. I have read Section E: Declaration and agree to the disclosures above.

28. Claimant's Signature _____

29. Date Signed (dd/mm/yyyy) _____

IMPORTANT NOTES:

1. This form **MUST** be accompanied by a copy of a valid Social Security card.
2. **Warning:** Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit will be liable to prosecution.

For Official Use

Date Received

Verification Document Received

Claim Number _____

30. Amount Payable _____

31. Comment _____

32. Signature of Verification Officer _____

33. Date (dd/mm/yyyy) _____

34. Signature of Approver _____

35. Date (dd/mm/yyyy) _____