Ministry of Housing & Social Transformation

Board of Guardians Dickenson Bay Street St. John's, Antigua

Home Improvement Grant Application

	Application No.	
DATE:		
NAME OF PROPERTY O	WNER:	
ADDRESS		TEL
APPLICANT		
	(Relationship to own	er)
ADDRESS:		
TEL.#	_ CELL	
AMOUNT REQUIRED		
PURPOSE OF GRANT	a) Materials	
	b) Fixtures c) Wiring	
MUST BE RECOMMEND	DED BY ONE OF TH	E FOLLOWING:
(A) District Nurse		
(B) Welfare Officer(C) Minister of Religi	ion	
(c) withister of Kengi		
RECOMMNED BY:		
P	Print Name	Signature
Approved:		
Relieving Officer Board of Guardians		Assessor
Board of Guai	rdians	

Please attach letter of recommendation and detailed estimate of materials required for the project to this form