

**GOVERNMENT OF JAMAICA
STUDENTS' LOAN BUREAU
FINANCIAL ASSISTANCE APPLICATION FORM
(FOR JAMAICAN NATIONALS ONLY)**

INSTRUCTIONS

GENERAL INSTRUCTIONS

This application is for the purpose of *appeals or request for further information by the SLB*. This form should be submitted by persons that have already submitted a SLB Financial Assistance Application Form (Form A2) and have been informed of the outcome of that application.

Please read these instructions carefully and completely before filling-in this form and answer all relevant questions. All supporting documentation must be provided. Note all questions must be answered and incomplete application will not be processed until all relevant information and supporting documents are provided.

This application requires information from the head of your household (as identified in Form A2) or from some other person in the household who is responsible for payment of expenses. This application must be completed by (or in consultation with) that household member.

In questions requiring financial information, these must be given in dollar amounts (no cents), with the last digit of the amount fitting in the rightmost space of the answer boxes. For example, to enter the amount \$7,925.

Do not enter as:

\$

7	9	2	5						
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OR

\$

			7	9	2	5			
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This is the correct way:

\$

					7	9	2	5	
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All financial amounts are for the past twelve (12) months. The amount given should be the best average for that period.

SPECIFIC INSTRUCTIONS

Section 1

All questions in this section pertain to the applicant and must be answered. This information will be used to maintain the link between this application and your main Student Financial Assistance Application submitted earlier this year.

Question 5. This is the date that this appeals application is submitted

Section 2

All questions in this section are for expenses in the past twelve (12) months. In cases where the expense is not applicable, place zero in the answer box. It is important that responses are consistent with answers given in Form A2.

Question 6. Households that rent or lease their dwelling should place the amount of the annual rent here. In cases where rent is paid, the applicant should verify this by submitting the three most recent rent receipts.

Question 7. Only households that own the dwelling in which they live should respond with a non-zero answer to this question. This answer should be verified with the latest property tax receipt.

Question 8 & 9. These should be electricity and water payments for the household only. In cases where the meter is shared, annualize only the portion of the bill that your household pays. Electricity and water bill payments must be verified by the three most recent bills.

Section 3

Question 11. If your household does not share its kitchen facilities with any other household then answer "yes" to this question, otherwise answer "no".

Question 12. This question was asked in the main application form, Form A2, but the options were different. Here, we are seeking some further details.

Section 4

Amounts reported in this section should be the total annual spending for all persons in the household. Special effort should be made to ensure that each household member's expenditure is included in the total.

Questions 14, 18 & 19. Receipts should be submitted to support these expenditure.

Section 5

This section collects information on miscellaneous income received by members of the household. Except for Question 22, the amount for each household member should be added and an average amount estimated for the year.

Question 22 applies to the household head only.

Section 6

Question 23. This question applies to the head of the household. Place an X in all the boxes that identify the chronic illness(es) affecting this member. If the chronic illness is not listed, place an "X" in the "Other" box and list the illnesses on the line provided.

Question 24. If there were household members that suffered an illness in the past 30 days (including the household head), the number of members affected should be stated here. Illness include cold, asthma attack, diarrhea, hypertension, diabetes or any other illness

Question 25. This is the sum the number of days that each household member was ill during the past 30 days, and place that number here. Note, for the purpose of this question, no household member can be ill more than thirty days.

Question 26. This is the sum the number of days that each household member is unable to carry-out their regular activities. That is, these persons take time from work because of illness or are unable to do their farming or help in the home etc. These days should be added and the total placed here.

Section 7.

Question 27. This is number of families in your household. Families are parent(s) and child/children; couple between which there is a union, i.e. marriage or common law relationship;

Question 28 & 29. These questions pertain to household heads that were unemployed at the time the main application (Form A2) was submitted. Question 29 should be answered only if the answer to question 28 is yes.

Question 30, 31 & 32. These questions must be answered by all applicants

Question 33. Place an X in the boxes beside the items that are owned by household member(s).

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Section 1: Applicant Identification

1-3. Your name

1. Last name

2. First name

3. Middle name

4. Your TRN Do Not Leave Blank

5. Date Day Month Year

Section 2: Housing Expenses

6. Annual Rent for Household \$

7. Annual Property Tax \$

8. Annual Payments on Electricity \$

9. Annual Payments on Water \$

Section 3: Housing Conditions

10. Number of room in dwelling, excluding kitchen, bathrooms and veranda

11. Household has exclusive use of kitchen Yes No

12. Household's main source of drinking water River/Lake/Spring Rain Water Public Standpipe Other

Section 4: Household Members Expenses

13. Annual spending on lottery raffles etc. but NOT horse racing \$

14. Annual spending on special occasions such as funerals, weddings etc. \$

15. Annual donations, gifts to charity/church, tithes etc. \$

16. Annual support payments for children that live elsewhere \$

17. Annual support payments for relatives that live elsewhere \$

18. Annual repayment of loans, hire purchase; and interest \$

19. Annual National Housing Trust Contributions \$

Section 5: Household Members Miscellaneous Income

20. Remittance received from friends/relatives living in Jamaica \$

21. Remittance received from friends/relatives living abroad \$

22. Annual public assistance received by household head \$

Section 6: Household Health Information

23. Household head chronic health conditions

Diabetes

High Blood Pressure

Arthritis

Asthma

Other, specify: _____

24. Number of household members ill in past 30 days

25. Total days ill by all household members in past 30 days

26. Total number of days household members unable to do regular

Section 7: Household Miscellaneous Information

27. How many families make up this household?

28. Is the head of the household unemployed?

Yes

No (go to q 30)

29. If head of household unemployed, how months seeking work

30. Type of Dwelling or house that my household lives in, is a:

Govt. built

Private Built

Townhouse

Other type of housing unit

31. The dwelling my household lives in, my household:

Owns

Rents

Occupies Rent Free

Other

32. The material of the outer walls of the dwelling my household occupies is:

Wood

Block & Steel

Concrete Nog

Other wall type not mentioned above

33. My Household owns the following items: (X each item)

Hair Dryer

Stereo

Freezer

Fan

Bicycle

Satellite System

DVD/Video player

Motorbike

Sewing Machine

Radio

Refrigerator

Small Electrical Appliances