

Kuwait Kerala Muslim Association Housing Improvement Program (HIP)

| | • | Please attach the plan if you are applying for new House | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------------|----------|-------|-------|------|--------------|-----------|----------|------------|------|--------|--|----|----|---|--|--|--|
| Application No. | pplication No. • Attach a photo of house (front view, corner view) to the application if the | | | | | | | | | | e ap | pli- | | | | | | | | |
| | | cation for to complete the construction of a house. | | | | | | | | | | | | | | | | | | |
| | • | Copy of property documents | | | | | | | | | | | | | | | | | | |
| Name of Applicant | | | | | | | | | | | | | | | | | | | | |
| Please specify, is the applicant a member of KK | | | | | | | ЛΑ | | Yes | | | | | | No | | | | | |
| If not, the application | | - | | <u> </u> | | | | | | | | | | | | | | | | |
| If he is a member KKMA ID Number | | | | | | | | Year of Join | | | | | | | | | | | | |
| Provide full Address | if the | e app | lican | t livii | ng ir | า Kuv | vait | | | | | | | | | | | | | |
| Area | | | | Block | | | | | | | Street No. | | | | | | | | | |
| Building No. | | | | Flat No. | | | | | | Room No. | | | | | |). | | | | |
| Work | | _ | Name of Workplace | | | | | | | | | | | | | | | | | |
| Salary | | | Other Income | | | | | | | | | | | | | | | | | |
| Civil ID No. | | | | | | | | | | | | | | | | | | | | |
| Mobile Number | | | | | | | | No | . of Rela | itive /I | Friend | | | | | | | | | |
| Applicant's Address | in Inc | dia | • | • | | 1 | | | | | | | | | | | • | | | |
| House Name | | | | | | | | F | Place | | | | | | | | | | | |
| Panchayat/Municipality | | | | District | | | | | | | State | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Tel. with Code | | | | | | | | | Mol | oile | | | | | | | | | | |
| Details of Depender | nt . | | | | | | | | | | | | | | | | | | | |
| Wife | Wife | | | | | | | Age | | | | | | | | | | | | |
| Wife's Job | | | | Monthly | | | | | | ncom | ne | | | | | | | | | |
| Father | | | | Mother | | | | | | | | | | | | | | | | |
| Name of Children Age | | | | ge | | | | Job | | | | | Income | | | | | | | |
| <u> </u> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

| Brother/Sister | Age | | | Job | | | Income | | | | | |
|---|--------------------|----------------------|----------|-----------|----------|-------|---------|-----|-------|--|--|--|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Application for New Ho | use | | | | | | | | | | | |
| Remaining Work | | 50% | | 75% | 100% | | ' | | | | | |
| Total area of House | | | | | | | | | | | | |
| The Home/place of cons | of mem | ber? | Yes | | No | | | | | | | |
| If not, who owns it | | | | | | | | | | | | |
| The cost of construction | | | | | | | | | | | | |
| The Cost for improveme | | | | | | | | | | | | |
| Financial assistance rece | ived from other or | ganizati | on | | | | | | | | | |
| | | Dec | claratio | า | | | | | | | | |
| I declare that the information I have given on this form is correct and complete and I agree that you will use the information I have provided to process my claim for Housing Improvement. I understand that you may check this information with other sources before finalizing your decision against the request. I know that you will provide the fund according to the information you received from your coordinator. | | | | | | | | | | | | |
| Name Date | | | | | | | | | | | | |
| For Office use only | | | | | | | | | | | | |
| Application Received Da | Time | | | | | | | | | | | |
| Branch Report | | | | | | | | | | | | |
| | | | | Brai | nch Pres | sidnt | Signati | ure | Stamp | | | |
| Team Report | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Г | | | | | | | | | |
| Application Received Da | MAP Te | eam Leader Signature | | | | | | | | | | |
| Amount allowed | | | Name | e of Rece | eiver | | | | | | | |
| | * | | • | | | | | | | | | |