

## NON-CAYMANIAN COVID-19 SUPPORT APPLICATION FORM

In an effort to assist work permit holders who has been impacted by COVID-19 and is in dire need while in the Cayman Islands, the CI Government is hereby considering temporary/one time support for immediate needs. Initial support will be for the provision of a one-time food voucher.

This temporary support will focus primarily on work permit holders without employment who has insufficient income or savings to provide for their immediate needs.

This form must be completed in its entirety with required documents and on submission, Immigration and employment checks will be conducted to determine suitability. Please ensure that all information you provide is honest and accurate to the best of your knowledge.

Sup	porting	docum	ents:

□ Passports or Driver's License

□ Salary/wages – all applicants should provide proof of income by a pay-slip or employment letter, preferably indicating earnings within the last 4 week period.
□ Rental Accommodation – Copy of the signed lease agreement with tenant as well as copy of tenant's identification.
□ Savings – Clients should disclose any savings or cash they have available to them. Where possible, applicants should submit recent bank statements. The Ministry may conduct bank checks if deemed necessary.

<u>Documents and completed form may be submitted via email to CIGCOVIDSupport@gov.ky or submit to a Drop</u> Off Box outside of WORC Office on Elgin Avenue. For guidance, please call 244-8000.

Please note that it is an offense to provide false or misleading information to a public officer, in accordance with Section 255 of the Penal Code.

## **NON-CAYMANIAN COVID-19 SUPPORT APPLICATION**

Required Needs:	Food	_				
	Additional	Suppor	rt			
	Specifically:					
T1						
First Name						_
Last Name	T MALE					
Sex	MALE MALE			FEMALE		
Date of Birth	DD	/MM		/Y	Y	
Cell phone Number						
Email Address						
Physical Address						
Household Size in	<u> </u>					
the Cayman Islands						
Name						
Date of Birth						
(DD/MM/YY)						
Relationship to						
Applicant						
пррпсин						
Immigration Status						
Occupation						
Passport Number						
Issuing Country						
Intended Departure	On Imme			Within 3		Resume Work
	Opening of Ai	rport	Months	of Airport	/	No Departure
				Opening		Date
Employer's Inform	ation					
Company Name						
Company Industry						
Employer's Name						
Employer's						
Telephone Number						
Employer's Email						
Address						
Is the Company Able	e to Provide Fina	ncial				
Support to the Emplo	oyee?					

Bank Information Bank Name Branch Name					
Bank Account Number Bank Account Type		7 8	AVINGS		CHEQUING
Approximate Savings Amount		KYD KYD			USD
Income					
Are you receiving an inco	ome		Full		How Much:
			Partial		How Much:
			None		
Other Income		Please provide supporting document			
E			<del></del>		
<u>Expenses</u>	Amo	ount	Owed	Pai	d until
Rent					
Electricity					
Water					
Food					
destroys, defaces, conceals or falsifie	es any acco or makes u	ount o	or any records or de account, or any such	ocument m	for himself or another or with intent to ca ade or required for any account purpos document as aforesaid, which to his/her k imprisonment for seven years."

Date Applicant Name Applicant Signature