

UAP no. web-



**Government of Trinidad and Tobago
Ministry of Public Utilities
UTILITIES ASSISTANCE
PROGRAMME**



Name: Age:

Address:

Gender: M F Telephone #: I.D. #

Mailing Address (If different from above):

Next of Kin: Telephone #:

Relationship to Applicant:

Address:

At present, I receive: Old Age Pension Social Welfare Disability Grant

Bill Assistance applying for: WASA T&TEC



Account # (Old) (New)

Class: A2 A3 A4

Are you the owner of the above property? Yes No

Do you own any other property? Yes No

If Yes, give details



Account #.....

Consumption:

Billing Period:

..... /..... /.....
Applicant's Signature Date (mm/dd/year)

FOR OFFICIAL USE ONLY



Copies of Documents to be submitted.

ID Card Public Assistance Utility Bill Proof of Ownership/Right to occupy

Date Sent to Agency:

Date Verified by Agency:

Application Approved

Not Approved

..... /..... /.....
Received and verified by Ministry of Public Utilities Date (mm/dd/year)

Remarks