



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.

Supporting documents:

- 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.

Documents and completed form may be submitted via email to CIGCOVIDSupport@gov.ky or submit to a Drop 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.

COVID-19 SUPPORT APPLICATION

Required Needs:

Food

Additional Support

Specifically: _____

First Name			
Last Name			
Sex	<input type="checkbox"/> MALE	<input type="checkbox"/>	FEMALE
Date of Birth	DD	/MM	/YY
Cell phone Number			
Email Address			
Physical Address			

Household Size in the Cayman Islands				
Name				
Date of Birth (DD/MM/YY)				
Relationship to Applicant				

Immigration Status			
Occupation			
Passport Number			
Issuing Country			
Intended Departure	<input type="checkbox"/> On Immediate Opening of Airport	<input type="checkbox"/> Within 3 Months of Airport Opening	<input type="checkbox"/> Resume Work / No Departure Date

Employer's Information

Company Name		
Company Industry		
Employer's Name		
Employer's Telephone Number		
Employer's Email Address		
Is the Company Able to Provide Financial Support to the Employee?		

Amount of Financial Support Provided	
Does the Company provide Pension for the Employee?	
Pension Plan Company	
Does the Company provide Health Insurance for the Employee	
Insurance Company and Plan Type	

Bank Information

Bank Name		
Branch Name		
Bank Account Number		
Bank Account Type	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHEQUING
Approximate Savings Amount	<input type="checkbox"/> KYD	<input type="checkbox"/> USD

Income

Are you receiving an income	<input type="checkbox"/> Full	How Much:
	<input type="checkbox"/> Partial	How Much:
	<input type="checkbox"/> None	
Other Income	<input type="checkbox"/> Please provide supporting document	

Expenses

	Amount Owed	Paid until
Rent		
Electricity		
Water		
Food		

Note: Pursuant to section 255 of the Penal Code—"A person who dishonestly, with a view in gain for himself or another or with intent to cause loss to another – destroys, defaces, conceals or falsifies any account or any records or document made or required for any account purpose; or (b) In furnishing information for any purposes, produces or makes use of account, or any such record or document as aforesaid, which to his/her knowledge is or may be misleading, false or deceptive in a material particular, commits an offense and is liable to imprisonment for seven years."

"By signing this document I confirm that, to the best of my knowledge, all of the information I have provided is factual. Furthermore, I confirm my understanding that my application will be considered on a one off basis and subject to the international borders in the Cayman Islands being reopened; I will be required to return to my home country unless I possess the financial ability to support myself and my household financially."

Applicant Name

Applicant Signature

Date