

OWN HOUSE APPLICATION FORM FOR HOUSING ALLOWANCE

***These documents must accompany this Application:**

- Your Letter of Appointment made by Teaching Service Commission (TSC) / Public Service Commission (PSC).
- Copies of Land Lease Title & Property Tax of the property is located in an urban area
- A supporting letter from a local authority (eg. Chief) if the property is located in your customary land

*** Section 4 applies only to officers appointed by TSC**

***Officer providing false documents or information shall be subject to disciplinary action**

*** Please PRINT clearly.**

SECTION 1: TO BE COMPLETED BY OFFICER.

Officer's Full Name: _____

Work Location: _____

Entry Date of Service: / / / /

Post Title: _____ Post No. / / / / / / / /

Payroll No. / / / / / / / /

Employment Status: *Permanent* () *Probation* () *Local Contract* ()
(PLEASE TICK APPROPRIATE BOX)

Name of spouse / de facto partner: _____

Is he / she employed by Vanuatu Government? YES () NO ()

If YES, state the Government Ministry or Department he / she is attached to:

State actual date you started residing in your house: / / / /

SECTION 2.

WITNESS REQUIRED TO CERTIFY OWNERSHIP PROPERTY:

Name: _____

Address: _____

Phone: _____ Title / Occupation: _____

SECTION 3:

CERTIFICATION OF PROPERTY OWNERSHIP

I, _____ hereby certify that the house I am currently residing in is my own property and the details provided above are correct and true. I also certify that I shall notify the Department of Education in writing immediately, should any of these details change.

Signature of Officer: _____ Date: / ___ / ___ / ___ /

Date: /

SECTION 4: REMARKS BY HEADTEACHER / PRINCIPAL:

Name: _____ Signature + Official stamp: _____

Date: / ___ / ___ / ___ /

CHECKED BY PROVINCIAL EDU. OFFICER / CHURCH EDU.DIRECTOR:

Name: _____ Signature + Official stamp: _____

Office Location: _____ Date: / ___ / ___ / ___ /

SECTION 5: OBSERVATION BY DIRECTOR:

Name: _____ Signature + Official stamp

Division of: _____ Date: / ___ / ___ / ___ /

SECTION 6: APPROVAL BY SECRETARY-

PUBLIC SERVICE COMMISSION: () TEACHING SERVICE COMMISSION ()
(PLEASE TICK APPROPRIATE BOX)

Allowance: **approved ()** **refused ()**

Name: _____ Signature + Official stamp: _____

Employee and Salary Section (Ministry of Education) informed by
Secretary – PSC () TSC () on (Date) / ___ / ___ / ___ /
(PLEASE TICK APPROPRIATE BOX)