



Application

Public Entity: One-time relief package

Apartment owners, Taxi Drivers and other business owners

The Public Entity Saba has implemented additional support measures for apartment owners, taxi drivers and other business owners in order to alleviate the burden of costs related to the Covid-19 crisis. The compensation is granted in a one-time relief package.

The following conditions apply to be eligible for a one-time contribution:

- You must be a fulltime resident of Saba
- You have been affected by the covid-19 crisis during the period of March 13th, 2020 to present July/August, 2020 but were unable to qualify for any other relief packages.
- Apartment owners must provide proof that they have been affected due to the crisis. (for example, contracts, emails/messages from tenants, etc.) Other information may be requested from business owners.

The regulation is implemented through the Public Entity Saba. Based on your information provided in this form the Public Entity will assess your situation and determine if you are eligible for support, taking above conditions into consideration.

Send in this form completed and signed **ultimately by August 21st, 2020** with a copy of your valid identification card, along with requested proof for apartments as an attachment to onetimerelief@sabagov.nl

If necessary, the Public Entity can request additional information from you.

1. Personal details

First name	
Last name	
Date of birth	(dd-mm-yyyy)
ID card number	
Address	

2. Required information

Describe your situation

- I am an apartment owner

- I am a taxi driver:
Specify taxi number _____

- Other: _____
(specify)

What was your total monthly apartment rental/
taxi/ other business income **prior** to March 13th,
2020?

*(If you do not have a fixed income specify your
average monthly income over the period Dec 2019
– Feb 2020)*

What was your total monthly apartment rental/
taxi/ other business income **after** March 13th,
2020 **to present**?

*(If you do not have a fixed income specify your
average monthly income)*

3.Contact information

Phone-number

E-mail address

4. Bank information

Name of your bank

Bank Account number

5. Signature

By signing this form I declare that I understand the information as stated above and that all questions are answered truthfully. I also declare to comply with the requirements of this arrangement. I acknowledge that additional documentation may be required and I hereby give consent to inquire by SZW and the Ministry of EZK if I was found eligible for a relief package.

Date

Name

Signature