

**F****FAMILY**

POWER SUBSIDY



PURPOSE

- This support is to help vulnerable Cook Islands Welfare beneficiaries with power bill costs.
- A payment of **\$66** will be paid **every quarterly—directly to Te Aponga Uira** for Rarotonga residents and to beneficiaries BCI account for Pa Enua residents.



FOR WHOM

- Cook Island Pensioner, Destitute and Infirm beneficiaries living alone and have a monthly income of **\$700** or less.
- More than 2 Cook Islands pensioners living in the same household with a total income of **\$1,400** or **less** per month—(Only one pensioner will receive the subsidy).
- Cook Island Pensioner, Destitute or Infirm beneficiary living with family members where total income for the whole household is **less** than **\$15,000 per annum**.



APPLY

1. Collect application from Main Office in Tupapa OR phone to have form emailed to you. To download application visit our website **www.intaff.gov.ck**
2. Fill and sign form; attach required documents.
3. Submit complete application to Main Office or email it to: **welfare@intaff.gov.ck**
4. A Welfare Officer will contact you in regards to your application once received—to carry out an Assessment.

For any enquiries please call +682 29370 or send through your query via email above.



YOU NEED

- Passport or Birth Certificate.
- Copy of electricity Bill (Connection number must be registered under beneficiaries name).
- Applicant's Valid ID—Drivers License or Passport.



CHECKLIST FOR POWER SUBSIDY APPLICATION

Eligibility:

- ☐ Must be recipient of the Cook Islands Old Age Pension or Destitute or Infirm benefit
- ☐ The house must have electricity and under the applicants name
- ☐ Single beneficiary living alone and receiving a combined income of \$700.00 or less per month
- ☐ Two beneficiaries living in the same house and have other sources of income with a combined total of \$1,400.00 or less per month or other persons living in the same household as the pensioner that has a combined income of less than \$15,000.00 per annum

Supporting Documents:

- ☐ Passport or driver's license
- ☐ Electricity bill
- ☐ BCI bank account confirmation for RAROTONGA residence only

Please Note:

One beneficiary in the household will receive the Power Subsidy payment



GOVERNMENT OF THE COOK ISLANDS
MINISTRY OF INTERNAL AFFAIRS

P O Box 98, Rarotonga, Cook Islands * Tel: (682) 29-370 * Fax: (682) 23-608 * E-mail: welfare@cookislands.gov.ck

POWER SUBSIDY APPLICATION FORM

Please complete all questions – if not applicable write N/A.

☐ New application ☐ Reapplying

PLEASE INDICATE THE TYPE OF BENEFIT/ ASSISTANCE YOU ARE RECEIVING:

☐ OLD AGE PENSION

☐ INFIRM RELIEF

☐ DESTITUTE PAYMENT

SUPPORTING DOCUMENTS

I have provided all the required supporting documents:

☐ Household Electricity connection
number

☐ Passport

☐ BCI Bank account (Pa Enua only)

REF: _____

A/C Name: _____

EXP: _____

A/C No _____

BENEFICIARYS' DETAILS

FIRST NAME: _____

SURNAME: _____

Date Of Birth: ____/____/____

GENDER: ☐ MALE

☐ FEMALE

CONTACT DETAILS

ISLAND: _____ VILLAGE: _____

Phone/mobile: _____ Email: _____

RESIDENCY

Other persons living permanently in the same house as the applicant:

(a) Males Ages

(b) Female Ages

OTHER FORMS OF INCOME - Are you receiving any other form of income: YES ☐ NO ☐

	Income type	Amount per month

☐ Income from other persons living in the same house: YES ☐ NO ☐

	Income type	Amount per month

YOUR DETAILS (person whom completed the application form must also provide a form of identification)

FIRST NAME: _____ SURNAME: _____

Your relationship to the beneficiary: _____ Your contact number: _____

Signature _____ date: _____

OFFICE USE ONLY

Statement by Officer: I have explained the conditions for receiving of this benefit/ assistance and explained what the client's obligations means and the reason for them. The client has indicated that he/ she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print) _____ Signature _____ date _____

Additional Information:

Recommendation:

(Outer Islands/ Rarotonga)

Application received by: _____

Dates

Application received: _____
 Supporting documents : _____
 Supplementary _____
 documents: _____
 Referred to Main Office _____
 O/Island Application No. _____
 Head Office Application _____
 No. _____

(Rarotonga ONLY)

Application received by: _____

Dates

Pay period: _____
 Payment amount: _____
 Other payment: _____
 Payment amount: _____
 Addition Voucher No. _____
 Main Vchr from: _____

FOR DIRECTOR/ COMMITTEE

Decision: _____

Name (print) _____ Signature _____ date _____