



MAURITIUS HOUSING COMPANY LTD

Covid-19 Support Scheme

Application form

	APPLICANT	APPLICANT SPOUSE
SURNAME		
OTHER NAME		
NIC		
ADDRESS		
CONTACT NO.		
EMPLOYMENT DETAILS		
Occupation		
Employer		
Salary		

	CO-APPLICANT	CO-APPLICANT SPOUSE
SURNAME		
OTHER NAME		
NIC		
ADDRESS		
CONTACT NO.		
EMPLOYMENT DETAILS		
Occupation		
Employer		
Salary		

Please indicate how your revenue has been adversely affected by the Covid-19 pandemic :

I/we confirm to the best of my/our knowledge, that the above information is true and correct.

Client's Signature

Client's Signature

DOCUMENTS TO BE SUBMITTED:

1. Copy of latest payslip and letter from employer indicating impact on salary
2. For self-employed: letter indicating nature of business, Trade Licence/BRN and latest MRA return
3. Bank statement for last six months.

Application form to be submitted together with the supporting documents and any other evidence to show the impact of the pandemic on revenue.

For any assistance please contact us on : mhcsupport@mhc.mu