

# ICON Shelter Grant (Aishwarya Home)

ICON CHARITIES | P O Box 11 | Pampady, Kottayam 686 502

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Reg. No.: 17/IV/2021

**in pursuit of increasing quality of life**

ICON Shelter Grant ( Aishwarya Home ) is a partial financial assistance program to build low-cost new house or repair an existing house. The family should own a piece of land but can't afford to build a home for themselves. The beneficiaries are known to ICON volunteers or its supporters who therefore can speak for their plight to ICON community, on their behalf.

Please complete all information legibly and honestly; incomplete form will not be considered.



|                          |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                                                             |
|--------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Paste Photo Here         | <b>Applicant Information</b>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                      | Date: <span style="float: right;">D D M M Y Y Y Y</span>                |                                                                             |
|                          | (1) Full Name                                                                                                 | (2) Aadhaar No: <div style="border: 1px solid black; width: 100px; height: 1.2em; display: flex; align-items: center; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | (4) Age                                                                 | (5) Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|                          | (7) Address (Family Name, Post Office, Place, etc) & Mob. No.<br><br><br><br><br><br><br><br><br><br>Mob. No. |                                                                                                                                                                                                                                                                                                                                                                                                      | (6) Education                                                           | (7) Monthly Income                                                          |
|                          |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                      | (8) Occupation                                                          |                                                                             |
| (9) Land Owns (in cents) |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                                                             |
|                          |                                                                                                               | (10) Owns Home<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                        | (11) BPL<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                             |

|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                 |                  |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------|------------------|
| <b>Family Information</b>                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                 |                  |
| (12) Spouse Name                                                                                    | (13) Aadhaar No: <div style="border: 1px solid black; width: 100px; height: 1.2em; display: flex; align-items: center; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | (14) Age                                                     | (15) Education  | (16) Occupation  |
| (12a) Other family members living at the same home: Name & Relationship                             |                                                                                                                                                                                                                                                                                                                                                                                                       | (14a) Age                                                    | (15a) Education | (16a) Occupation |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                 |                  |
| (17) Name of the family member who have special needs (chronic sickness, disabled), if any. Explain |                                                                                                                                                                                                                                                                                                                                                                                                       | (18) Bank Acct. Details (Name, Branch, Acct. No., IFSC etc): |                 |                  |

**Reason for help**  
 (19) Explain the situation that needs public assistance. Attach documents as needed.

**References** Give two references who are knowledgeable about the situation and who are not family members of the beneficiary.

|                     |                    |             |                        |
|---------------------|--------------------|-------------|------------------------|
| (20) Name & Address | (20a) Occupation   | (20b) Phone | (20c) Signature & Date |
| (21) Name & Address | (21a) Relationship | (21b) Phone | (21c) Signature & Date |

**Office Use Only**

|                 |                        |                              |                                                                                                                   |                       |
|-----------------|------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------|
| (a) File Number | (b) Web Ref Number     | (c) ICON Volunteer/Supporter | (d1) Requested Amount                                                                                             | (d2) Suggested Amount |
| (e) ICON Note   |                        |                              | (f) Getting Other Help: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, source and the amount |                       |
|                 |                        |                              |                                                                                                                   |                       |
| (g) Religion    | (h) Caste/Denomination | (i) Eligible for Govt Help   | (j) Date Approved                                                                                                 | (k) Date Given        |
|                 |                        | (l) Given Amount             |                                                                                                                   |                       |