New Hope Widow's House - Application Form

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1. Na	ame of Applicant:	LUS	3Y		CERTIFICATE
2. Da	1. Name of Applicant: LUSY 2. Date of Birth: 1980-06-06 Age: 45				
3. H	B. Husband's Name :RAVI				
4. Ac	4. Address: 8-454B, TEST				
Mobile No: 2147483647					
		details (Give the details of Sons / daughters if any)			
	l.No Nar	To the second se	tionship	Occupation	Remarks
	RANI	DAUGI		NO	
	ARUN	SO		TEACHER	
				_	
6. Na	ame of the Church v	ou attend :	CALS		
7. Is your Church a member of New hope: Yes / No YES					
8. If yes, for Q-7 Pastor's name and address : RAVI KUMAR					
9. Do you have own Land: Yes / No (If yes, how many cents:NO)					
10. Is that land got any legal dispute in court? Yes / No:NO					
11. Is there any of your children working in Govt. / Private? : Yes / No NO					
12. Your annual income approximately is Rs. :20000					
13. Do you get any pension from Government:NO					
14. Attachments: 1. Widow Certificate (From Church & Govt.)					
2. Photo					
3. Proof of land (photo copy of land document)					
4. A recommendation letter from the member of New hope project					
15. Address Proof (Attach a copy). Aadhaar / Ration card / Voter ID / any other					
		<u>Declarati</u>	<u>on</u>		MA NAME OF THE PARTY OF THE PAR
I, ł	nereby declare that the	above information given by	y me is true to the	e best of my knowledg	e.
100000000000000000000000000000000000000	KANAMCODE		Y	our's Faithfully	
Date:	2025-06-21				
		For Official	Ol		
		<u>For Official u</u>	<u>se only</u>		
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Director		Secretary	-	Treasurer	
Director		occi ctar y		rreasurer	

Remarks if any: