



APPLICATION FOR HOUSING

Form DPSM 22
Rev.

General Order 901.2

BOTSWANA GOVERNMENT

Duplicate No. 1 Housing Allocation Authority
No. 2 File copy/employing Ministry/Agency

1. Applicant's post and family situation

Applicant's surname		First names		Mr/Mrs/Miss	Post and grade	
Ministry/Department/Agency				Duty station		
Date of first appointment/date of transfer		Term of Contract		Year(s)		Salary
Wife/Husband resident with the officer? Yes/No		Officer is single		Yes/No.		Officer expects family to join him on (date)
Name of children or of the dependents to be accommodated in the house		Age	Sex	Date of Arrival		Resident/Holiday only
Now Accommodated at						
Type of Accommodation Applied for House		HC House	MC House	Flat 1 bed		
House or Plot possessed in Botswana by Applicant:- Place /House No. /Plot No.		LC House	2 bed			
Applicant's signature		Date		Applicant's Address		Telephone No.

2. Confirmation (by Ministry/Department/Agency)

Is Officer non Government funded? If so specify			
Who is responsible for paying rent.			
The Officer	<input type="checkbox"/>	Rent free	<input type="checkbox"/>
Aid agency	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/> I confirm that the officer is eligible for housing in terms of and that the details of the employment are correct.			
Signature	Name in block letters		grade
date			

2(a). Any other information concerning the officer and family — especially any factor (e.g. medical/physical) which could affect the type or location of accommodation.

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3. Decision (By Housing Allocation Committee)

Signature			
Name in block letters		Designation	date

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