Pradhan Mantri Awas Yojana

FORMAT B - REQUIRED INFORMATION OF BENEFICIARY*

Name of head of the family 1 **Sex** [*Male:* 01, *Female:* 02, *Transgender:* 03] 2 If Female, Married: 01, Widow: 02, Single: 03 Father's Name/Spouse Name 3 **Present Address and Contact Details** 4 i. House/Flat/Door No. ii. Name of the Street iii. City Mobile No. iv. 5 **Permanent Address** House/Flat/Door No. i. ii. Name of the Street iii. City/Village District, State iv. Ownership details of existing house 6 [Own - 01, Rent - 02, Otherwise - 03]Type of the house based on roof type 7 Pucca (CC & Stone Slab)-01, Semi-Pucca (Asbestos/ Steel Sheet, Tiled)-02, Katcha (Grass/thatched, Tarpaulin, Wooden)-03] Number of rooms in the dwelling unit 8

9 Aadhaar Card, if not available

excluding kitchen

Voter ID Card/Any other unique identification numberor a certificate of house ownership from Revenue Authority o beneficiary's native district

10 Number & age of family members

Relationship to Head of the Family	Gender	Age	Aadhaar/Voter ID Card/Any other
			uniqueidentification Revenue Authority
			of benificiary native district

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11 Religion

[Hindu-01, Muslim-02, Christian-03, Sikh-04, Jainism-05, Buddhism-06, Zoroastrianism-07, others (specify)]

12 Caste

[General-01, SC-02, ST-03, OBC-04]

13 Bank Details a. Bank account number

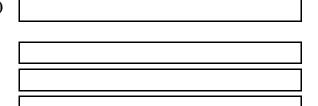
b. Name of the Bank & Branch

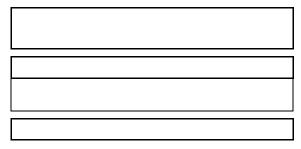
- 14 Number of Years of Stay in this Town/City [0 to 1 year -01, 1 to 3 years- 02, 3 to 5 years- 03, More than 5 years-04]
- 15 Size of existing dwelling unit (Carpet area in square meters)
- 16 Whether the family owns any house/ residential land anywhere in India (Yes/No)
 - If yes,
 - c. then location details (Locality/City/State)
 - d. If yes, then extent of land in Sq.mtrs

17 Employment Status

(Self Employed – 01, Salaried – 02, Regular Wage – 03, Labour – 04, Other – 05)

- 18 Average monthly income of household (in Rs.)
- 19 Does the family have a BPL Card (Yes / No)If yes, Provide BPL Card No
- **20 Housing requirement of family** (*New House* 01, *Enhancement* 02)





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In case of enhancement, please specify

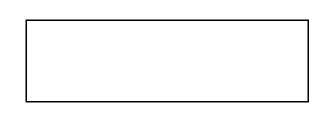
21 enhancement required [One room/Kitchen/ Bath/Toilet or combination of these]

Preferred component of Mission under

22 which beneficiary need assistance under HFA

> *i.* Credit linked subsidy - 01 *ii.* Affordable Housing in Partnership - 02 *iii.* Self construction - 03

Signature/Thumb Impression of Head of Household



Signature of representative of ULB in-charge of above information

