



**FORM - 1**  
**Livelihood Support - Cash Grants**

Form Number

Date     
DD MM YYYY

**Earthquake Reconstruction and Rehabilitation Authority**

**TARGETING FORM**

Please  
- Use Black Ballpoint  
- Use English Block Letters  
- Write One Letter in One Box

**A - Location**

1. District

2. Tehsil

3. Union Council

4. Patwar Circle

5. Name of Village / Mohallah

**B - Family Head's Personal Information**

6. Full Name of Family Head

7. Full Name of Applicant (if different from Head of the Family)

8. Relationship with Head of the Family  
 Self  Husband / Wife  Son / Daughter  Brother / Sister  Others (please specify)

9. NIC / CNIC Number of Family Head

10. Family Number (as given in CNIC)

11. Age of Family Head (Years)

12. Gender of Family Head  
 Male  Female

13. Marital Status of Family Head  
 Married  Unmarried  Divorced  Widow  Widower  Separated

14. Contact Address of Family Head

**C - Family Information**

15. Total Number of Persons living with Family Head (including Head of the Family)

16. Number of Persons Below 18 years

17. How many Orphan(s) did the Family Adopt after the Earthquake?

18. Is Head of the Family Disabled? Yes  No

19. How many Disabled persons in the Family (Blind, Deaf & Mute, Physically Handicapped, Mentally Retarded, Multiple Disabilities) are of the age of 18 years and above?

20. How many Disabled Persons are Below 18 years?

**D - Miscellaneous Information**

21. Is the Family Head or any other Family Member living with Head of the Family currently employed in Government Service (Grade 17 or equivalent and above) Yes  No

22. Did the Family Head received housing compensation of Rs. 25,000 given by the Government Yes  No

23. Status of House: Destroyed  Damaged  No-Damage

24. Loss of livestock in the Earthquake (Cattle, Goats, Sheep, Horse) Yes  No

**E - Bank / Post office Account Information**

25. Does the family head / applicant or any member have bank / post office account?  
 BANK  POST OFFICE  NO ACCOUNT  (If no account, move to question 31)

26. Title of Account ( In which money would be transferred, if Head of the Family is declared eligible)

27. NIC / CNIC Number of Account Holder

28. Name of Bank / Post Office

29. Account Number

30. Address of Bank / Post Office where the Account is maintained

**F - Declaration**

31. Declaration: *I hereby declare that information given above is true. I also understand that provision of false information may result in CRIMINAL PROSECUTION.*

\_\_\_\_\_  
Signature of Applicant

32. Name of Data Collector

\_\_\_\_\_  
Signature of Data Collector

**G - Livelihood Support - Cash Grants : Receipt for Targeting Form**

1. Form Number

2. Full name of Family Head

3. NIC / CNIC Number of Family Head

4. Name of Data Collector

Date     
DD MM YYYY

\_\_\_\_\_  
Signature of Data Collector

**FORM - 2**  
**Livelihood Support - Cash Grants**



Reference Number from FORM 1

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY			

**Earthquake Reconstruction and Rehabilitation Authority**

**BANK/POST OFFICE ACCOUNT INFORMATION FORM**

Please  
 - Use Black Ballpoint  
 - Use English Block Letters  
 - Write One Letter in One Box

BANK

POST OFFICE

1. Full Name of Family Head

2. NIC / CNIC Number of Family Head

3. Full Name of Applicant (if different from Head of the Family)

4. Relationship with Head of the Family  
 Self  Husband / Wife  Son / Daughter  Brother / Sister  Others (please specify) .....

**(Please Complete Question 5 to 9 through respective Bank Officer)**

5. Title of Account ( In which money would be transferred, if Head of the Family is declared eligible)

6. NIC / CNIC Number of Account Holder

7. Name of Bank / Post Office

8. Account Number

9. Address of Bank / Post Office where the Account is maintained

Signature of Applicant

**LIVELIHOOD SUPPORT - CASH GRANTS: RECEIPT FOR BANK / POST OFFICE ACCOUNT INFORMATION**

Reference Number from FORM 1

1. Full name of Family Head

2. NIC / CNIC Number of Family Head

3. Institution (Targeting Team, UCRC / RCRC or District Office)

4. Name of Officer

Signature \_\_\_\_\_

Date      
 DD MM YYYY