

**Government of Montserrat**

**APPLICATION FORM**

**COVID-Related Financial Support**

**Support for Businesses Affected by COVID-19**

Eligible privately-owned businesses can apply for monthly Financial Support.

Support is available to owners of companies and sole proprietorships who can adequately demonstrate financial difficulty as a result of COVID-19.

**Please state below the names and addresses of full-time employees on whom you have based your claim for Financial Support**

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| --- | --- | --- | --- |
| **Emp No.** | **Employee Name** | **Address** | **Gross Average Monthly Salary (six months)** |
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|  | *Please add additional lines as necessary* |  |  |