

Pradhan Mantri Awas Yojana

FORMAT B - REQUIRED INFORMATION OF BENEFICIARY*

1 **Name of head of the family**

2 **Sex** [Male: 01, Female: 02, Transgender: 03]

If Female, Married: 01, Widow: 02, Single: 03

3 **Father's Name/Spouse Name**

4 **Present Address and Contact Details**

i. House/Flat/Door No.

ii. Name of the Street

iii. City

iv. Mobile No.

5 **Permanent Address**

i. House/Flat/Door No.

ii. Name of the Street

iii. City/ Village

iv. District, State

6 **Ownership details of existing house**

[Own – 01, Rent – 02, Otherwise – 03]

7 **Type of the house based on roof type**

Pucca (CC & Stone Slab)-01,

Semi-Pucca (Asbestos/ Steel Sheet, Tiled)-02,

Katcha (Grass/thatched, Tarpaulin, Wooden)-03]

8 **Number of rooms in the dwelling unit excluding kitchen**

9 **Aadhaar Card, if not available**

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

10 **Number & age of family members**

Relationship to Head of the Family	Gender	Age	Aadhaar/Voter ID Card/Any other unique identification Revenue Authority of beneficiary 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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21 **In case of enhancement, please specify enhancement required** [*One room/Kitchen/Bath/Toilet or combination of these*]

22 **Preferred component of Mission under 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