

OFFICE OF THE CECM DEPARTMENT OF LANDS, PHYSICAL PLANNING HOUSING AND URBAN DEVELOPMENT

P.O.BOX 469 _ 40300 HOMA BAY



HOMA BAY COUNTY

5TH FEBRUARY 2024

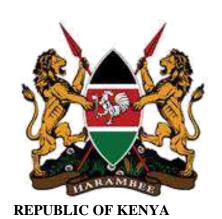
APPLICATION FORM

1000/KISIP/LICW

NAME	SUBCOUNTY	WARD	SETTLEMENT	ID	MPESA PHONE	MPESA NAME	PWD (Yes	GENDER
					NUMBER		or No)	(Female (F
								or Male (M))

I certify that the information I have provided is accurate and	complete and l	I understand that	submitting fa	alse information	will result to
disqualification.					

Name:
Sign:
Date:



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5TH FEBRUARY 2024

APPLICATION FORM

KIJ/KISIP/LICW

NAME	SUBCOUNTY	WARD	SETTLEMENT	ID	MPESA PHONE	MPESA NAME	PWD (Yes	GENDER
					NUMBER		or No)	(Female (F
								or Male (M))

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disqualification.	

Name:
Sign:
Date:



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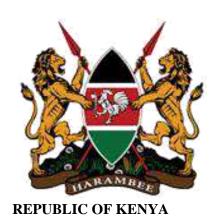
APPLICATION FORM

MAK/KISIP/LICW

NAME	SUBCOUNTY	WARD	SETTLEMENT	ID	MPESA PHONE	MPESA NAME	PWD (Yes	GENDER
					NUMBER		or No)	(Female (F
								or Male (M))

I certify that the information I have provided is accurate and complete and I understand that submitting false information will a	esult to
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Name:
Sign:
Date:



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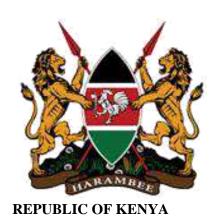
APPLICATION FORM

NDH/KISIP/LICW

NAME	SUBCOUNTY	WARD	SETTLEMENT	ID	MPESA PHONE	MPESA NAME	PWD (Yes	GENDER
					NUMBER		or No)	(Female (F
								or Male (M))

I certify that the information I have provided is accurate and	complete and l	I understand that	submitting fa	alse information	will result to
disqualification.					

Name:	•
Sign:	
Date:	



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HOMA BAY COUNTY

5TH FEBRUARY 2024

APPLICATION FORM

ROT/KISIP/LICW

NAME	SUBCOUNTY	WARD	SETTLEMENT	ID	MPESA PHONE	MPESA NAME	PWD (Yes	GENDER
					NUMBER		or No)	(Female (F
								or Male (M))

I certify that the information I have provided is accurate and complete and I understand that submitting false information will a	esult to
disqualification.	

Name:	
Sign:	
Date:	



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HOMA BAY COUNTY

5TH FEBRUARY 2024

APPLICATION FORM

SY/KISIP/LICW

SUBCOUNTY	WARD	SETTLEMENT	ID	MPESA PHONE	MPESA NAME	PWD (Yes	GENDER
				NUMBER		or No)	(Female (F
							or Male (M))
	SUBCOUNTY	SUBCOUNTY WARD	SUBCOUNTY WARD SETTLEMENT	SUBCOUNTY WARD SETTLEMENT ID			

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Name:	
Sign:	
Date:	



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HOMA BAY COUNTY

5TH FEBRUARY 2024

APPLICATION FORM

SOF/KISIP/LICW

SUBCOUNTY	WARD	SETTLEMENT	ID	MPESA PHONE	MPESA NAME	PWD (Yes	GENDER
				NUMBER		or No)	(Female (F
							or Male (M))
	SUBCOUNTY	SUBCOUNTY WARD	SUBCOUNTY WARD SETTLEMENT	SUBCOUNTY WARD SETTLEMENT ID			

I certify that the information I have provided is accurate and complete and I understand that submitting false information v	will result to
disqualification.	

Name:
Sign:
Date: