



INCOME SECURITY PROGRAMS APPLICATION FOR INCOME ASSISTANCE FOR SENIORS AND PERSONS WITH DISABILITIES AND SENIOR HOME HEATING SUBSIDY

Une version française de ce document est disponible.

Application for Both Programs* Application for Senior Home Heating Only* Application for Income Assistance Only

*Applications for Senior Home Heating Subsidy will only be accepted up to March 15 of each year.

Applicant Information		Co-Applicant Information	
First Name:	Middle Name:	First Name:	Middle Name:
Last Name:		Last Name:	
Date of Birth (yyyy/mm/dd):	Social Insurance Number:	Date of Birth (yyyy/mm/dd):	Social Insurance Number:
Telephone:		Telephone:	
Preferred Name:		Preferred Name:	
Disability: <input type="checkbox"/> Permanent <input type="checkbox"/> Long-term <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable		Disability: <input type="checkbox"/> Permanent <input type="checkbox"/> Long-term <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	
Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other: _____		Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other: _____	
Gender:		Gender:	
Preferred Pronouns:		Preferred Pronouns:	
Ethnicity: <input type="checkbox"/> Dene <input type="checkbox"/> Inuit/Inuvialuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-Indigenous <input type="checkbox"/> Other: _____		Ethnicity: <input type="checkbox"/> Dene <input type="checkbox"/> Inuit/Inuvialuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-Indigenous <input type="checkbox"/> Other: _____	
Mailing Address:			
Street Address:			
Community:	Postal Code:	Email:	

Household Members

Please list everyone that lives in your home.

First and Last Name	Date of Birth (yyyy/mm/dd)	Gender	Relationship
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____

Checklist

Submit the following documents to the Client Navigator in order to be assessed.

- Canada Revenue Agency – Notice of Assessment
- Canada Pension Plan – Disability Statement and/or Disability Tax Credit Statement, if applicable
- Bank Statement(s) from previous 60 days (not required for Senior Home Heating Subsidy)
- Other documents, if applicable
 - Form D – Disability Assessment Form
 - Form G – Rent Report
 - Form H – Homeowner Report
 - Form I – Mature Dependant Form

If your income has changed from the previous year (for example, you left your job), please notify your Client Navigator as you may be eligible for a Current Year Reassessment.

Residency

If you are renting your unit, please complete **Form G – Rent Report**

If you own your home, please complete **Form H – Homeowner Report**

If you plan to be out of the Northwest Territories for a period of three months or longer, notify your Client Navigator.

Income

	Applicant	Co-Applicant
CRA Notice of Assessment – Line 23600	\$ _____	\$ _____

Expenses

Please list your applicable monthly expenses. If you do not know the exact amount, please estimate.

Child Care	\$ _____ Per Month
Rent	\$ _____ Per Month
Utilities – Fuel (if not included in your rent)	\$ _____ Per Month
Utilities – Garbage (if not included in your rent)	\$ _____ Per Month
Utilities – Power (if not included in your rent)	\$ _____ Per Month
Utilities – Water (if not included in your rent)	\$ _____ Per Month

Statement and Authorization

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, sections 40(a), 41(1)(g), and the *Social Assistance Act* and *Income Assistance for Seniors and Persons with Disabilities Regulations*. The information will be used to determine the applicants initial and continued eligibility for Income Assistance and the general administration and enforcement of this program. The privacy provisions of ATIPP protect my personal information. Personal information is defined under ATIPP, Section 2.

All applicants have the right to examine and request correction of their records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, you may contact the Regional Manager or Regional Superintendent in your region.

Applicant and Co-Applicant

1. I declare that:

- a. I am applying for Income Assistance.
- b. I am:
 - i. 60 years of age or older;
 - ii. A person who meets the program's definition of a disability; or
 - iii. A spouse/partner of an individual listed above
- c. The information given in this application and any further applicable forms and documents are true.
- d. I will immediately notify the Client Navigator if my personal or family information changes.
- e. I have read or had someone read and/or translate this Statement of Authorization to me and have asked the Client Navigator to clarify anything that I do not understand.

2. I agree to:

- a. Follow the terms and conditions of the Income Assistance for Seniors and Persons with Disabilities program.
- b. Provide information or documents to verify my initial and continued eligibility for income assistance.

3. I understand that:

- a. The income that I receive from any source must be reported immediately to the Client Navigator, and this income may affect the income assistance benefits that I, and/or the members of my family are entitled to.
- b. False or misleading statements, and/or failure to disclose changes to my personal circumstances, may result in the Government of Northwest Territories (GNWT), Department of Education, Culture and Employment (ECE), demanding the immediate repayment of benefits received, future benefits being denied, and/or criminal prosecution against myself and/or those in my family.
- c. My personal information may be released to the GNWT's Maintenance Enforcement Program.
- d. The Client Navigator may share/exchange my personal information with Housing NWT and/or the Local Housing Authority/Organization for the purposes of program benefit entitlement.
- e. My personal information will be exchanged with other ECE Programs for the management of those programs.

- f. My basic and personal information will be listed in the client registry list.
 - g. An Income Security Program Official will contact other agencies to verify the accuracy of the information that I have provided as part of determining my eligibility for income assistance benefits. These agencies may include the following: GNWT departments, Workers' Safety and Compensation Commission (WSSC), the provincial, territorial, municipal governments, federal government departments, Indigenous Governments and Organizations, landlords, banks or other financial institutions, Housing NWT, credit agencies, insurance companies, Health and Social Services, fuel and utilities companies and employers.
 - h. I can request an appeal, and I can ask the Client Navigator to guide me through the appeal process and help me complete the required forms, if:
 - i. I believe the decision regarding Income Assistance is contrary to the *Social Assistance Act* or the *Income Assistance for Seniors and Persons with Disabilities Regulations*; or
 - ii. I believe the decision regarding Senior Home Heating Subsidy is contrary to the Senior Home Heating Subsidy Policy Manual.
 - i. This statement and authorization are valid for the application period. This statement and authorization must be re-signed every application period or whenever my relationship status changes.
4. I consent to the release of my personal information to the Income Security Program, by those agencies listed in 3.g above to verify my personal information required to determine my initial and continued eligibility for Income Assistance as provided by the Income Security Programs.
5. The authorization is valid for the Income Assistance Program for the three taxation years prior to the year of signature, and the most recently available tax information, the current taxation year, and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf. Further, I understand that if I wish to withdraw this consent, I may do so at any time by writing to the Regional Manager or Regional Superintendent in my region.

I understand and Agree to the Statement and Authorization

Applicant

First Name _____ Last Name _____

Applicant Signature _____ Date (yyyy/mm/dd) _____

Co-Applicant

First Name _____ Last Name _____

Co-Applicant Signature _____ Date (yyyy/mm/dd) _____

Mandatory Option for Canada Revenue Agency Release (must select one)

Option A

I consent to the release, by the Canada Revenue Agency, to an official of Government of Northwest Territories Income Security Programs, of information from my income tax returns, and, if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to and used solely for the purpose of determining and verifying my/our eligibility, entitlement, for and the general administration and enforcement of Income Security Programs under the *Social Assistance Act*, *Income Assistance Regulations* and *Access to Information and Protection of Privacy (ATIPP) Act*, and will not be disclosed to any other person or organization without my approval.

Applicant Full Name

Applicant Initial

Co-Applicant Full Name

Co-Applicant Initial

OR

Option B

I understand that I will provide information from my income tax returns, and, if applicable, other required taxpayer information about me, whether supplied by me or by a third party and redact information that is not related to this application. The information will be relevant to and used solely for the purpose of determining and verifying my/our eligibility, entitlement, for and the general administration and enforcement of Income Security Programs under the *Social Assistance Act*, *Income Assistance Regulations* and *Access to Information and Protection of Privacy (ATIPP) Act*, and will not be disclosed to any other person or organization without my approval.

Applicant Full Name

Applicant Initial

Co-Applicant Full Name

Co-Applicant Initial

Seniors Only

I understand that I can only access one program. If I receive the Senior Home Heating Subsidy, I will not be able to access Income Assistance for Seniors and Persons with Disabilities until the next application period.

Applicant Initial

Co-Applicant Initial

Home Heating Supplier Name: _____ Account Number: _____

If you have more than one home heating supplier, please notify your Client Navigator and work with them to complete the Senior Home Heating Subsidy – Heating Plan

I Have Explained the Statement and Authorization to the Applicant(s) to Ensure They Understand

Client Navigator

Name

Signature

Date (yyyy/mm/dd)

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If you have any questions about the collection of information, contact the Program Specialist at the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-767-9355.