



Income Security Programs

Case Number \_\_\_\_\_

## Application for Senior Home Heating Subsidy For April 1, 2021 - March 31, 2022

**DEADLINE TO APPLY: MARCH 31, 2022**

### Applicant Information

Last Name	First Name	Middle Initial
Date of Birth (YY/MM/DD) / /	Social Insurance Number / /	
Street Address		
Mailing Address		
Community ,NT	Postal Code	
Telephone ( )	Email Address	

### Co-Applicant Information

Last Name	First Name	Middle Initial
Date of Birth (YY/MM/DD) / /	Social Insurance Number / /	
Email Address		

### Residency

How long have you lived at the street address above?		
Do you plan to remain in the NWT for the next 12 months?	Yes	No
If not, when are you leaving?		

This information is being collected under the authority of the Access to Information and Protection of Privacy (ATIPP) Act, Section 40(c)(i) and Section 41.(1)(g). The privacy provisions of the ATIPP Act protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-767-9355.

### Homeownership / Rental Information

Do you own your own home?      Yes                      No      If yes, please provide proof of ownership  
(example: deed or property tax notice)

Do you rent?                      Yes                      No      If yes, please provide a copy of your rental lease agreement

If you answered no to both of the above questions, please explain:

### Applicant / Co-Applicant Income

	Last Name	First Name	Net income (from line 236 of tax assessment)
Applicant			\$
Co-Applicant			\$

I / We am / are including proof of income (Notice of Assessment from Canada Revenue Agency)

Yes                      No

### Home Heating Source Supplier(s): Choose all that apply

Type	Oil	Propane	Wood	Electricity	Gas	Pellets
If choosing more than one, please indicate how you would like it allotted.	____%	____%	____%	____%	____%	____%
Name of supplier						
Telephone			Fax			
Name of supplier						
Telephone			Fax			
Note: suppliers cannot be changed once full payment has been issued.						

### Checklist

Have you provided proof of age (example: birth certificate or driver's license)?	Yes	No
Have you provided proof of ownership?	Yes	No
Have you provided a rental lease agreement?	Yes	No
Are you including your heating bills (required if applying for reimbursement)?	Yes	No
Have you provided your Canada Revenue Agency Notice of Assessment?	Yes	No

## Statement and Authorization

This information is being collected under the authority of the *Access to Information and Protection of Privacy Act, Section 40(c)(1) and section 41.(1)(g)*. The information will be used to determine my initial and continued eligibility for the Senior Home Heating Subsidy 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 his or her 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 area.

### Applicant

1. I am applying for the Senior Home Heating Subsidy Program and I am 60 years of age or older.
2. I am the owner of the NWT residence for which I am applying for the subsidy and it is my principle residence, OR
3. I am the leasee of a self-contained rental unit and heating costs are not included in my rent.

### Applicant and Co-Applicant

4. I will notify the Client Services Officer of any changes affecting my application while I am a recipient of the Senior Home Heating Subsidy, including change in income, if I leave my home for more than three months at a time, or if I move and/or sell my home.
5. I understand that I can request an appeal to the Appeal Committee if I feel the decision of the Client Services Officer is contrary to the Senior Home Heating Subsidy policies and I can ask the Client Services Officer to guide me through the appeal process.
6. I declare that the information that I provided on the application for Senior Home Heating Subsidy is true and complete to the best of my knowledge and belief.
7. I am aware that it is an offence to make false or misleading statements on the application for the Senior Home Heating Subsidy or to withhold information about my income or assets.
8. I understand that I may be required to repay any overpayment, or overpayment may be deducted from future assistance.
9. The Client Services Officer has read and explained the contents of this statement to me.

**Option A)** I consent to the release, by the Canada Revenue Agency, to an official of Government of Northwest Territories Income Security Programs, 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 the Senior Home Heating Subsidy under the provisions of ATIPP, and will not be disclosed to any other person or organization without my approval.

**OR**

\_\_\_\_\_  
Applicant's Initial

\_\_\_\_\_  
Co-Applicant's Initial

**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 the Senior Home Heating Subsidy under the provisions of ATIPP, and will not be disclosed to any other person or organization without my approval.

\_\_\_\_\_  
Applicant's Initial

\_\_\_\_\_  
Co-Applicant's Initial

### Applicant Information

Last Name	First Name	Date of Birth (YY/MM/DD) / /
Street Address		SIN / /
Applicant Signature		Date (YY/MM/DD) / /

### Co-Applicant Information

Last Name	First Name	Date of Birth (YY/MM/DD) / /
Street Address		SIN / /
Applicant Signature		Date (YY/MM/DD) / /
Client Services Officer Signature		Date (YY/MM/DD) / /