

## **Statement & Authorization**

**Applicant Declaration** 

Effective: 12 March 2010 Revised: January 12 2016 Document # 09-4401

1. TELL US ABOUT YOURSELF	
Last Name	First Name
Mailing Address Commu	unity Postal Code
Continue	T Gotta Gode
Tolophone	Social Insurance Number
Telephone	Social insurance number
2. STATEMENT	
I am applying for the Senior Fuel Subsidy as Head of Household and I am 60 years of age or older.	the Income Assistance Officer to help me with the appeal.
<ul><li>2. I own and occupy my home in Nunavut and it is this home for which I am applying for the subsidy.</li><li>3. I will notify the Income Assistance Officer of any</li></ul>	<ol> <li>I declare that the information that I have provided on the application for the Senior Fuel Subsidy is true and complete to the best of my knowledge and belief.</li> </ol>
changes affecting my application while I am receiving the Senior Fuel Subsidy including any change in the number of members in my household, change in income, or if I move and/or sell my house.	<ol> <li>I am aware that it is an offence to make a false or misleading statement on the application for the Senior Fuel Subsidy or to withhold information about my income or assets.</li> </ol>
<ol> <li>I authorize the Department of Family Services to verify the information that I have provided on the application for the Senior Fuel Subsidy.</li> </ol>	<ol> <li>I understand that I may be required to repay any overpayment, or overpayment may be deducted from future assistance.</li> </ol>
<ol> <li>I understand that I can request an appeal before the Appeal Committee if I feel the decision of the Income Assistance Officer is unfair and I can ask</li> </ol>	<ol> <li>The Income Assistance Officer has read and explained the contents of this statement to me.</li> </ol>
Signature	Signature of Witness
Print Name	Print Name of Witness
Year / Month / Day	

Date