

Antigonish Emergency Fuel Fund 2008-09 Winter Application for Assistance

This application is for individuals and families seeking assistance with heating their homes this winter. Applications will be accepted on an on-going basis between January 5, 2009 and April 15, 2009. PLEASE USE CAPITAL LETTERS.

APPLICANT DETAILS

<u>First Adult</u>	
First Name: _____	Last Name: _____
Date of Birth: _____ dd / mm / yyyy	Male <input type="checkbox"/> Female <input type="checkbox"/>
<u>Second Adult</u>	
First Name: _____	Last Name: _____
Date of Birth: _____ dd / mm / yyyy	Male <input type="checkbox"/> Female <input type="checkbox"/>
Number of Individuals in Household: _____	
Number of Children in Household: _____ Aged 1-5 _____ 5-10 _____ 10-13 _____ 13-19 _____	

CONTACT INFORMATION

<u>Physical Address (where you reside):</u>	
_____	_____
Civic No. / Apt No:	Street Name
_____	_____
Community	Postal Code
Telephone No. where you can be reached: _____	

TYPE OF ASSISTANCE REQUESTED

Type of Fuel assistance requested:	
	Amount Requested
OIL <input type="checkbox"/>	\$ _____
WOOD <input type="checkbox"/>	\$ _____
POWER <input type="checkbox"/>	\$ _____
	Nova Scotia Power Account # _____
	Antigonish Town Utility Account # _____
Note: In case of a Power bill, please attach a copy of your outstanding Power bill.	

QUALIFYING INFORMATION

Total Monthly Income (including Child Tax Benefit): \$ _____

Source(s) of Income: _____

Household Income Reported to Revenue Canada for 2007: \$ _____

Monthly Rent: \$ _____ Average Monthly Utilities \$ _____
(heat and/or hydro)

Have you or anyone in your household received assistance from the Good Neighbour Energy Fund or any other fuel program during 2008-2009?

YES NO

NOTE: Proof of Income may be requested for eligibility.

ADDITIONAL INFORMATION

How did you find out about the Antigonish Fuel Fund? _____

Can we contact you with free information and assistance with winterizing your home? YES NO

Please note: In considering any application, the Antigonish Emergency Fuel Fund (AEFF) may make necessary inquiries to confirm eligibility. Proof of income may be required from the applicant as one of the criteria for eligibility. AEFF does not give funds directly to applicant. Upon approval, payment will be made directly to vendor. Once completed, this application form becomes the property of the AEFF.

I acknowledge that I have provided correct and accurate information in this application and that I have not been granted any assistance from this fund before. I understand the AEFF may verify any information in this form for the purpose of determining eligibility. I also understand that granting of assistance is entirely up to AEFF and that AEFF is in no way obliged to provide assistance with the filling of this form.

Signature: _____ Date: _____

PLEASE RETURN TO:

Antigonish Women's Resource Centre,
204 Kirk Place, 219 Main Street
Phone: (902) 863-6221; Fax: (902) 867-1144
Antigonish, NS B2G 2C1
Email: antigonishfuelfund@gmail.com

THIS BOX IS TO BE COMPLETED BY ASSESSMENT OFFICER ONLY

Application type:
 Emergency
 Regular

Assistance amount approved: \$ _____
(Please review policy)

Name of Assessment Officer (PRINT): _____

Signature of assessment officer: _____

Date approved (dd/mm/yy): _____