

Antigonish Emergency Fuel Fund 2010-11 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 3rd, 2011 and April 15th, 2011. 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 2009: \$ _____

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

Did you / anyone in your household receive assistance from any other fuel program during 2010-2011?
YES NO

Did you / anyone in your household receive assistance from the Antigonish Emergency Fuel Fund last winter (2009-10)
YES NO

NOTE: Proof of Income may be requested for eligibility

ADDITIONAL INFORMATION

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

Would you like a Home Winterization Kit (Caulking supplies)? YES NO

If you would like a Home Winterization Kit, do you need assistance with using it? YES NO

Would you be willing to join a AEFF Committee as a volunteer? YES NO

Please note: In considering any application, the 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. 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
Antigonish, NS B2G 2C1
Phone: (902) 863-6221; Fax: (902) 867-1144

THIS BOX IS TO BE COMPLETED BY ASSESSMENT OFFICER ONLY

Application type: Assistance amount approved: \$ _____
 Emergency (Please review policy)
 Regular

Name of Assessment Officer (PRINT): _____

Signature of assessment officer: _____

Date approved (dd/mm/yy): _____