

APPLICATION – OIL TANK REPLACEMENT PROGRAM

<p>Privacy section:</p> <p>Newfoundland Labrador Housing (NL Housing) is subject to the <i>Access to Information and Protection Privacy Act</i>. Applicants/clients have a right to access to the existence, use and disclosure of their personal information.</p>	<p>Return to: Newfoundland Labrador Housing Program Delivery (3rd Floor) Sir Brian Dunfield Building P.O. Box 220 2 Canada Drive St. John's, NL A1C 5J2</p>
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NOTE: Incomplete applications will be returned unprocessed.

1	HOMEOWNER INFORMATION	Please complete all details in this section																																																																													
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Last Name</th> <th style="width:15%;">First Name</th> <th style="width:10%;">Middle Initial</th> <th style="width:10%;">Marital Status*</th> <th style="width:10%;">Gender (M or F)</th> <th style="width:15%;">Date of Birth D M Y</th> <th style="width:25%;">Social Insurance Number</th> </tr> </thead> <tbody> <tr> <td colspan="5">1. _____</td> <td style="text-align: center;"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:33.33%;"></td> <td style="width:33.33%;"></td> <td style="width:33.33%;"></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table> </td> </tr> <tr> <td colspan="5">2. _____</td> <td style="text-align: center;"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:33.33%;"></td> <td style="width:33.33%;"></td> <td style="width:33.33%;"></td> </tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table> </td> </tr> <tr> <td colspan="5" style="font-size: small;">(Applicant)</td> <td colspan="2"></td> </tr> <tr> <td colspan="3" style="font-size: small;">(Co-Applicant)</td> <td colspan="4" style="font-size: small;">(Relationship to Applicant +)</td> </tr> </tbody> </table> <p style="font-size: x-small;">* Marital Status can be either: Single, Married, Widowed, Divorced, Separated or Common-Law. + Relationship to Applicant can be either: Spouse, Child, Other Relative or Not Related.</p> <p>Telephone: (Home) <table border="1" style="width:100%; height: 20px;"><tr><td style="width:33.33%;"></td><td style="width:33.33%;"></td><td style="width:33.33%;"></td></tr></table> (Work) <table border="1" style="width:100%; height: 20px;"><tr><td style="width:33.33%;"></td><td style="width:33.33%;"></td><td style="width:33.33%;"></td></tr></table> (Cell) <table border="1" style="width:100%; height: 20px;"><tr><td style="width:33.33%;"></td><td style="width:33.33%;"></td><td style="width:33.33%;"></td></tr></table></p> <p>Address: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Street/Apartment) P. O. Box </div> <hr/> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (City/Town) Province Postal Code </div> <p>Email Address: _____</p> <p>I hereby give consent for the following to make enquires or act on my behalf regarding this application.</p> <div style="display: flex; justify-content: space-between; font-size: x-small;"> _____ _____ <table border="1" style="width:100%; height: 20px;"><tr><td style="width:33.33%;"></td><td style="width:33.33%;"></td><td style="width:33.33%;"></td></tr></table> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Full Name) (Relationship) (Telephone) </div> </p>							Last Name	First Name	Middle Initial	Marital Status*	Gender (M or F)	Date of Birth D M Y	Social Insurance Number	1. _____					<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:33.33%;"></td> <td style="width:33.33%;"></td> <td style="width:33.33%;"></td> </tr> </table>				<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>											2. _____					<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:33.33%;"></td> <td style="width:33.33%;"></td> <td style="width:33.33%;"></td> </tr> </table>				<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>											(Applicant)							(Co-Applicant)			(Relationship to Applicant +)															
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2	INCOME INFORMATION
<p>Proof of previous year's income for applicant and co-applicant must be enclosed. This information will be accepted in the form of Notice of Assessments for the applicant and co-applicant or "Option C" printouts either of which can be obtained by contacting Canada Revenue Agency at 1-800-959-8281.</p> <p>Are you a Department of Human Resources Labour and Employment client? <input type="checkbox"/> Yes <input type="checkbox"/> No DHRLE File No. _____</p>	

3	DECLARATION
<ol style="list-style-type: none"> 1. I/We declare the information provided in this application to be complete and true. 2. I/We understand that the information provided in this application is being collected for the purpose of administering NL Housing programs. This information will only be disclosed to NL Housing personnel who need the information to carry out the responsibilities of their job and to other organizations/government departments that may need to be contacted in order to process the application. Statistics on NL Housing programs will be reported at the provincial/regional level and will not personally identify individuals. Section 32(c) of the <i>Access to Information and Protection of Privacy Act (ATIPPA)</i> authorizes NL Housing to collect personal information that "...relates directly to and is necessary for an operating program or activity of the public body." 3. I/We hereby grant NL Housing, or its agents, permission to carry out necessary inquiries for the purpose of determining my/our income, assets, liabilities and credit information. 4. I/We hereby grant NL Housing, and/or its agents, permission to carry out an inspection of my/our property. 5. I/We authorize NL Housing to investigate any or all of the statements made herein, being fully aware that discovery of any false statements will cancel this application. I/We further agree that such action by NL housing will be without penalty or liability for damages. 6. I/We understand that this application does not constitute an agreement by NL Housing or its representatives to provide housing assistance. 7. I/We further acknowledge the right of NL Housing or its agents, at any time prior to the execution and delivery to me/us for assistance hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application made or given. 	

Reminder

✓ Only completed applications with verification of income will be accepted. Verification of income must be done by including notice of assessments or "Option C" printouts of applicants and co-applicants.

✓ Please complete the Affidavit of Ownership found in Section 5 as evidence of homeownership or provide a copy of a deed or confirmation of mortgage.

4	AFFIDAVIT OF OWNERSHIP
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Canada
Newfoundland Labrador

In the matter of ownership of house and property at _____, Newfoundland Labrador, Canada.

AFFIDAVIT OF OWNERSHIP

I/We, _____, of _____, in the Province of Newfoundland Labrador, make oath and say as follows:

1. That I/We am/are, at present, _____ years of age and have been living in this house since _____ (Year).
2. That I/We am/are the sole owner/s of house and property.
3. That it is acknowledged throughout the community of _____ that both house and surrounding property is under my/our exclusive and sole ownership.
4. That no person or persons have ever made a claim to ownership of this property and no individual has ever asserted that I/We am/are not the rightful owner.
5. That we swear this Affidavit conscientiously believing it to be true and knowing it is a criminal offence to falsely swear an Affidavit.

SWORN TO at _____,
in the Province of Newfoundland Labrador,
this ____ day of _____, A.D.,
Before me;

Homeowner

Spouse (if applicable)

Witness – Notary Public, Justice of the Peace,
Commissioner for Oaths or Barrister in and for the
Province of Newfoundland whose seal/stamp is
Impressed hereto.

5	APPLICATION FOR AND ASSIGNMENT OF HEATING OIL STORAGE TANK REPLACEMENT ASSISTANCE
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A	CERTIFICATION AND CONSENT
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I and my spouse (_____) hereby consent to the release, by the Canada Customs and Revenue Agency to the Government of Newfoundland and Labrador, Department of Finance, of information from my income tax returns, and, if applicable, other required taxpayer information. The information will be relevant to, and used solely for, the purpose of determining and verifying my entitlement to The Heating Oil Storage Tank Replacement Assistance Program, and will not be disclosed to any person without my approval.

This authorization is valid for the taxation year prior to signature, including all prior taxation years commencing with 2001. It is also valid for the current taxation year and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Department of Finance.

B	ASSIGNMENT OF ASSISTANCE TO NEWFOUNDLAND LABRADOR HOUSING
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I/We hereby authorize the Department of Finance to assign funds due under this application for Heating Oil Storage Tank Replacement Assistance to Newfoundland Labrador Housing.

Date	Signature of Applicant	Signature of Co-Applicant
D M Y		

FOR NL HOUSING OFFICE USE ONLY	
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MAS Number |__| - |__| |__| |__| - |__|