Senior Fuel Subsidy	**Statement & Authorization** Applicant Declaration	
Effective: 12 March 2010	**Revised: April 2025**	**Document #** 09-4401

1. TELL US ABOUT YOURSELF

Last Name

First Name

Mailing Address

Community

Postal Code

Telephone

Social Insurance Number

2. STATEMENT

1. I am applying for the Senior Fuel Subsidy as Head of Household and I am 60 years of age or older.
2. I own and occupy my home in Nunavut and it is this home for which I am applying for the subsidy.
3. I will notify the Income Assistance Officer of any 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.
4. I authorize the Department of Family Services to verify the information that I have provided on the application for the Senior Fuel Subsidy.
5. 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 the Income Assistance Officer to help me with the appeal.
6. 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.
7. 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.
8. I understand that I may be required to repay any overpayment, or overpayment may be deducted from future assistance.
9. The Income Assistance Officer has read and explained the contents of this statement to me.

Signature

Signature of Witness

Print Name

Print Name of Witness

Year / Month / Day

Date