

MUNICIPALITY OF CROWSNEST PASS

2020 RESIDENTIAL UTILITY RATES - SENIOR'S RATE REDUCTION PROGRAM -APPLICATION FORM

Section 1 - Property Information

Utility Account Number: <small>(Municipality of Crowsnest Pass resident home owner only)</small>	
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Section 2 - Personal Information (Include ALL owners on Title)

Name of Applicant(s):	
Civic Address:	
Mailing Address:	
Home Phone Number:	

Is this your primary residence? Yes [] No []

Section 3 - Utility Rate - Senior's Reduction Eligibility

Do you receive the Federal Guaranteed Income Supplement? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	If No, what date will you be eligible to receive the Guaranteed Income Supplement? _____ (YY-MM-DD)
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A COPY OF YOUR STATEMENT OF OLD AGE SECURITY {T4A (OAS)} 2019 MUST BE PROVIDED WITH YOUR APPLICATION. PLEASE NOTE THAT IF YOU HAVE NOT RECEIVED THE FEDERAL GUARANTEED INCOME SUPPLEMENT, BOX 21 ON THE T4A (OAS) WILL SHOW ZERO DOLLARS AND YOU WILL BE INELIGIBLE FOR THE SENIOR'S REBATE.

Section 4 - PERSONAL INFORMATION DISCLOSURE STATEMENT

The personal information collected on this application form is being collected for the purpose of determining eligibility of the Municipality of Crowsnest Pass Utility Rate - Senior's Reduction Program. The information will not be disclosed to any person or organization except as authorized by the Freedom of Information and Protection of Privacy Act.

Section 5 - DECLARATION BY APPLICANT

I (we) declare that the information provided in this application is correct and complete. I (we) understand that incorrect reporting may result in receiving funds for which I am (we are) not eligible and I (we) may be required to pay them.

SIGNATURES:

APPLICANT: _____	DATE: _____
SPOUSE/PARTNER: _____	DATE: _____

FOR OFFICE USE ONLY:

CUSTOMER ID:			
UTILITY ACCOUNT STATUS:	PAID		PATP
AMOUNT IN BOX 21:			
ELIGIBLE FOR REBATE:	YES		NO