

2012 RESIDENTIAL ENERGY EFFICIENCY PROGRAM (REEP) FOR LOW-INCOME HOUSEHOLDS

Housing

Privacy section: Newfoundland Labrador Housing (Housing) is subject to the <i>Access to Information and Protection Privacy Act</i> . Applicants/clients have a right of access to the existence, use and disclosure of their personal information.	Return to: Program Delivery Department Newfoundland Labrador Housing P.O. Box 220, 2 Canada Drive St. John's, NL A1C 5J2 Note: Applications will be dated according to the date stamp if hand delivered, or the post mark if mailed.
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If you have already received REEP assistance, you are not eligible to reapply.

1 APPLICANT INFORMATION	Please complete all details in this section; incomplete applications cannot be processed.																														
Applicant: _____ (Last Name) _____ (First Name) _____ (Initial) Marital Status: _____ Date of Birth: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">Y</td><td style="border: 1px solid black; width: 20px; text-align: center;">M</td><td style="border: 1px solid black; width: 20px; text-align: center;">D</td></tr><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> Social Insurance Number: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> <small>SIN is required by Housing to operate its programs and services</small>		Y	M	D																											
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Co-applicant: _____ (Last Name) _____ (First Name) _____ (Initial) Marital Status: _____ Date of Birth: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">Y</td><td style="border: 1px solid black; width: 20px; text-align: center;">M</td><td style="border: 1px solid black; width: 20px; text-align: center;">D</td></tr><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> Social Insurance Number: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> <small>SIN is required by Housing to operate its programs and services</small>		Y	M	D																											
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Telephone: (Home) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> - (Work) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> - (Cell) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>																															
Address: _____ (Street/Apartment) _____ P.O. Box _____ _____ (City/Town) _____ Province _____ Postal Code _____ Email Address: _____																															
Do you own your house: <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of home ownership (Deed, Mortgage, Bill of Sale or Affidavit) must accompany this application.																															
Currently, I live in: <input type="checkbox"/> Semi-detached <input type="checkbox"/> Row Housing <input type="checkbox"/> Single Dwelling																															
Number of bedrooms in current dwelling: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> or more																															
In what year was your house built? _____																															
Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No																															

2 INCOME INFORMATION	Proof of current income for applicant and co-applicant must be attached before the application will be processed. You must provide a copy of your 2010 "Option C" printout. This can only be obtained from Canada Revenue Agency by calling 1-800-959-8281.										
Are you a Department of Advanced Education and Skills client? <input type="checkbox"/> Yes <input type="checkbox"/> No AES District Office: _____ Telephone: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> AES File No. _____											

3 DECLARATION							
1) I/We declare the above 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 Housing programs. This information will only be disclosed to Housing personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. Statistics on Housing programs will be reported at the provincial/regional level and will not personally identify individuals. 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 Newfoundland Labrador Housing and/or its agents permission to carry out an inspection of my/our property. 5) I/We authorize 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 Newfoundland Labrador Housing will be without penalty or liability for damages. 6) I/We understand that this application does not constitute an agreement by Housing or its representatives to provide housing assistance. 7) I/We further acknowledge the right of Newfoundland Labrador Housing or its agent(s), at any time prior to the execution and delivery to me/us for housing 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. 8) I would like my Member of the House of Assembly, Member of Parliament, and/or authorized representative to be notified should I be approved for the Residential Energy Efficiency Program. ___ Yes ___ No							
_____ Applicant	_____ Co-Applicant						
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Y	M	D					

Reminder: Only completed applications with an attached 2010 "option C" printout (see section 2 above) and proof of home ownership (Deed, Mortgage, Bill of Sale, or Affidavit) will be accepted.

Newfoundland and Labrador

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

AFFIDAVIT OF OWNERSHIP AND OCCUPANCY

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

- 1. That I/We am/are, at present, _____ years of age.
- 2. That I/We am/are the sole owner/s of house and property and have been living in this house since _____ . (Year)
- 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)

Justice of the Peace, Barrister,
Commissioner of Oaths