

Schedule "A" Municipal District of Opportunity No. 17



2011 Fire Wood, Propane & Natural Gas Grant Program Application/Agreement

Name of Applicant: _____ Date of Application: _____

Name of Spouse: _____

Address: _____

Legal Land Description or Civic Address #: _____

ELIGIBILITY:

Birthdate: _____

- | | | |
|--|------------|-----------|
| a) Applicants 65 years or older must provide the following
Attach copy of proof of (identification with picture and DOB - Driver's License, Treaty Card, etc.) | Yes | No |
| b) Applicants medically & physically disabled must provide the following
Attach Copy of (letter from a health representative or medical Doctor) | Yes | No |
| c) Are you a permanent resident within the boundaries of the MD & currently residing in the house/dwelling for which this grant will apply?
Attach a copy of (Bill etc. Direct Energy or MD Utility bill) | Yes | No |
| d) Do you have any outstanding debts to the M.D. of Opportunity? | Yes | No |
| e) I have attached proof of income for myself and my spouse (if applicable)
*(Eligible income is \$35,000.00 per household) | Yes | No |

e) I am applying for the (circle one only) Grant for up to \$900.00 per year

WOOD:

PROPANE:

NATURAL GAS:

DECLARATION:

I declare that the above information is true and accurate.

I declare that I will immediately inform the M.D. of Opportunity if I cease to be eligible for the Firewood or Propane or Natural Gas Grant Program for reasons that:

- a) I am no longer the permanent resident of the residential property.
- b) If I am no longer considered medically disabled

I understand that this grant may be revoked should my accounts become delinquent or the ownership of my property changes. This agreement will become null and void at the discretion of the Administration.

Signature of Applicant(s)

Information verified by M.D. Designate

The personal information submitted pursuant to this advertisement will be utilized for this Grant Program only and is subject to compliance with the Freedom of Information & Protection of Privacy Act.

For Office Use Only:

A/R: _____	Approved: _____	Date: _____
Utilities: _____	Approved: _____	Date: _____
Taxes: _____	Approved: _____	Date: _____
Housing: _____	Approved: _____	Date: _____