

**Applications will be accepted from** October 1st of one year until January 31st of the following year. Please read reverse side before completing this form.

**Mail to:**  
Senior Financial Clerk, Social Services H-4  
Department of Health and Social Services  
Box 2703, Whitehorse, Yukon Y1A 2C6  
**Street address:** 3168 3<sup>rd</sup> Avenue, Whitehorse, Yukon

**PART 1**

➔ **APPLICANT**

Name \_\_\_\_\_  
last name first name initial(s)

Birth date \_\_\_\_\_ Telephone number \_\_\_\_\_  
year / month / day

Yukon Health Care Number \_\_\_\_\_

➔ **SPOUSE**

Name (if none, print N/A) \_\_\_\_\_  
last name first name initial(s)

Birth date \_\_\_\_\_ Yukon Health Care Number (spouses) \_\_\_\_\_  
year / month / day

Is spouse deceased?  YES  NO If yes, state date of death \_\_\_\_\_  
year / month / day

**PART 2**

Current address \_\_\_\_\_  
number, street, apartment city, territory / province postal code

Mailing address (if different from above) \_\_\_\_\_  
P.O. Box city, territory / province postal code

List the physical address(es) of the residence(s) to which this grant applies  
(i.e. house number, street, lot, etc., or sketch a map)

1. \_\_\_\_\_  
number, street, apartment, lot city, territory / province postal code

Date of residence from: \_\_\_\_\_ to: \_\_\_\_\_  
year / month / day year / month / day

2. \_\_\_\_\_  
\*If less than 6 months at previous address number, street, apartment, lot city, territory / province postal code

Date of residence from: \_\_\_\_\_ to: \_\_\_\_\_  
year / month / day year / month / day

**Pour obtenir ce formulaire en français, veuillez communiquer avec la Direction des services sociaux au 667-5137 ou, sans frais, au 1-800-661-0408, poste 5137.**

## PART 3

### The following statement must be signed.

I declare that I **have not** received any rental subsidy for the period to which this grant applies. [Include proof of ownership (eg. tax statement] or city utilities bill) or letter from landlord stating applicant is paying market rent.]

\*Please do not send Yukon Electric bills.

I certify that the above information is correct and do hereby authorize the Department of Health and Social Services to verify the information herein contained.

**It is an offence to make false application for a Pioneer Utility Grant.** Incomplete applications shall not be processed and will be returned to the applicant.

**Deadline for application is Jan. 31st.**

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Signature of applicant

## PART 4

The following is a summary of the **Pioneer Utility Grant Act** and is for information purposes only.

### You are eligible to receive the Pioneer Utility Grant each year if you:

1. a) are or will be 65 years old on December 31 of the year of the grant; **AND**  
b) have (or your spouse living with you has) owned or rented the principal residence for the year of the grant; **AND**  
c) have occupied your principal residence for a period of not less than 183 days, 90 of which occurred during the winter months (January, February, March, October, November, December).

### OR

2. a) are the surviving spouse of person who would have qualified under section 1 above; **AND**  
b) are or will be 55 years old on December 31 of the year of the grant.

### You are not eligible to receive the Pioneer Utility Grant if you:

1. do not meet the above criteria; **OR**
2. are receiving or have received any rent or housing subsidy; **OR**
3. are subsidized by or benefit from any ongoing program of the Government of Canada or the Government of the Yukon which provides for reduced cost of shelter or occupancy, other than
  - (a) a grant pursuant to the Home Owners Grant Act.
  - (b) any benefits under utility equalization programs.
  - (c) a program administered by a municipality, or
  - (d) any program listed in the regulations.

### Notes

- Principal residence means the normal place of residence, in the Yukon, of an applicant.
- Only **one** Pioneer Utility Grant is payable in any one year to **any** one person or for **any** one principal residence.
- The applicant's and/or spouse's age(s) will be verified through the Yukon Health Care Insurance Plan.
- The Pioneer Utility Grant does not pay estates. Recipients must be living at the time of application

### NOTICE TO CLIENTS:

Information is collected under the authority of the Pioneer Utility Grant Act for the purpose of determining program eligibility. Queries should be directed to the Senior Financial Clerk, 667-5137.

**For more information, call 667-5137, toll free 1-800-661-0408 ext. 5137.**