



PIONEER UTILITY GRANT  
**CERTIFICATE OF TENANCY 2018**

This certificate is completed by the landlord and submitted by the applicant with their application. If you moved in 2018 please complete a second certificate of tenancy.

**PART 1**

Property owner name: \_\_\_\_\_

Property owner mailing address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

**PART 2**

Name of renter: \_\_\_\_\_  
(THE NAME OF THE PERSON APPLYING FOR THE PIONEER UTILITY GRANT)

Renter's residence: \_\_\_\_\_  
(THE EXACT PHYSICAL ADDRESS/LOCATION OF THE RENTER'S HOUSE/CABIN/LOT/APARTMENT)

Date renter moved in: \_\_\_\_\_ Date renter moved out: \_\_\_\_\_  
(IF RENTER MOVED IN IN 2017 OR EARLIER, WRITE JAN 1 2018) (IF RENTER STILL LIVES HERE, WRITE N/A)

Does the renter share the residence?  
If yes, indicate the renter's share of heating costs (%). If the renter doesn't share, write 100. \_\_\_\_\_%

Number of other seniors at this residence: \_\_\_\_\_

**PART 3**

**I certify that the information I have provided is correct and I understand that is an offence under s.11(1) of the Pioneer Utility Grant Act to include false information in an application.**

\_\_\_\_\_  
Name of property owner, landlord or representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of signature (year / month / day)

Personal information is being collected under the authority of the *Pioneer Utility Grant Act* and s. 29(a)(c) of the *Access to Information and Protection of Privacy Act* for the purposes of determining grant eligibility and amount, administering the grant, making payments, and program evaluation. You may obtain a written statement of Health and Social Services information practices at [www.hss.gov.yk.ca/healthprivacy.php](http://www.hss.gov.yk.ca/healthprivacy.php) or by contacting the department's privacy officer at [healthprivacy@gov.yk.ca](mailto:healthprivacy@gov.yk.ca).