



Housing Assistance Grant Application Form

Town of Quispamsis
12 Landing Court
P.O. Box 21085
Quispamsis, NB E2E 4Z4
Phone 506-849-5778
Fax 506-849-5799
Email: quispamsis@quispamsis.ca
Website: www.quispamsis.ca

Name _____

Address _____

Postal Code _____ Phone # _____

I/We confirm that our total annual income, from all sources, did not exceed \$_____ in the previous year and further, (check which one applies; The Town will ask you to provide documentation supporting your claims.)

_____ I/We confirm that I/we receive the monthly guaranteed income supplement under Part II of the Old Age Security Act of Canada; or

_____ I/We confirm that I/we receive disability benefits from the Canada Pension Plan; and

further, that either I/we, own and occupy a residential property within the Town and pay property tax to the Town as my/our personal residence, and have done so for a continuous period of not less than two years immediately preceding the date of application for the grant.

No grant shall be allowed to an owner for more than one residential real property in each year. Applications for Housing Assistance Grants will not be accepted prior to September 1st each year. Applications meeting the above criteria will have grants paid out on a first come, first serve basis until the amount allocated for the year by Council has been expended.

Completed applications should be submitted to the Town of Quispamsis c/o the Town Treasurer no later than October 31st. The Town assumes no responsibility for lost, delayed or misdirected applications.

Applicant Signature

Date