Accessible Vehicle Funding Application Form

Please print or type clearly. Alternate format of this form and guidelines are available Please contact 709-729-6279 or e-mail: CSSDGrantPrograms@gov.nl.ca

# Applicant Information

1. Name of Applicant:
2. Contact information:

Street/PO Box:

Community:

Province:

Postal Code:

Telephone:

Other:

Email:

1. Applicant’s relationship to individual requiring vehicle retrofit:

* Self
* Family member (Specify):
* Other (Specify):

# Vehicle Information

1. Personal owned or leased vehicle

* Yes
* No
* N/A

1. Vehicle Registration/License Plate #:
2. Vehicle Serial #:

# Request Information

1. Check all that apply and provide details

* Equipment / installation:
* Modifications:
* Repair / maintenance:
* Accessibility features of previously retrofitted vehicle:
* Accessibility features of new vehicle:
* Other:
* Amount of funding requested:

Is your Quote attached?

* Yes
* No

Services from certified supplier to retrofit vehicle

* Yes
* No

Retrofit value of previously retrofitted vehicle?

* Yes
* No

Accessibility features of new vehicle?

* Yes
* No

# Financial Information

1. **Income**: Choose appropriate category & provide net income for previous year:

* Single: Individual annual net income
* Spouse/Partner: Combined annual net income of couple
* Dependent (under 18 years of age): Combined annual net income of parents/guardians

Notice of Assessment from Canada Revenue Agency (1-800-959-8281) is attached. (Required)

* Yes
* To Follow

Consent for release of financial information (signed and witnessed) is attached. (Required)

* Yes
* To Follow

1. **Disability-Related Costs**: (These are disability-related costs not currently covered by another funding source such as federal or provincial government programs, insurance company, etc.)

Detailed list of any disability-related costs you wish to have considered for determining financial eligibility is attached.

* Yes
* No

Supporting documents are attached.

* Yes
* No

Details concerning disability-related costs and supporting documents can be found in Appendix C of the Accessible Vehicle Funding Policy Manual.

1. **Other** **funding**:

Are you eligible to receive, have applied for or have received funding for any aspects of this application from other sources?

* Yes
* No

If yes, identify source (examples: Workplace Health, Safety and Compensation Commission, insurance company, etc.):

# Privacy Notice

The Department of Children, Seniors and Social Development respects your rights for privacy. As stated in the **Access to Information and Protection of Privacy Act**, all applicants: have the right to the protection of their personal information; have the right to access their personal information that is held within the department; and have the right to request the correction of their personal information if there has been an error or omission.

Personal information is collected for administering funding. Section 39(1)(C) of the **Access to Information and Protection of Privacy Act** allows Government of Newfoundland and Labrador departments or agencies to disclose personal information to other Government of Newfoundland and Labrador departments or agencies for the purpose of reviewing and monitoring applications, conducting policy analysis and seeking other potential funding sources.

# Declaration and Disclosure

I declare that the information in this application is true, accurate and complete.

Applicant’s Signature:

Date:

Witness’ Signature

Date:

## For Government Use Only

Date Received:

Method Received:

Eligibility criteria met

* Yes
* No

All documentation enclosed

* Yes
* No

Signature/Title

Date

Approved

* Yes
* No

Amount:

Approved Equipment/ Services:

Authorizing Signature/Title

Date:

Witness’ Signature

Date:

# Accessible Vehicle Funding Quote (certified supplier)

Number: Date:

**Vendor Information**

Business Name:

Vendor Number:

Street/PO Box:

Community:

Province:

Postal Code:

Telephone:

Other:

Email:

**Customer Information**

Name:

Street/PO Box:

Community:

Province:

Postal Code:

Telephone:

Other:

Email:

**Estimate of Proposed Work (Equipment, Installation, Modification and/or Repairs)**

| **Qty** | **Product/Work Description** | **Item/Labour Price per unit** | **Amount** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal: |  |
|  |  | HST: |  |
|  |  | Shipping: |  |
|  |  | **Grand Total:** |  |

Estimated value of accessibility features in previously retrofitted vehicle:$

I verify that the above quote is accurate and complete.

Vendor Signature

Date

I verify that the above quote reflects my request to the Accessible Vehicle Funding for equipment, installation, modification and/or repairs.

Customer Signature

Date

Accessible Vehicle Funding Consent Form

I give consent to the Department of Children, Seniors and Social Development to use my personal financial information as provided in this application for the purposes of determining financial eligibility for Accessible Vehicle Funding.

Name:

Date:

Witness:

Date:

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