Elder’s supplement application form

Program Overview:

The Elder's Supplement program provides financial assistance to individuals aged 65 and over to help with utilities and extra expenses. Eligible recipients will receive $500 monthly from September 2025 to March 2026. This program allows for one application per household.

Personal Information:

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Status Number: _____

Contact Information:

Address: _____

City: _____

Province/State: _____

Postal/ZIP Code: _____

Phone Number: _____

Email Address (if applicable): _____

Household:

Please attach a copy of a recent utility bill for proof of household.

Declaration:

I, _____, hereby declare that the information provided in this application form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the denial of my application.

_____ _____

Signature Date

For office information:

Form received by:	Date:	Initial or signature: