SENIORS CARE GRANT





The Seniors Care Grant provides financial support to low-income seniors to help them live well in their homes.

The Seniors Care Grant helps low-income seniors by providing a Grant of \$750 for each household, to assist with the cost of:

- Household services (like lawn care, snow removal, grocery delivery, transportation, small home repairs, phone service and more)
- Healthcare services (like physiotherapy, mental health support, and more)
- Home heating costs (like furnace oil, natural gas, propane, firewood, wood pellets, electricity and repairs and regular maintenance for home heating systems) – for more help with heating costs, you can also apply to the Heating Assistance Rebate Program (HARP) when the program starts accepting applications in October 2024.

Important: An application can only be made once per program year (September 1, 2024, to March 31, 2025).

To be eligible for the Seniors Care Grant:

- You still reside in your home.
- Your name is on the property title, band administration letter (on reserve), residential lease agreement, or Certificate of Claim
- You are 65 years of age or will be 65 years of age by March 31, 2025
- You have an annual household net income of \$45,100 or less.

HOW TO APPLY

Consider applying online if you can—you could save on mailing time and get your grant(s) faster.

APPLY ONLINE at: <u>www.novascotia.ca/seniorscaregrant</u>

If you are not applying online, submit your signed and completed application form by mail or fax by March 31, 2025

Send by mail to: Seniors Care Grant, PO Box 160, STN Central, Halifax, NS B3J 2M4

■ Send by fax to: 902-428-2449

AFTER YOU APPLY

Wait to receive your grant(s).

- If you currently receive your personal income tax refund from the Canada Revenue Agency by direct deposit, your rebate will be deposited into the same bank account you have registered with CRA once it's approved.
- If you do not receive your income tax refund by direct deposit, your cheque will be mailed within 8 weeks.
- Keep a copy of your household and health services receipts, and if applicable, a copy of your heating bill/receipt until May 1, 2026.
- If you provide your email address, we may email you if we require any additional information. Keep an eye out for email notifications from <a href="mailto:sepinosepin
- If denied, a written letter will be mailed to you.
- You may be required to provide a copy of supporting documentation as part of an audit.

For more information call: 902-424-5200 or 1-800-670-4357 toll free in Nova Scotia.



SENIORS CARE GRANT

Application Form

NOVASCOTI	A							I FUIIII
• GIVE YOUR DETAILS		Submit	only one applica	ation pe	r househo	ld. <i>Plea</i>	se print	clearly.
First Name:			Last Name:					
Civic Address:								
City/Town:			Postal Code:					
Do you? OWN YOUR HO HAVE BAND LE Mailing Address (if differen	ETTER (reside on reser		RTICIPATE IN LA	ND TITL	ES INITIAT	IVE		
Social Insurance Number (SIN):	/	Date of Birth (DD/MM	/YYYY):		/	/
Email:	,		-					
Cell #: () -		- Home #: ()	-		
Provide deta	ils if you have a spou	se/partner	or other adult li	ving in	the home	with yo	u	
Other Adult First Name:			Other Adult La	st Name	e:			
Social Insurance Number (SIN): /	/	Date of Birth (DD/MM	/YYYY):		/	/
Important: An application	can only be made ond		am year (Septer	nber 1,	2024 to M 	arch 31	, 2025).	
3 PROVIDE YOUR SIGNATURE I/We declare that the infeknowledge. I/We attest that	ormation provided or						pest of	my/our
I/We understand that Serve purpose of determining, verse as authorized by the Freed program review purposes.	erifying my/our eligibil om of Information an	lity and for t	he administratio	on of Sei	niors Care	Grant P	rogram,	and/or
I/We understand that Servincome and/or proof of servincome	•	contact me,	/us at a later tir	ne to re	quest pro	of of ad	ldress, p	proof of
Consent for Service Nova	Scotia and Canada Re	venue Ager	ncy to share my	persona	al informa	tion.		
To establish eligibility for surname(s), SIN, and date surname(s), SIN(s), date o primary applicants' bankin	e of birth and to obta f birth, marital status	ain and veri s, and incom	fy the following ne as reported (g inform on eligil	ation fror ole years t	n CRA: axes. I	given n f availal	ame(s),
I/We have read the section to sharing of my/our perso consent your application of	nal information betwe			-				
If you filed your income to	x return as married o	r common-l	aw, you must si	upply Bo	OTH signa	tures fo	r proces	ssing.
Signature of applicant:	X		ku]	Date:			
Signature of spouse/ partner/other adult:	x		ka	1	Date:			
(Optional) The De	partment of Cyber Se	curity and	Digital Solutions	can co	ntact me	hv ema	il ahout	t future

research studies. If you wish to withdraw your optional consent later (to remove your email from the list),

please call 902-424-5200 (HRM) or 1-800-670-4357 toll free in Nova Scotia.