

First Name _____

Last Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Income _____

Line 150 found on Notice of Assessment =

Which services are you interested in? (check all that apply)

Yard Maintenance/Snow Removal

Light House Keeping

Utility Bill _____

Do you currently have a service provider? If yes who?

Name/Contact Name/Email

*I acknowledge and consent for 3rd party contractors to access my property to provide services agreed upon within the terms of the Aging in Place Grant Funded Program.

Signature

*Applicants must have a single income between \$29,630-\$34,630 or a double income between \$48,120 - \$53,120 and reside in a single detached dwelling.

780-645-5311

5002-51 Ave, St Paul Alberta, T0A 3A1

www.stpaulfcss.ca

