

## Application for Accessible Vehicle Funding (Maximum Accessibility Grants \$25,000)

### Applicant Information

1. Name of Applicant:	
2. Contact information:	
Street/PO Box:	
Community:	
Province:	Postal Code:
Telephone:	TTY:
Other:	Email:

3. Applicant's relationship to individual requiring vehicle retrofit:

- Self
- Family member: Specify \_\_\_\_\_
- Other: Specify \_\_\_\_\_

### Vehicle Information

4. Personal owned or leased vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Vehicle Registration/Licence Plate # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Vehicle Serial # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

### Request Information

7. Check all that apply & provide details

- Equipment / installation \_\_\_\_\_
- Modifications \_\_\_\_\_
- Repair / maintenance \_\_\_\_\_
- Accessibility features of previously retrofitted vehicle \_\_\_\_\_
- Accessibility features of new vehicle \_\_\_\_\_
- Other \_\_\_\_\_

**Request Information (Cont'd)**

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

**Financial Information**

**8. 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

**9. 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.

**10. Other funding:**

Are you eligible to receive, expect 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 Seniors, Wellness and Social Development respects your rights for privacy. As stated in the [Access to Information and Protection of Personal Information 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.
- ✓ Under the authority of sections 61(c) and 68(1)(c) of the [Access to Information and Protection of Personal Information Act](#), personal information will be collected for the purpose of administering accessible vehicle funding, reviewing and monitoring applications and conducting policy analysis.
- ✓ If you have any questions regarding the collection or disclosure of the personal information on this form please contact Jennifer Taylor at (709) 729 6370 or [jennifertaylor@gov.nl.ca](mailto:jennifertaylor@gov.nl.ca)

## Declaration and Disclosure

**I declare that:**

- ✓ the information in this application is true, accurate and complete.

Applicant's Signature	Witness' Signature
Date:	Date:

For Government Use Only	
Date Received	Method Received
Eligibility criteria met	<input type="checkbox"/> Yes <input type="checkbox"/> No
All documentation enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature/Title	
Date	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
Approved Equipment/ Services:	
Authorizing Signature/Title	Witness' Signature
Date:	Date:

For support to complete this application, to request alternate formats, or to submit a completed application, please contact:

Accessible Vehicle Funding  
 Department of Seniors, Wellness and Social Development  
 P. O. Box 8700  
 3<sup>rd</sup> Floor, West Block, Confederation Building  
 St. John's, NL A1B 4J6

Telephone: (709) 729-6048  
 Toll-free: (888) 729-6279  
 TTY: (709) 729-5000  
 Toll-free TTY: (888) 729-5440  
 Fax: (709) 729-6237  
 Email: [accessiblevehicle@gov.nl.ca](mailto:accessiblevehicle@gov.nl.ca)

**Accessible Vehicle Funding  
QUOTE (certified supplier)**

Number:		Date:	
<b>Vendor Information</b>			
Business Name:		Vendor Number:	
Street/PO Box:		Community:	
Province:		Postal Code:	
Telephone:		TTY:	
Other:		Email:	
<b>Customer Information</b>			
Name:			
Street/PO Box:		Community:	
Province:		Postal Code:	
Telephone:		TTY:	
Other:		Email:	
<b>Estimate of Proposed Work (Equipment, Installation, Modification and/or Repairs)</b>			
Qty	Product/Work Description	Item/Labour Price per unit	Amount
		Subtotal:	
		HST:	
		Shipping:	
		<b>Grand Total:</b>	

Estimated value of accessibility features in previously retrofitted vehicle.	\$
I verify that the above quote is accurate and complete.	
_____ <b>Vendor Signature</b>	_____ <b>Date</b>
I verify that the above quote reflects my request to the Accessible Vehicle Funding for equipment, installation, modification and/or repairs.	
_____ <b>Customer Signature</b>	_____ <b>Date</b>