



PIONEER UTILITY GRANT
CONSENT TO RELEASE OF INFORMATION

Complete this form ONLY if you do not wish to submit a Notice of Assessment from the Canada Revenue Agency.

I / we hereby consent to the release of information of my /our income tax records, and other taxpayer information, by the Canada Revenue Agency to the Minister of Health and Social Services or their delegate. The information obtained will be relevant to, and used solely for the purpose of, determining and verifying my /our eligibility, past eligibly, and continuing eligibility to benefits via the:

Pioneer Utility Grant program, legislated under the *Pioneer Utility Grant Act* and its regulation

and determining the amount of my / our benefit under the Act and regulations as the case may be.

The information released by the Canada Revenue Agency to the Department of Health and Social Services will be treated as confidential and will not be further disclosed without my consent.

I / we also consent to the release of my / our first and last name, birth date and Social Insurance Number by the Department of Health and Social Services to the Canada Revenue Agency. This information will be used by the Canada Revenue Agency to identify the taxpayer information to be sent to the Department of Health and Social Services.

This consent is valid for the two most recent taxation years prior to the date of application and the current taxation year in which the grant is requested. This consent will be valid for a period of one year, starting on the date of signature. I may revoke this consent by sending a written notice to the Director of the Pioneer Utility Grant program, stating it is revoked.

Taxpayer name	Social Insurance Number
Taxpayer signature	Date (YYYY/MM/DD)
Taxpayer name	Social Insurance Number
Taxpayer's spouse signature (if applicable)	Date (YYYY/MM/DD)

You may obtain a written statement of Health and Social Services information practices at yukon.ca/healthprivacy or by contacting the department's Privacy Officer at healthprivacy@gov.yk.ca.