

Attic Insulation Program Application

Free attic insulation upgrades for income-qualified customers



Step 1: Eligibility Requirements Information

- Your primary source of heat is electric. If an additional heating source is used, your home must have a minimum annual electricity usage of 15,000 kilowatt hours (kWh).
- You are the homeowner and the home has an active electricity account with Newfoundland Power.
- Your home was built and connected to the electricity system before January 1, 2014.
- Your home is on a permanent foundation and is intended as a primary residence.
- You live in the home as a primary residence and it is occupied year-round.
- Program includes insulation installations for attics only.

First Name:

Social Insurance Number (SIN):

- The amount of insulation in your attic is currently R32 or less.
- Your annual family net income* must meet the income requirements listed in the table provided for the total number of people living in your household.

Number of People Living in the Household	Net Income ^{··} of You and Your Spouse or Common-law Partner
1	\$33,000 or less
2	\$42,000 or less
3	\$51,000 or less
4	\$62,000 or less
5	\$70,000 or less
6	\$79,000 or less
7	\$87,000 or less

^{*} Family net income is the applicant's net income plus the net income of a spouse or common-law partner, if applicable. Please see line 23600 of your most recent notice of assessment to verify your income.

Date of Birth:

Home Phone:

Step 2: Applicant Information			
First Name:	Last Name:		
Street Address:	Mailing Address:		
City/Town:			
Province:	Postal Code:		
Daytime Phone:	Home Phone:		
Electricity Account Number:	Date of Birth:		
Social Insurance Number (SIN):	How many people in your household?		
Email*:	How did you hear about the All-In Attic Insulation Program?		
*Email is the preferred form of communication and will speed up the processing of your application. You may lis	t an email of a family member. If listed above, you are authorizing us to communicate with them on your behalf.		
I agree to receive correspondence from my electric utility containing	news undates and promotions regarding electric service and related		
services and programs. You can withdraw your consent at any time.			
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Step 3: Spouse/Common-Law Partner Information	for Family Net Income		
If you have a spouse or common-law partner, please provide the below inform	nation:		
in 700 hard a specific or common law parmer, piedse provide me below mion	manon.		

Last Name:

Email*:

^{**} Based on Statistics Canada's Income Cut Off levels.

ep 4: House Into	ormation			
ctric Oil ng Attic Insulation?	☐ Propane Furnace ☐ Other If <u>yes</u> , how much? (E.g. R20) ☐ Attic Square Footage:	Secondary He Electric House Type: Detached Apartment	ating Source: Oil Propane Furnace Other Attached Apartment Building Mobile Modular	
p 5: Declaratio	n			
	the box next to all three of the statement	s below. If all three box	xes are not checked, your application cannot be	
Program and I warrant o	and represent that my annual family net income con	mplies with the income qual	ifications.	
•	, , , , , , , , , , , , , , , , , , , ,		on-raw parmer, as apprecisie, to provide men social insurance	
the designer or manufact their installation. I acknow employees of any goods Power Inc. and their affil claims, demands, expen of property, and all econ participation in the Prog improvements. The Appl affiliates or any of their raising from or in any wo	turer of the products available under this Program wledge and agree that the provision of this Program wledge and agree that the provision of this Program is or services furnished or rendered in connection was interest, and their respective directors, officers, agen ses and costs for claims, costs for injury or death on nomic loss suffered by any person (collectively, "Loram and/or the implementation of any Program resicant irrevocably waives any and all claims against espective officers, directors, employees, agents, cay related to the Applicant's participation in the Program related to the Applicant's participation in the Program related to the Applicant's participation in the Program was a service of the Applicant's participation in the Program was and all claims against the program of the Applicant's participation in the Program of the Program o	and they make no represer am does not constitute an en with this Program. The Applicants, contractors and employe of any person (including from cosses") arising from or occur ecommendations, including to st, and irrevocably releases contractors or representatives	ntations or warranty of any kind concerning such products or indorsement or approval by Newfoundland Power Inc. or their cant does hereby indemnify and save harmless Newfoundland ees, including insulation installers, from all liability, damages, in any infectious disease outbreaks), damage to or destruction rring by reason of or in any way related to the Applicant's the installation and/or use of recommended products and agrees not to sue Newfoundland Power Inc., their es, including insulation installers, for and against all Losses	
Signature of Custom	er:		Date:	
Signature of Spouse	/Common-Law Partner:		Date:	
	ry Heating Source: actric Oil ag Attic Insulation? S No Built: Po 5: Declaratio ase review and check asses review and check asses review and l warrant of I acknowledge that to number(s) and/or copie I declare that I am the I the designer or manufact their installation. I ackno employees of any goods Power Inc. and their affil claims, demands, expen of property, and all ecor participation in the Prog improvements. The Appl affiliates or any of their r arising from or in any wa installation and/or use of	pattic Insulation? If yes, how much? (E.g. R20) Built: Attic Square Footage: By 5: Declaration ase review and check the box next to all three of the statement cessed. I hereby acknowledge that I have read and understand the terms and Program and I warrant and represent that my annual family net income con I acknowledge that take CHARGE may require the Applicant and the Annumber(s) and/or copies of CRA notices of assessment in order to verify in I declare that I am the homeowner and that the information on this form is the designer or manufacturer of the products available under this Program their installation. I acknowledge and agree that the provision of this Program employees of any goods or services furnished or rendered in connection we Power Inc. and their affiliates, and their respective directors, officers, agen claims, demands, expenses and costs for claims, costs for injury or death of property, and all economic loss suffered by any person (collectively, "Le participation in the Program and/or the implementation of any Program reimprovements. The Applicant irrevocably waives any and all claims again: affiliates or any of their respective officers, directors, employees, agents, can also a sufficient of the program and of their respective officers, directors, employees, agents, can apply the participation in the program and program and all claims again: affiliates or any of their respective officers, directors, employees, agents, can apply the participation in the program and program and program and all claims again: affiliates or any of their respective officers, directors, employees, agents, can apply the participation in the program and all claims again: affiliates or any of their respective officers, directors, employees, agents, can apply the program and pr	ry Heating Source: Secondary Heating Source: Propane Furnace Other Electric If yes, how much? (E.g. R20) House Type: Detached Detached Detached Suilt: Attic Square Footage: Apartment Apartment Sep 5: Declaration See review and check the box next to all three of the statements below. If all three box cessed. I hereby acknowledge that I have read and understand the terms and conditions and income elig Program and I warrant and represent that my annual family net income complies with the income qua I acknowledge that takeCHARGE may require the Applicant and the Applicant's spouse or common number(s) and/or copies of CRA notices of assessment in order to verify income qualifications. I declare that I am the homeowner and that the information on this form is accurate and complete. I will the designer or manufacturer of the products available under this Program and they make no represent their installation. I acknowledge and agree that the provision of this Program does not constitute an eremployees of any goods or services furnished or rendered in connection with this Program. The Appli Power Inc. and their affiliates, and their respective directors, officers, agents, contractors and employ claims, demands, expenses and costs for claims, costs for injury or death of any person (including from of property, and all economic loss suffered by any person (collectively, "Losses") arising from or occuparticipation in the Program and/or the implementation of any Program recommendations, including improvements. The Applicant irrevocably waives any and all claims against, and irrevocably releases affiliates or any of their respective officers, directors, employees, agents, contractors or representative arising from or in any way related to the Applicant's participation in the Program and/or the implementation and/or use of recommended products and improvements. Signature of Customer:	y Heating Source: Secondary Heating Source: Secondary

Step 6: How to Apply

Apply online at TakeChargeNL.ca or mail this completed application to Newfoundland Power:



All-In Attic Insulation Program

Newfoundland Power P.O. Box 8910 St. John's, NL A1B 3P6

Privacy Notice

Personal information submitted to take CHARGE regarding the All-In Insulation Program will only be used for income verification and the administration of the program. Precautions will be taken by take CHARGE to safeguard against the disclosure of your personal information.

Terms and Conditions

To be eligible for this Program, all required information must be completed, including an active electricity account number with Newfoundland Power. You must meet all eligibility requirements. Free attic insulation installed through the take CHARGE All-In Attic Insulation Program must not previously have been issued to the dwelling or home listed. Offer subject to change or cancellation without notice. Please allow up to 8 weeks for application processing. take CHARGE may terminate the Applicant's participation in the All-In Attic Insulation Program at any time prior to the insulation installation for any reason including, but not limited to, structural deficiencies in the home. Please allow up to March 31, 2025 to receive your insulation installation. Newfoundland Power makes no representations or warranties regarding the

insulation and are in no way responsible for loss, injury or damage which may result from goods or services furnished or rendered in connection with this program. Newfoundland Power may visit your home to confirm insulation installation at any time within 15 months from when the installation was completed.

At any time during the application process, takeCHARGE may require the Applicant's social insurance number and/or copies of the Applicant's notices of assessment from the Canada Revenue Agency for the Applicant and the Applicant's spouse or common-law partner, as applicable (the "Financial Information"). By submitting a completed Application, the Applicant consents to the collection and use of their personal information including their Financial Information for the purpose of administering the All-In Attic Insulation Program. In the event takeCHARGE requires copies of notices of assessment, takeCHARGE will contact the Applicant and the Applicant's spouse directly to obtain consent and verify the required information. Any misrepresentations may disqualify the Applicant and the Applicant's spouse or common-law partner from participation in future takeCHARGE programs.