

**Rebate Application**  
**Computer Purchased By/For a Person who is**  
**Visually or Hearing Impaired or who has a Physical or Intellectual Disability**  
**Rebate Based on Provincial Portion of the HST**

**Eligibility Information**

Rebate is equal to the lesser of \$375.00 or the provincial portion of the Harmonized Sales Tax (HST) paid on the purchase of a computer by an eligible person or on behalf of an eligible person who is visually or hearing impaired or who has a physical or intellectual disability. The rebate is provided to assist with the cost of modifying the computer for use by a person who is visually or hearing impaired or who has a physical or intellectual disability.

The rebate is limited to tax paid on computer hardware. Tax paid on computer software or stationary is not eligible for rebate.

An applicant/purchaser must be able to provide satisfactory evidence that tax has been paid. The **Purchaser** of the computer is the **only party** entitled to the rebate.

An application for rebate must be made within 24 months from the date that the tax was paid.

**Documents required to be kept**

All documentation supporting this rebate must be retained for audit purposes.

**Instructions for completing the application**

1. Give your details.
2. Provide details of the computer.
3. Provide the cost of the computer. The rebate is limited to a maximum of \$375.00.
4. Attach a copy of the following documents to support your application:
  - a A copy of the bill of sale or sales invoice under which the computer was purchased showing the purchase price, HST paid, name of the seller and buyer, HST# of the seller and the make and model;
  - and**
  - b. A certificate signed by a medical practitioner confirming that the applicant/purchaser or the eligible person is visually or hearing impaired or has a physical or intellectual disability.

**Note:** Failure to supply the required documents may result in delays in processing or a denial of your application.

5. Before submitting the rebate application, review the application form to ensure that Sections 1, 2 & 4 are complete and that the medical certificate is attached and the certification in Section 5 is signed.

Allow two to four weeks for processing. If your application is not complete, it will take longer.

6. Return the original copy of the rebate application to:

**By Mail:**

Service Nova Scotia and Internal Services  
Refund Unit  
PO Box 1529  
Halifax, NS B3J 2Y4

**By Delivery:**

Service Nova Scotia and Internal Services  
Maritime Centre, 6<sup>th</sup> Floor North  
1505 Barrington Street  
Halifax, Nova Scotia B3J 3K5

**For more information**

Website: [novascotia.ca/HST](http://novascotia.ca/HST)

Call: 902-424-6300 or 1-800-565-2336 toll free in Nova Scotia



**Service Nova Scotia  
and Internal Services**  
Refund Section  
PO Box 1529  
Halifax, NS B3J 2Y4

**HST - Computer for Person who is  
Visually or Hearing Impaired or Who  
has a Physical or Intellectual Disability**

**Rebate Application**  
Please print clearly

**Eligible Person:** A person who is visually or hearing impaired or who has a physical or intellectual disability.

**Rebate:** Equal to the provincial portion of the Harmonized Sales Tax (HST) paid on the purchase of a computer by an eligible person **or** on behalf of an eligible person.

**1. Give us your details**

Name	Contact Name
Civic	Phone #
Address (Civic Number and Street/Road/Hwy)	Fax #
Mailing Address (PO Box or RR)	Email Address
City/Town	Province
Postal Code	

**2. Provide details of the Computer**

Brand/Make	Model
Serial Number	Date of Purchase
General Description	

**3. Attach medical certificate as confirmation of disability or medical condition.** (see attached blank form)

**4. Enter your rebate information and attach supporting documentation** (See item 4 in instructions for required items)

	<u>Cost</u> <u>Before Tax</u>	<u>Rebate</u> <u>%</u>	<u>Rebate</u> <u>Amount</u>	<u>Maximum</u> <u>Rebate</u>
Computer	_____	10%	_____	\$375.00

**5. Sign the Certification** (See item 6 in instructions for delivery or mailing instructions)

**I HEREBY CERTIFY** that the information given in this application is true, complete and correct in every respect.

Name *(please print)*:

Signature: \_\_\_\_\_  
(Signature of Applicant)

Date:

**A person who makes a false statement in contravention of the *Revenue Act* or *Regulations* is guilty of an offence.**

**Office Use Only**

Claimed \$ _____	Adjustments \$ _____	Approved \$ _____
Authorized by _____	Date _____	

**Medical Certificate**  
Please print clearly

**Certification**

I certify that the patient \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) is

- visually impaired.
- hearing impaired.
- has a physical disability.
- has an intellectual disability

**Registered Medical Practitioner**

Name

\_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial)

\_\_\_\_\_  
(Signature) \_\_\_\_\_ Phone Number

Date \_\_\_\_\_ , 20\_\_\_\_  
(Month) (Day)