

Service Nova Scotia

1505 Barrington Street PO Box 641 Halifax, NS B3J 2T3 Bus: 902-424-5200 Toll Free: 1-800-670-4357 Fax: 902-428-2164 novascotia.ca

HEATING ASSISTANCE REBATE 2023-2024

Application Form - Apply by March 31, 2024

Please complete the application below. You may be eligible for the rebate if:

- you are responsible for your home heating costs, and
- you meet the household income requirements in Section 3, and
- you date and sign the back of the application.

GIVE YOUR DETAILS			Submit one application per household. Please print clearly.					
First Name:								
Civic Address:								
City or Town:	Postal Code:							
Mailing Address	(if different that	n Civic):						
Cell #:	()	-	Email Address					
Home #:	()	-	Do you own	or rent your home? ☐ OWN ☐ RENT				
Social Insurance	Number (SIN)	/	/	Date of Birth (MM/DD/YYYY):				
Provide	details if a seco	nd adult lives i	n the home (spous	e, common-law partner, adult child, roommate)				
First Name:			Last	Name:				
Social Insurance	Number (SIN)	/	/	Date of Birth (MM/DD/YYYY):				
OIL	□ ELECTF	RICITY	YOUR HOME: WOOD bate Program may					
PICK YOU	· ·		,	OUR INCOME. (Select one)				
□ Receiving Income Assistance from the Department of Community Services.								
The applicant must be the recipient pe proof of income in required. Describe signature in section 4								
The applicant must be the recipient; no proof of income is required. Provide signature in section 4. Single, with net income of \$55,000 or less.								
<u> </u>								
			ts. Provide signatu					
□ Single-pare	nt nousenoia,	with net incor	me of <u>\$75,000 or l</u>	<u>388</u> .				
	le adult residing le signature in s		aged 17 or younge	r, and you must be receiving the Canada Child				
	n a spouse or co			me of <u>\$75,000 or less</u> . r older, roommates or other adults. Provide				
Any additional Notice of Asses		he household a	and <u>not already list</u>	ed on this application must provide a 2022 CRA				
You are curren	tly receiving the	GIS or Allowa	nent (GIS) or The Ance; no proof is re ance, call Service	Allowance. quired. Provide signature(s) in section 4. To learn Canada at 1-800-277-9914 .				

4	PROVIDE	YOUR	SIGNATI	IRF RF	I OW
v	FROVIDE	IOUN	SIGNAIL	JNL DL	

I/We declare that the information provided on this application form is true and correct to the best of my/our knowledge. I/we hereby authorize the Canada Revenue Agency to release relevant information, including my/our income, from my/our personal income tax return(s) to verify my/our eligibility for the program, and to release my/our bank account information for the purpose of direct deposit of Service Nova Scotia rebate programs.

I/We understand that Service Nova Scotia will collect, use, and disclose my/our personal information only for the purpose of determining and verifying my/our eligibility for the Heating Assistance Rebate Program, or as authorized by the Freedom of Information and Protection of Privacy Act, and will collect statistical information for program review purposes. If applying under the Income Assistance category, the Department of Community Services may verify my/our source of income to show that I/we qualify for the rebate.

If you filed your 2022 income tax return as married or common-law, you must supply <u>BOTH</u> signatures for processing.

Signature of applicant:	X	h	_ Date:	MM / DD / YYYY					
Signature of spouse, partner or second adult:	X	<u>En</u>	Date:	MM / DD / YYYY					
□ I/We would like to share my/our name, address, phone number and email address with Efficiency Nova Scotia, so they can see if I/we qualify for home energy efficiency programs (optional).									
☐ Yes, you may contact me/us	in the future for feedback	on the Heating As	ssistance f	Rebate Program (optional).					

5 SUBMIT YOUR SIGNED AND COMPLETED APPLICATION FORM.

Make sure to include any required income verification documents. Failure to do so may delay the processing of your application. We may contact you at a later time to request a heating bill.

All applications must be submitted by March 31, 2024.

☑ Send by mail to: HARP, Box 641, CRO, Halifax, NS, B3J 2T3

B Send by fax to: 902-428-2164 (Please make sure you send both sides of the application)

Apply online at: www.novascotia.ca/heatinghelp

3 WAIT TO RECEIVE YOUR REBATE.

If you currently receive your <u>personal income tax refund</u> from the Canada Revenue Agency by direct deposit, **your rebate** will be deposited into the same bank account you have registered with CRA once it's approved.

If you do not receive your income tax refund by direct deposit, your cheque will be mailed within 8 weeks.

Please note that it can take up to 8 weeks to process your paper application.

Consider applying online if you can—

you could save on mailing time and get your rebate faster.

APPLY ONLINE at: www.novascotia.ca/heatinghelp 💂

If you provided your email address, we will email you if we require any additional information. Keep an eye out for email notifications from HARP@novascotia.ca.

For more information call: 902-424-5200 or 1-800-670-4357 toll free in Nova Scotia.