

Application / Declaration for
HOME ENERGY ASSISTANCE PROGRAM
 2017



Income up to and including \$30,000	Benefit \$100	Please allow two to four weeks for processing from the date the application is received by the Department of Finance. For further information call 1-800-669-7070
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DEADLINE TO APPLY: JUNE 30, 2017
***IMPORTANT* INCOMPLETE OR UNSIGNED APPLICATION MAY NOT BE PROCESSED**

PART I – ELIGIBILITY CRITERIA

To be eligible for the program you must:

- Be a resident of New Brunswick as of December 31, 2015 and have filed a 2015 New Brunswick Income Tax Return.
- Maintain a principal place of residence (home) within New Brunswick that is a **self-contained** domestic establishment (a house, an apartment, or a living unit with its own access that contains a kitchen, bathroom, and sleeping facilities).
- Provide a copy of your most recent electricity bill (dated after November 1st, 2016) or if your electricity costs are included in your rent provide the name of your landlord.
- Have a total family income (applicant and spouse or common-law partner) for 2015 that was \$30,000 or less. If it was more than \$30,000 in 2015 and expected to be \$30,000 or less in 2016, you may still apply for the benefit. (See Part IV Special Circumstances)
- Only one benefit per household is available no matter how many occupants reside in that household.

PART II - APPLICANT INFORMATION (PLEASE PRINT)

Last Name:	First Name:	Middle Name:	Social Insurance Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Home Address at the time of application (Street, Apartment #, Rural Route, City, Province, Postal Code): Home Address should be the same as your power bill.

Daytime Telephone Number:	Mailing Address (P. O. Box #, Street, Rural Route, City, Province, Postal Code)
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<p>Residency – Were you a resident of New Brunswick as of December 31, 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you rent or own your residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent</p>	<p>Electricity Bill: <u>MUST BE COMPLETED BY APPLICANT</u></p> <p>Yes <input type="checkbox"/> A copy of my most recent electricity bill is enclosed. No <input type="checkbox"/> My electricity costs are included in my rent. *</p> <p>* Please provide the name and telephone number of the landlord.</p> <p style="text-align: center;">_____ Name</p> <p style="text-align: center;">_____ Telephone</p>
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PART III - TOTAL FAMILY INCOME - MUST BE COMPLETED BY APPLICANT

Indicate below your total family income in 2015 (you and your spouse or common-law partner if applicable).

Were you living with a spouse or common-law partner in 2015? <input type="checkbox"/> Yes Name of Spouse _____ <input type="checkbox"/> No If No, do not include spouse or common-law partner's income.	Spouse's Social Insurance Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Total Income for 2015 (MUST BE COMPLETED)		
1. Applicant Income	\$ _____ (Must be Completed)	Line 150 (less elected split-pension amount from Line 116) of your 2015 income tax return.
2. Spouse or Common-law Partner's Income (if applicable)	\$ _____ (Must be Completed)	Line 150 (less elected split-pension amount from Line 116) of spouse's or common-law partner's 2015 income tax return.
Total Family Income for 2015	\$ _____	Add lines 1 + 2

PART IV - SPECIAL CIRCUMSTANCES

Complete this section **only if** your total family income for 2015 was over \$30,000 and your expected total family income will be \$30,000 or less for 2016. You may be required to provide your 2016 Notice of Assessment at a later date.

Reason for decrease in income: _____
 (Example: Loss of employment, retirement, death, separation, divorce, etc)

Indicate your expected total family income for 2016. \$ _____

PART V – DECLARATION AND CONSENT

NOTE: EVERY PERSON WHO KNOWINGLY PROVIDES FALSE OR MISLEADING INFORMATION WHEN MAKING AN APPLICATION FOR THE BENEFIT UNDER THE HOME ENERGY ASSISTANCE PROGRAM WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

By signing this application, I/we declare and certify that the information on this application, and in any documents attached, is correct and complete.

I/we consent to the verification of the information provided on this application, and on any documents attached, for the purpose of determining my/our eligibility for the Home Energy Assistance Program. This includes sharing this information with the Canada Revenue Agency, my/our electricity supplier, my/our landlord (if applicable), and any other entity identified by the Department of Finance, and collecting information about me/us from those entities.

This will also serve as my/our consent for the Canada Revenue Agency, my/our electricity supplier, my/our landlord, and any other entity identified by the Department of Finance, to disclose any information about me/us that is required for the purpose of determining my/our eligibility for the Home Energy Assistance Program.

The personal information on this form is being collected under the authority of the New Brunswick Income Tax Act, and will be used for the purposes of determining eligibility under the Home Energy Assistance Program, and for necessary administration of this Program. If you have any questions regarding the collection and use of this information, please contact the Manager Tax Accounting, Department of Finance, P. O. Box 3000, Fredericton, NB E3B 5G5. Phone: 1-800-669-7070 or e-mail wwwfin@gnb.ca.

Signature of Applicant or Applicant's Representative	Representative's Relationship to Applicant	Date
Signature of Applicant's Spouse or Common-Law Partner		Date