

DATE RECEIVED AT HEAT FUND

CMS HH ID#

APPLICATION STATUS

AMOUNT / REASON FOR NON-APPROVAL

DECISION DATE / NOTES

STAFF NAME

2020 HEAT Fund

HOME EMERGENCY ASSISTANCE TOP-UP



The HEAT Fund is administered by The Salvation Army.

STEP 1: SUBMIT AN APPLICATION

(One application per household)

Applications are available online at www.salvationarmy.ca/maritime/heat, and at a Salvation Army location in your community. Applications may also be obtained from your MLA office.

NOTE: SUBMITTING AN APPLICATION DOES NOT GUARANTEE APPROVAL.

This is not a rebate program, and assistance may not be available to every applicant.

STEP 2: APPLICANT INFORMATION

(Household member with home heating accounts in their name)

Full Name

Home Phone

Cell Phone

Civic/Delivery Address

City/Town

Postal code

Mailing Address

Email

Date of Birth (Month/Day/Year)

STEP 3: HOUSEHOLD MEMBERS

List name(s) and date(s) of birth information below for all household members, including the spouse or partner, children, roommates, etc.

RELATION TO APPLICANT

FULL NAME

DATE OF BIRTH

VALID I.D.# Driver's license,

Spouse, child, roommate, etc.

First Name/Middle Initial/Last Name

Month/Day/Year

NS ID card, passport, etc.

BOTH SIDES OF APPLICATION MUST BE COMPLETED

Please ensure application is complete and submitted with all supporting documents.

HAVE QUESTIONS? Call 902-422-3435



**Warm hearts,
Warm homes**

STEP 4: CURRENT HOUSEHOLD INCOME

Report and submit income documents for all household members. All taxable and non-taxable income must be noted below and accompanied by supporting income documentation.

- Bank statements or cheque stubs will show your prior 1 to 2 month's income.
- You may submit up to 3 months if you've recently experienced a change in income.
- Income Assistance documents must show gross amount, before rent or other deductions.

The above documents confirm the income reported below:

NAME (Start with Applicant)	INCOME TYPE (ex. Child support, Canada Child Benefit, Wages, IA, EI, Social Assistance, Worker's Comp, Disability, CPP, OAS, GIS, etc.)	MONTHLY NET INCOME (after taxes)

STEP 5: HOME HEATING DETAILS (Check boxes where appropriate)

Provide a copy of a recent heating bill (last 1-2 months). Account must be in the name of an adult household member.

- Do you own or rent your home? OWN RENT
- Are you responsible for your heating bill? YES NO
- > If you rent, include your landlord's name and phone number: _____

What is your PRIMARY source of heat?

ELECTRICITY OIL WOOD PROPANE NATURAL GAS OTHER: _____

- Provide your home heating supplier's name, phone number and your account number: _____

- If you heat with oil, is your oil tank located inside or outside your home? INSIDE OUTSIDE

STEP 6: CONSENT TO VERIFY INFORMATION

Applicant must sign below to be considered for assistance. By signing below, the applicant acknowledges the information provided on this application is an accurate and complete disclosure of the requested information. Applicant authorizes HEAT Fund Administrators to contact utility/fuel supplier and/or landlord and/or social worker to verify the information provided on this application.

Applicant Name

Signature

Date

SUBMIT BY FAX (BOTH SIDES), EMAIL OR MAIL:

Attention: HEAT Fund

FAX: 902-425-4363 EMAIL: heat_fund@can.salvationarmy.org

MAIL: HEAT Fund, 2038 / 2044 Gottingen Street,
Halifax NS, B3K 3A9

Funding for the HEAT Fund is provided by the Government of Nova Scotia, Nova Scotia Power and its employees and customers.

