

<b>Income up to and including \$30,000</b>	<b>Benefit \$100</b>	<b>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</b>
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**DEADLINE TO APPLY: JUNE 30, 2018**  
**\*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, 2016 and have filed a 2016 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 1<sup>st</sup>, 2017) 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 2016 that was \$30,000 or less. If it was more than \$30,000 in 2016 and expected to be \$30,000 or less in 2017, 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:

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) \_\_\_\_\_

**Residency** – Were you a resident of New Brunswick as of December 31, 2016?  Yes  No

Do you rent or own your residence?  
 Own  
 Rent

**Electricity Bill: MUST BE COMPLETED BY APPLICANT**

Yes  A copy of my most recent electricity bill is enclosed.  
 No  My electricity costs are included in my rent. \*

\* Please provide the name and telephone number of the landlord.  
 \_\_\_\_\_ Name \_\_\_\_\_ Telephone \_\_\_\_\_

**PART III - TOTAL FAMILY INCOME - MUST BE COMPLETED BY APPLICANT**

Indicate below your total family income in 2016 (you and your spouse or common-law partner if applicable).

Were you living with a spouse or common-law partner in 2016?  
 Yes Name of Spouse \_\_\_\_\_  
 No If No, do not include spouse or common-law partner's income.

Spouse's Social Insurance Number

**Total Income for 2016 (MUST BE COMPLETED)**

1. Applicant Income \$ \_\_\_\_\_ **Line 150 (less elected split-pension amount from Line 116) of your 2016 income tax return.**  
 (Must be Completed)

2. Spouse or Common-law Partner's Income \$ \_\_\_\_\_ **Line 150 (less elected split-pension amount from Line 116) of spouse's or common-law partner's 2016 income tax return.**  
 (if applicable) (Must be Completed)

**Total Family Income for 2016 \$ \_\_\_\_\_ Add lines 1 + 2**

**PART IV - SPECIAL CIRCUMSTANCES**

Complete this section **only if** your total family income for 2016 was over \$30,000 and your expected total family income will be \$30,000 or less for 2017. You may be required to provide your 2017 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 **2017**. \$ \_\_\_\_\_

**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](mailto:wwwfin@gnb.ca).**

**Income Tax Return Preparation** - Through the Community Volunteer Income Tax Program (CVITP), community organizations host free tax preparation clinics and arrange for volunteers to prepare income tax and benefit returns for eligible individuals who have a modest income and a simple tax situation. To determine whether you are eligible and to view a tax preparation clinic in your area, please go to the following website: <http://www.cra-arc.gc.ca/tx/ndvdl/vlntr/nd-eng.html>

\_\_\_\_\_  
**Signature of Applicant or Applicant's Representative**      **Representative's Relationship to Applicant**      **Date**

\_\_\_\_\_  
**Signature of Applicant's Spouse or Common-Law Partner**      **Date**