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The Salvation Army, Charlottetown, administers the Provincial Home Heating Program on behalf of the Department of Housing, Land and Communities, Government of Prince Edward Island

**APPLICATION FORM
PROVINCIAL HOME HEATING PROGRAM**

**To receive up to $1,200 in each calendar year eligible applicants are as follows:**

* Residents of Prince Edward Island facing hardship in meeting home heating expenses.
* Applicants will be expected to produce proof of income, address, and fuel expenses.
* Applicants cannot be in receipt of Social Assistance.
* Applicants must fall within the following Income Criteria: Single Person Household $45,000 or less

 Family Household $60,000 or less

**First Name:** \_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**County:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Postal Code:** \_\_\_\_\_\_\_\_\_

**Phone No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Home Status:**  ⬜ Own⬜ Rent **Household**: ⬜ Single ⬜ Family

Has anyone in your household received assistance from the Provincial Home Heating program? ⬜ Yes ⬜ No

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| **HOUSEHOLD INFORMATION List All In Household** (Add extra names and income on back of application form if needed) |
| **First Name** | **Last Name** | **Income** (tax assessment/letter from employer/bank statement)  |
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| **Total Income for Household:** |  |

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| **HOUSEHOLD ENERGY INFORMATION** |
| **Primary Heat Source**  | Oil ⬜ Wood ⬜ Propane ⬜ Maritime Electric ⬜ City of Summerside Electric ⬜ Other:­­­­­­­­ |
| **Name on Account** |  |  | **Account Number**  |
| **Current Oil Level (circle)** | **E** | **1/8** | **1/4**  | **1/2** | **3/4** | **F Auto Fill Customer** Yes ⬜ No ⬜  |
| **Oil Tank Tag Number/Expiry** |  |  | **Preferred Supplier** |

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| **APPLICATION STATEMENT** |
| I declare that the information on this form is complete and accurate. I accept that I may not be deemed eligible for this program. I accept that, if deemed eligible under the program, disbursements may end prior to the $1,200 being disbursed should the program be varied or discontinued by the Government of Prince Edward Island. I accept that I cannot hold The Salvation Army liable for any shortfall in funding. I have been advised of other services offered that may assist myself and others in the household. |
| **APPLICANT SIGNATURE:****CONTACT INFORMATION****Telephone: Charlottetown:** 902-367-0875 **Summerside**: 902-916-1716**Email**: charlottetowncc.homeheating@salvationarmy.ca **Mailing Address: The Salvation Army****Provincial Home Heating Program****158 Fitzroy St, Charlottetown PE C1A 1S1** | **DATE:** |

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| **OFFICE USE ONLY** |
| Proof of Address (Utility Bill) ⬜ | Notice of Assessment **OR** Letter from Employer **OR** Bank Statement ⬜ |
| Amount Approved: | Date Approved:  | Not Approved and Reason |
| Staff Name/Signature/Date |