

The Salvation Army, Charlottetown, administers the PEI Home Heating Program on behalf of the Department of Housing, Land and Communities, Government of Prince Edward Island. Personal information on this form is collected under Section 31(c) of the Freedom of Information and Protection of Privacy Act and is necessary for program operation. If you have any questions about this collection of personal information, you may contact Housing Operations at (902) 368-5770 or <a href="https://doi.org/10.1001/journal.org/10.1001/jou



2025 PEI HOME HEATING PROGRAM APPLICATION FORM

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 PEI Social Assistance.
- Applicants must fall within the following Income Criteria:
 - Single Person Household \$45,000 or less
 - Family Household \$60,000 or less

Where income is defined as gross income (Line 15000 of Notice of Assessment)

First Name:						Last Name:		
Address:						County:	Postal Code:	
							Household: Single Family	
Has anyone in your household received assistance from the Provincial Home Heating program? Tyes No								
HOUSEHOLD INFORMATIO	N	List	<u>All</u> In	House	hold	(Add extra name	s and income on back of application form if nee	ded)
First Name	Last Name						s income: line 15000 of tax Notice of Assessmer nanged, pay stub/bank statement may be accep	
Total Income for Household:								
HOUSEHOLD ENERGY INFORMATION								
Primary Heat Source (Circle) Name on Account	Oil W	/ood	Propa	ane	Heat Pur	np Electric Othe Account Numbe		rside
	<u> </u>	T -	1 -	1 -	1 _			
Current Oil Level (circle)	Empty	1/8	1/4	1/2	3/4	Full	Auto Fill Customer Yes No	
Oil Tank Tag Number/Expiry						Preferred Suppl	ier	
Number/Expiry								
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 declare that I am not in receipt of PEI Social Assistance								
			•		with the	PEI Department	of Environment, Energy and Climate Acti	on
to be contacted about energ	y efficier	ncy pro	ogram	ıS.				
APPLICANT SIGNATURE:							DATE:	
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								
OFFICE USE ONLY								
Proof of Address (Utility Bill)	Notice of Assessment OR Pay Stubs OR other information							
Amount Approved:			proved			Not Approved		
Staff Name/Signature/Date								