

DATE RECEIVED @ GNEF OFFICE: _____ CMS HH ID # _____

APPLICATION STATUS (Approved/Not Approved): _____ AMOUNT APPROVED or REASON NOT APPROVED: _____

DATE of DECISION & STAFF NAME: _____ NOTES: _____

2017 Good Neighbour Energy Fund, January 15 - April 30

Assistance is available for Nova Scotian families who are in an emergency heating situation (those households where there is no source of heat and no resources available to obtain heat) if the household meets eligibility guidelines.

Applications are available online at www.salvationarmy.ca/maritime/gnef or pick one up from your local Salvation Army church, office or Thrift Store as well as MLA offices. One application per household.



STEP 1- SUBMITTING AN APPLICATION

To be considered for assistance from the Good Neighbour Energy Fund, the following four criteria must be met:

- 1) Household is low income and located in Nova Scotia;
- 2) Household is in an emergency heating situation;
- 3) Household members have not received GNEF assistance in the past 24 months;
- 4) Head of household completes & submits an application providing all requested information and supporting documents.

→ **SUBMITTING AN APPLICATION DOES NOT GUARANTEE ASSISTANCE.** This is not a rebate program. Assistance may not be available to every applicant.

→ **APPLICANT IS RESPONSIBLE TO ENSURE APPLICATION IS COMPLETE & SUBMITTED WITH SUPPORTING DOCUMENTS.** Incomplete applications will be returned via Canada Post.

→ **PLEASE ALLOW 5 BUSINESS DAYS (Monday to Friday) FOR APPLICATION REVIEW & PROCESSING.** We do our best to process applications as soon as possible & multiple phone calls slow down the approval process.

→ **APPROVED APPLICANTS WILL BE CONTACTED BY PHONE.** Please be sure to provide a working phone number on the application. Non approved applications will be returned with a letter of explanation.

→ **FOLLOWING APPLICATION APPROVAL, ONE OF OUR PARTICIPATING SUPPLIERS WILL BE NOTIFIED.** Suppliers are authorized to make one delivery of fuel as soon as possible; they are not authorized to wait until your fuel tank is empty. **Please do not apply if you are not in an emergency situation.** If you receive regular delivery from a specific supplier, you are responsible to notify your supplier that you may receive fuel from another supplier.

→ **APPROVED APPLICANTS WITH ELECTRIC HEAT** will receive assistance by way of a payment made directly to the utility provider

STEP 2- APPLICANT INFORMATION (Household member with fuel account in their name.)

Full Name of Applicant: _____ Home Phone: _____

Civic/Delivery Address: _____ Cell Phone: _____

City or Town: _____ Postal Code: _____ Email: _____

Mailing Address (If Different): _____

STEP 3- HOUSEHOLD MEMBERS (Identify all household members by name, DOB & Valid ID, starting with applicant. Include spouse/partner, children, roommates, etc.)

RELATION TO APPLICANT (Spouse, Son, Daughter, Roommate)	FIRST NAME, MIDDLE INITIAL, LAST NAME	DOB Month / Day / Year	Valid ID
START WITH APPLICANT →			

BOTH SIDES OF APPLICATION MUST BE COMPLETE

STEP 4- CURRENT HOUSEHOLD INCOME (Report & submit income documents for all household members.)

ALL INCOME (TAXABLE & NON TAXABLE) MUST BE NOTED BELOW. INCOME DOCUMENTS NEED TO BE SUBMITTED WITH THE APPLICATION. Income documents, such as a bank statement or cheque stub, will show the prior 1 to 2 month's income. You may submit up to 3 months if you recently had a change in income. **Income Assistance documents are required to show gross amount, before rent or other deductions.** These documents will confirm the income reported on this application.

NOTE: All adults (18 years & older) enrolled in educational programs are required to provide proof of enrollment.

NAME OF PERSON RECEIVING INCOME (Starting with Applicant)	TYPE OF INCOME (Child Support, Child Tax Benefit, Wages, EI, Social Assistance, Worker's Comp, Disability, Canada Pension, Old Age Security, Guaranteed Income Supplement, Private Pension, Etc.)	MONTHLY NET INCOME (After Taxes)
Start with Applicant's Name:		

STEP 5- HOME HEATING DETAILS

A copy of your home heating bill from the prior one or two months is required. The heating account must be in the name of an adult family member living in the household. Please circle answers where appropriate.

Has anyone in your household ever received assistance from GNEF? YES or NO Are you a homeowner or renter? OWN/MORTGAGE or RENTER

Are you responsible to pay for heat? YES or NO Renters must provide Landlord Name & Phone Number: _____

What is your **PRIMARY** source of heat? (Electric, Furnace Oil, Propane, Natural Gas, Wood, Other): _____

Provide your fuel supplier's name, phone number and your account number: _____

For applicants with oil heat, is your oil tank located inside or outside your home? INSIDE or OUTSIDE

Have you remembered to attach a copy of a recent home heating bill that shows your name and address? YES or NO

STEP 6- CONSENT TO VERIFY INFORMATION REPORTED ON APPLICATION

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 GNEF Administrators to contact utility/fuel supplier and/or landlord and/or social worker to verify the information provided on this application. Your witness must be someone outside of the household and should be someone who knows you and can verify your circumstances.

↓ (Please Print Names) ↓

Applicant Name: _____ Applicant Signature: _____

Witness Name: _____ Witness Signature: _____

Witness Phone Number: _____ Date: _____

Submit application by fax (remember to fax both sides), email or post:

Attention: GNEF Program

Fax #902-425-4363, Email: GNEF@sahalifax.ca

Mail: GNEF Program, 2038/2044 Gottingen Street, Halifax, NS, B3K 3A9

Questions? Phone #902-422-3435



Giving Hope Today

The Good Neighbour Energy Fund
is administered by The Salvation Army.



Funding is provided by Nova Scotia Power Inc.,
NSP employees & customers and
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