



**HOME HEATING SUPPLEMENT PROGRAM APPLICATION**

Name: \_\_\_\_\_ Band Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hydro Company Name: \_\_\_\_\_

Account #: \_\_\_\_\_

**\*\*Please be advised that by enrolling into this Program, you are under an obligation to inform the St. Mary's First Nation when and if you move to a different address and/or if you move on reserve. Failure to provide accurate and up to date information may result in your suspension from the Program\*\***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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***For Internal Use Only:***

Off Reserve residence confirmed (yes or no): \_\_\_\_\_

Is the applicant eligible for the Program (yes or no): \_\_\_\_\_

Valid electric bill submitted (yes or no): \_\_\_\_\_

Has the Applicant been disqualified from the Program for any reason? If so, why? \_\_\_\_\_

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