



HOME HEATING SUPPLEMENT PROGRAM APPLICATION

Name: _____ Band Number: _____

Address: _____

Phone Number: _____

Hydro/Gas Company Name: _____

Hydro/Gas Company (Payment) Address: _____

- **Note it is very important that we receive the correct payment address in order to avoid any delays.**

Account #: _____

OR

I have attached one of the following required documents with this application:

Copy of leasing/rental agreement Firewood proof of purchase

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

For Internal Use Only:

Off Reserve residence confirmed (yes or no): _____

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

Valid bill/proof of purchase submitted (yes or no): _____

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