



**HOME HEATING SUPPLEMENT PROGRAM APPLICATION 2023**

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 to avoid any delays. Your application will not be processed without a company address.**

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

OR

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

Copy of leasing/rental agreement

**\*\*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?

\_\_\_\_\_  
\_\_\_\_\_