

SUBMIT APPLICATION TO: Home Heating Rebate Department of Finance Tax Administration Division P.O. Box 8740

St. John's, NL A1B 4K3

APPLICATION FORM 2006-07 HOME HEATING REBATE

Applicant's Name			Social Insurance Num	ber
	Last Name, First Name (Plea	se Print)		
Address			Telephone Number _	
Spouse's Name	Last Name, First Name (Plea	ase Print)	Social Insurance Num	ber
heating costs, regard for 2005 above \$22, for the rebate. Approximarked by Apri	lless of their primary sou 500 but less than \$30,00 plications should be sul 1 30, 2007. An application	rce of heat. A position of heat.	artial rebate is available to hou um rebate of \$100. Only one p Provincial Department of Fin ocessed without the appropriat	00 for households which incurseholds with family net income erson per household may apply ance and must be received or se Social Insurance Number(s).
-	or processing of applica		29-1695, or toll-free long dista	nce at 1-877-729-1695. Please
Primary Source of	Heat (please check the	appropriate b	ox)	
☐ Home Heating Fu	uel	\square Wood	Other	
If any of the following documentation as in Death of a Spous will be based on your Long-Term Car facility supporting he and nature of paymed Funded Adult I an ABE program or the support of the support	s year's rebate mean that ng circumstances apply dicated to support your of the area of th	to you, please claim. eceased as of Devide your spoursident of a longining your eligitation of that funding	check the appropriate box. Ye cember 31, 2006 and reported is se's social insurance number an exterm care facility, you are abbility. Please provide docume the comment - If you received govern was included on your 2005 inc	come for 2005 exceeds \$30,000. You will be required to provide income in 2005, your eligibility d a copy of the death certificate. He to deduct payments to the intation supporting the amount ment funding in 2005 to attend ome tax return, you may deduct the interior assistance as well as your
•	y of an invoice for an el	· ·	•	2006 to April 2007 in the name
Meter Number:		Acc	ount Number:	
Certification and C I/we declare that the authorize the Depa	Consent ne information provided rtment of Finance to ac	d above is true	and correct to the best of my nformation from my/our per	our knowledge. I/we hereby sonal income tax return(s) as ndland and Labrador Home
Signature of Applie	cant		Date	
Signature of Spous	<u>e</u>			