



APPLICATION FOR HEATING OIL STORAGE TANK REPLACEMENT ASSISTANCE

PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS APPLICATION

CLAIMANT IDENTIFICATION			
NAME	SOCIAL INSURANCE NUMBER - -		
SPOUSE'S NAME	SOCIAL INSURANCE NUMBER - -		
MAILING ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	(709) _____	_____	

CALCULATION		Office use only
1. TOTAL INSTALLED COST OF HEATING OIL STORAGE TANK		
2. MULTIPLY LINE 1 BY 50%		
3. TOTAL AMOUNT OF ASSISTANCE (ENTER LINE 2 OR \$300, WHICHEVER IS LESS)		

DOCUMENTATION REQUIRED
<p>Please ensure the following documents are enclosed with this application:</p> <p><input type="checkbox"/> Original invoice(s)</p>

CERTIFICATION AND CONSENT	
<p>I and my spouse _____ (enter spouse if applicable) hereby consent to the release, by the Canada Customs and Revenue Agency to the Government of Newfoundland and Labrador, Department of Finance, of information from my income tax returns, and, if applicable, other required taxpayer information. The information will be relevant to, and used solely for, the purpose of determining and verifying my entitlement to The Heating Oil Storage Tank Replacement Assistance Program, and will not be disclosed to any person without my approval.</p> <p>This authorization is valid for the taxation year prior to signature, including all prior taxation years commencing with 2001. It is also valid for the current taxation year and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Department of Finance.</p>	
_____ <small>SIGNATURE OF APPLICANT</small>	_____ <small>DATE</small>
_____ <small>SIGNATURE OF SPOUSE</small>	_____ <small>DATE</small>

OFFICE USE ONLY	
REVIEWED BY: _____	DATE: _____
APPROVED BY: _____	DATE: _____