



Giving Hope Today

2012 GOOD NEIGHBOUR ENERGY FUND (GNEF)

January to April 2012



Good Neighbour
Energy Fund

PLEASE KEEP A COPY OF THIS LETTER FOR YOUR REFERENCE

APPLICATIONS AVAILABLE JANUARY TO APRIL:

www.salvationarmy.ca/maritime/gnef/ or All MLA's offices, Salvation Army churches and Thrift Stores

TELEPHONE LINE AVAILABLE JANUARY TO APRIL:

1-902-422-3435

SEND COMPLETED APPLICATION & ALL SUPPORTING DOCUMENTS TO:

2038/2044 Gottingen Street, Halifax, NS, B3K 3A9 / Email: GNEF@sahalifax.ca / Fax: 1-902-444-8914

WHAT IS THE GOOD NEIGHBOUR ENERGY FUND (GNEF) PROGRAM?

- ✓ From January to April, it assists *low income Nova Scotian families in an emergency heating situation.*
- ✓ Provides heating fuel in situations *where there is no source of heat and no resources available to obtain heat.*
 - Assists with the *primary heating source* (furnace oil, wood, natural gas, propane, electric heat, coal or wood pellets).
- ✓ Funding is made available through Nova Scotia Power Incorporated, its employees and customers as well as the Department of Service Nova Scotia and Municipal Relations.

TO BE CONSIDERED FOR ASSISTANCE:

- ☞ Each household may receive assistance from this program *once in a 24 month period.*
- ☞ The heating account must be in the *name of an adult member living in the household.*
- ☞ Application must be complete. The applicant is responsible to ensure *all information is provided with supporting documents at the time of submission.* Incomplete applications will be returned immediately via Canada Post.

HOW TO APPLY FOR ASSISTANCE:

1. The *adult family member whose name the heating account is in completes the application and submits it with the required supporting documents.*
 - *Every person in the household must be identified on the application by name, date of birth and Health Card number.*
2. *A recent income document must be provided for every member of the household over 18 years of age* or proof of enrollment in an educational program.
 - The income document(s) must show the name and address of the household member **and** not be more than 2 months old.
 - Social assistance income documents must show the total amount received, before deductions.
 - Acceptable income documents include Employment, EI or Social Assistance stubs; bank statements showing previous six weeks of activity; 2011 Income Tax Assessments.
3. A copy of the *most recent home heating receipt or bill* (oil/wood/electric/etc.) showing the *applicant's name and address is required.*

WHAT HAPPENS AFTER YOU APPLY?

- ☞ *Allow 5 business days* (Monday to Friday) for your application to be reviewed.
- ☞ You will be *contacted by phone* after your application has been reviewed and a decision made.
 - *If approved, one of our participating suppliers will be notified to make one delivery of fuel as soon as possible; they are not permitted to wait until your oil tank is empty.* If you receive regular delivery from a specific supplier, it is your responsibility to notify them you have applied for assistance and may receive a delivery from another supplier.
 - Applicants with electric heat will have a payment made directly to their electric account.

WHAT DOES GNEF NOT DO?

- ✗ Offer a rebate. It is not intended, nor able, to assist everyone who applies.
- ✗ Reimburse applicants for their heating costs.
- ✗ Pay electric bills if your heat is included in your rent or if the account is in the name of someone not living in the home.
- ✗ Pay for the cost of delivery or if the account is the name of someone living outside the home.
- ✗ Assistance for electric bills if the source of home heating is oil/wood/etc.
- ✗ Pay outstanding/past due balances or on closed accounts.



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APPLICANT INFORMATION

NAME: _____	HOME PHONE: _____
DELIVERY & MAILING ADDRESS: _____	CELL PHONE: _____
CITY/TOWN & POSTAL CODE: _____	WORK PHONE: _____

- ⇒ Are you responsible to pay for your heat? YES NO
- ⇒ Has anyone in your household received assistance from the *Good Neighbour Energy Fund* program? YES NO

HOUSEHOLD MEMBERS & INCOME INFORMATION

TOTAL NUMBER OF HOUSEHOLD MEMBERS: _____ PLEASE INDICATE IF YOU RENT OR OWN: _____

INCLUDING APPLICANT, LIST FIRST & LAST NAMES OF ALL HOUSEHOLD MEMBERS	BIRTH DATES (Month/Day/Year)	HEALTH CARD NUMBERS
NAME OF PERSON RECEIVING INCOME	MONTHLY INCOME(S)	SOURCES OF INCOME (Employment, EI, Social Asst, CPP, OAS, CTB, UCCB, etc.)

HOME ENERGY INFORMATION

Call 1-800-428-6230 if you are interested in receiving information on reducing your heating costs.

PRIMARY SOURCE OF HEAT: ELECTRIC ~ FURNACE OIL ~ STOVE OIL ~ KEROSENE ~ WOOD ~ PROPANE ~ NATURAL GAS

SUPPLIER'S NAME & PHONE: (Include Account #) _____ OIL TANK: Inside or Outside

APPLICANT STATEMENT

I certify that the information I have provided above is an accurate and complete disclosure of the requested information. I authorize the verification of the above information; contact with my utility/fuel supplier and/or my landlord for verification or additional information. I understand that filling out this application does not guarantee that my household will receive assistance.

APPLICANT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ PHONE: _____ RELATIONSHIP TO APPLICANT: _____
(Must be different than applicant) *(Friend, Clergy, MLA, etc.)*

OFFICE USE ONLY

Date & Application Status:	Approved or Not Approved by:	Amount of Assistance Approved: \$
Notes:		CMS HOUSEHOLD ID #:

William & Catherine Booth
Founders

Linda Bond
General

Brian Peddle
Territorial Commander

Douglas Hefford
Divisional Commander