

Covid-19 Residential Home Heat & Energy Rebate Application

Program Eligibility:

- Applicant must be a registered member of Qalipu First Nation.
- Applicants are required to be a resident of Canada for a minimum of (12) consecutive months prior to date of application.
- Applicants are required to provide proof of Home Heat or Energy costs incurred in the form of a receipt(s) or invoice(s) from a Registered Home Heat or Energy Provider displaying the following:
 - Applicant's name and full address.
 - Business # or HST # of registered business.
 - Receipt/invoice(s) total must show a minimum of \$200 in Home Heat or Energy charges.
 - Eligible receipt/invoices are required to be dated from the period of April 1st, 2021 – September 1st, 2021.

***Please Note:** If the residential heat or energy account is in the name of a non-member spouse or partner, you may still submit your application with that document. However, it will be necessary to provide further documentation to support that you are a resident of that same household. Acceptable verification sources can include but are not limited to: property tax invoices, poll tax invoices, online shopping receipt or shipping confirmations, pay stubs etc. The secondary sources of proof must state the **members/applicants** name and an address that matches the home heat or energy receipt/invoice submitted. They must be from a registered business.

Application Process:

- Online application collection will be open for three weeks: **Aug 11th – Sept 1st, 2021, at 4pm.**
- Paper/mail in applications will need to be post marked by **Sept 1st, 2021, at 4pm.**
- Paper/mail in applications will not be accepted after **September 7th, 2021, at 4pm.**
- Limit of one application per member. Duplicate applications will be removed from draw. In the event duplicate applications are received, QFN will consider the first application received as the valid submission.
- All applications will require: Name, Accurate Shipping/Mailing address, Street Address (if different from mailing address), Band #, Phone Number and/or email address. Incomplete applications will be removed from draw.
- While all member applications will be accepted, only one successful applicant per household is permitted. If additional applications are subsequently drawn from the same household, they will be considered ineligible.
- Direct deposit is the quickest method of reimbursement. Please provide accurate banking information with your application if applicable. A mailed cheque is an option but may cause additional delays.

Draw Date & Successful Applicant Contact Process

- A Random Draw will take place on: **September 8th, 2021.**
- Due to privacy concerns a list of winners will not be posted and only successful applicants will be contacted.
- Reimbursements will be processed after all eligibility requirements have been met.
- Please allow up to 8 weeks from draw date to receive your reimbursement.
- It is the responsibility of the successful applicant to report any benefits received under this program to Canada Revenue Agency. Please refer any tax related questions to CRA.



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Please complete all sections of the application. Applications that are unsigned or incomplete will NOT be accepted. Faxed applications will NOT be accepted. If you require assistance, please contact a member of our COVID-19 Support Team at 709-634-4577, 709-393-6777 or covidsupport@qalipu.ca.

Section 1 – Applicant Details

Applicants Full Name: _____

Band registration Number:

(10-digit number found on your SCIS card)

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Home Phone Number: (____) _____ Cell Phone Number: (____) _____

E-mail: _____

Mailing Address

Street/P.O. Box: _____

City/Town: _____

Province: _____

Postal Code: _____

Civic Address: (if different from Mailing address)

Street/P.O. Box: _____

City/Town: _____

Province: _____

Postal Code: _____

Section 3 - Authorization and Signature

Qalipu First Nation requires your authorization to collect information from you for services provided to you. I authorize the release of any records that are relevant to the processing of this application to Qalipu First Nation, its agents or contractors, or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate.

By signing and submitting this application, I declare that I have been a resident in Canada for (12) consecutive months prior to the date of this application and I understand my responsibility to report any benefits received under this program to CRA.

PRINT NAME: _____ SIGNATURE: _____ DATE: ____/____/____
(Signature is mandatory) dd/mm/yyyy

Mail this completed form along with receipts/invoices & direct deposit information (if applicable) to:

Qalipu First Nation
3 Church Street
Corner Brook, NL A2H 2Z4

Faxed claims will be returned, and a mailed copy will be requested.

Privacy statement

Qalipu First Nation also requires your authorization to collect information from you for services provided to you and paid for by the Band. Qalipu First Nation is committed to protecting your privacy and safeguarding the personal information in its possession. When a request to provide coverage for benefits is received, Qalipu First Nation collects, uses, discloses, and retains your personal information in accordance with the applicable federal privacy laws and policies.