



For Office Use Only

File # \_\_\_\_\_

## Condominium Corporation Application Information/Instructions

### Application Information/Instructions

- Your Energy Rebate applies only to the provincial portion of the HST that you paid when purchasing home energy products. The rebate is limited to the amount of provincial portion of HST paid.
- Your Energy Rebate does not include delivery, equipment maintenance, repair or emergency service call costs or similar charges or costs.
- Please complete the entire form. An incomplete application may result in the form being returned, thereby causing a delay in processing the claim.
- You must submit all invoices and/or receipts to be included in your claim. **Invoices and/or receipts issued in the name of a person other than the applicant will not be accepted.**
- Receipts or invoices must show the following information:
  - HST # of the Supplier
  - Date of Purchase
  - HST Paid
  - Energy Type Purchased (e.g. oil, wood, wood pellets, kerosene, propane, electricity, natural gas, etc.)
- Once received, if the application meets all requirements, applicants should receive payment within 4–6 weeks.
- An application must be received by Service Nova Scotia within 24 months from the date of purchase of the energy type.
- Applications may be submitted only in April, July, October and January of each year.
- **Applicants must submit a separate application for each property.**
- Additional applications are available online at: [novascotia.ca/yerp](http://novascotia.ca/yerp) or by calling 902-424-5200 or 1-800-670-4357 (toll free) or from all Access Nova Scotia offices.

**Condominium Corporation  
Application for Your Energy Rebate**

**Section 1 - Applicant Information (Please print all information in block letters.)**

A. Do you have commercial activity at the property related to this claim? Yes No

**B. Name of Applicant** (Rebate Cheque will be issued in this name)

**If a Company**

Operating Name

CRA BN#

**If an Individual**

Name

(first, middle initial, last)

**C. Contact Information**

Contact Name

Primary Phone #

Fax #

Contact Title

Email Address

(If applicable)

**D. Address Information**

Civic Address of Applicant

Street No. and Name (Unit/Suite/Apt # - if applicable)

Mailing Address of Applicant (if different than civic)

Street No. And Name (Unit/Suite/Apt #/PO Box or RR #)

City, Town or Village

Province

Postal Code

City, Town or Village

Province

Postal Code

**Civic Address of Property Related to this Claim** (if different than Applicant's civic address)

Street No. And Name (Unit/Suite/Apt # - if applicable)

City, Town or Village

Province

Postal Code

**Section 2 - Invoice/Rebate Details and Worksheet (Please attach invoice and/or receipts)**

Condominium Corporation #

Do you have a common area? Yes No

Average size of units

(sq. ft.)

# of residential units

**Note:** Only Common Areas that are reasonably necessary for residential purposes may be included in the calculation of residential space.

**A. Building Space Calculation**

A	B	C	D
Total Building Space (sq. ft.)	Total Non-Residential Space (sq. ft.)	Total Residential Space (sq. ft.)	% Eligible (C ÷ A x 100)
e.g., 10,000 sq. ft.	2,000 sq. ft.	8,000 sq. ft.	80.0%

**B. Claim Period**

Do you want your invoices returned? (Photocopies of invoices will not be returned.)

Yes

No

Indicate the Quarter(s) and year applicable to this claim.

Jan 1 - Mar 31

Apr 1 - Jun 30

Jul 1 - Sept 30

Oct 1 - Dec 31

Year

Year

Year

Year



### Section 3 - Application Declaration

I hereby certify that:

- The information contained on this application is true, complete and correct in every respect
- I am a duly authorized official or agent of the applicant
- The energy sources purchased and covered by this claim were for residential or mixed residential/commercial purposes.
- The amount was not previously claimed
- All relevant documents are available for inspection and/or audit
- It is acknowledged that property tax information may be used in an audit of my claim
- All invoices/receipts are attached.

Applicant's Name (*Please print*)

\_\_\_\_\_  
Applicant's Signature

Date  | | | | | | | |  
d d m m y y

Applicant's Title

**Note: It is a serious offence to make a false application for this rebate and action to do so may result in criminal charges and/or a fine.**

#### Return original copy of rebate application to:

##### By Mail:

Service Nova Scotia  
P.O. Box 2632  
Halifax, Nova Scotia  
B3J 3P7

##### By Delivery:

Service Nova Scotia  
Maritime Centre, 6<sup>th</sup> Floor North  
1505 Barrington Street  
Halifax, Nova Scotia B3J 3K5

#### For more information

Website: [novascotia.ca/yerp](http://novascotia.ca/yerp)

Call: (902) 424-5200 (metro) or (toll free in Nova Scotia) 1-800-670-4357

Email: [yourenergyrebate@novascotia.ca](mailto:yourenergyrebate@novascotia.ca)