## **Commercial Power Subsidy Application**



Name of Business		
Mailing Address		
Postal Code	Telephone Number	

Applying for Subsidy for the year		
Month	Consumed KWH	Actual Cost
January		
February		
March		
April		
Мау		
June		
July		
August		
September		
October		
November		
December		

Important 1. Actual Cost = Cost for Current Month + Basic Service Charge + Demand Charge Note: Does Not include Late Charges, Fuel Rider or GST. 2. Claims must be supported by: a. copies of paid power bills, & **b**. copy of financial statement/ income statement at close of business year or a copy of Federal Income Tax return for said year. **3**. This subsidy payment is considered TAXABLE INCOME 4. Please forward application to: Government of Nunavut Department of Finance Box 1000, Station 360 Igaluit, NU хоа оно

## Declaration

I hereby certify that the information given and any documents supporting this application are true, correct and complete in every respect, and I hereby Declare that the gross revenues of the business named herein were less than \$2 million for the calander year in which the subsidy is being applied for. Furthermore, I understand the information on this application is subject to verification by audit.

Signature	of	Applicant
-----------	----	-----------

Official Title

Date

**Government of Nunavut**