

Home Winterproofing Program



APPLICATION FORM

Enbridge Account Holder Name: _____

How did you hear about this program? _____

Phone: _____ Address: _____

City/Town/Municipality: _____ Postal Code: _____ Preferred Language: _____

Do you pay the heating bill? Yes No

Are you an Enbridge Gas Distribution Inc. customer? Yes No Account Number: _____

This house is: Owned Rented Age of Home: _____

Landlord or Representative Name: _____

Landlord Address: _____ City/Town/Municipality: _____

Landlord or representative phone: _____ Postal Code: _____

Primary space heating fuel:

- Natural Gas
- Electricity
- Oil
- Wood
- Propane

Water heating fuel:

- Natural Gas
- Electricity
- Oil
- Wood
- Propane

House type:

- Fully detached
- Semi-detached
- Row house/Townhouse
- Duplex/Triplex/Flat in a house

ELIGIBILITY

Our household benefits from one or more of the following programs:

- | | | |
|---|--|---|
| <input type="checkbox"/> Ontario Works | <input type="checkbox"/> Allowance for Seniors | <input type="checkbox"/> National Child Benefit Supplement |
| <input type="checkbox"/> Allowance for Survivors | <input type="checkbox"/> Guaranteed Income Supplement | <input type="checkbox"/> Ontario Disability Support Program |
| <input type="checkbox"/> Electric Utility HAP Program | <input type="checkbox"/> Healthy Smiles Ontario Child Dental Program | |

Our total gross adult household income does not exceed the following eligibility limit: *(requires income verification)*

- | | | |
|--|--|--|
| <input type="radio"/> 1 occupant \$31,923 | <input type="radio"/> 2 occupants \$39,744 | <input type="radio"/> 3 occupants \$48,861 |
| <input type="radio"/> 4 occupants \$59,322 | <input type="radio"/> 5 occupants \$67,283 | <input type="radio"/> 6 occupants \$75,882 |
| <input type="radio"/> 7 or more occupants \$84,484 | | |

APPLICANT CERTIFICATION: I understand that my rent cannot increase as a result of this program. I understand that information provided by me will be used solely for program purposes and will otherwise be kept confidential. I have attached documentation confirming income eligibility (not necessary when application is completed by a referring agency).

I GIVE PERMISSION TO ENBRIDGE GAS DISTRIBUTION INC., PARTICIPATING SPONSORS AND PROGRAM CONTRACTORS TO:

- | | |
|--|---|
| <input checked="" type="checkbox"/> verify income or benefits received by my household for purposes of confirming eligibility; | <input checked="" type="checkbox"/> contact me or my case worker; |
| <input checked="" type="checkbox"/> conduct an energy efficiency audit of my home at no cost to me; | <input checked="" type="checkbox"/> obtain natural gas consumption records from Enbridge Gas Distribution for up to 3 years before and after work is done for program verification and evaluation purposes; |
| <input checked="" type="checkbox"/> provide advice and perform energy efficiency upgrades to my home at no cost to me; | <input checked="" type="checkbox"/> randomly choose me to participate in a Quality Assurance/Quality Control assessment; |
| <input checked="" type="checkbox"/> use photocopies of this signed release for these purposes; | <input checked="" type="checkbox"/> share customer information that pertain to related programs to further assist me with energy efficiency. |

Customer Signature: _____ Date: _____

OFFICE USE ONLY

Referring Agency _____ File #: _____

Name: _____ Phone #: _____

Program Eligibility Verified: Yes No Signature: _____ (Eligibility Documentation Not Required)