

APPLICATION



Home Weatherization Retrofit Program

Name: _____ Phone: _____

Address: _____ City/Town/Municipality: _____

Main language spoken at home: _____ Postal Code: _____

Total # of occupants: _____ Number of adults (over 19): _____ 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

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
- Duplex/triplex/flat in a house

Income eligibility

I am currently benefitting from the following program (choose one):

Confirmed by: (office use only)

- Ontario Works
- Ontario Disability Support Program (ODSP)
- Guaranteed Income Supplement (GIS)
- Allowance for seniors
- Allowance for the survivor
- National Child Benefit Supplement (NCBS)

or,

Our total gross household income does not exceed the following eligibility limit:

- 1 occupant \$32,000
 - 2 occupants \$34,500
 - 3 occupants \$37,000
 - 4 occupants \$39,500
 - 5 occupants \$42,000
 - 6 occupants \$44,500
- For 7 or more occupants, add \$2,500 to your gross income for each additional occupant. _____

Applicant certification: I have attached or will provide documentation that confirms the basis for the income eligibility selection above. I understand that any work to be done in my home is subject to the availability of funds, program goals, and the eligibility of the household under program eligibility guidelines. I understand that work under the program cannot form the basis for an increase in rent above the provincial guidelines as it is not an expenditure that my landlord will have incurred. I understand that information provided by me will be used solely for program purposes and will otherwise be kept confidential. I attest that information provided here is true to the best of my knowledge and that any willful misstatement may be cause for the rejection of my application. If the home is rented I understand that the contractor will seek landlord consent which is required.

By signing below I authorize Enbridge Gas Distribution Inc., participating sponsors and program contractors to:

- verify income or benefits received by my household for purposes of confirming eligibility;
- conduct an energy efficiency audit of my home at no cost to me;
- provide advice and perform energy efficiency upgrades to my home at no cost to me;
- obtain utility consumption records from the utility for up to 3 years before and after work is done for program evaluation purposes;
- use photocopies of this signed release for these purposes;
- contact me for follow-up purposes.

Signature: _____ Date: _____

Your privacy is important to us. Our privacy policy is available upon request.

Office Use Only

Referring Agency: _____ File #: _____