



PARTICIPANT APPLICATION

Complete this Participant Application (“Application”) if you are interested in participating in this HOME ASSISTANCE program for your home. If you rent or lease your home, you must submit this completed Application together with a completed Building Owner/Manager Basic Consent to be considered for the HOME ASSISTANCE program.

OR

Complete this Application at the door if your Building Owner/Manager has invited Niagara Peninsula Energy Inc. to canvas the building offering energy audits. Your Building Owner/Manager will already have submitted the Building Owner/Manager Basic Consent.

If your Application is approved by Niagara Peninsula Energy Inc., Niagara Peninsula Energy Inc. will conduct a free energy audit of your home to determine opportunities to make your home more energy efficient. Where opportunities are identified by the energy audit and subject to the availability of funds, energy efficient devices and products may be provided and/or installed at no cost to you. The energy efficient products and devices can help make your home more comfortable and help you better manage your electricity costs.

If you need assistance completing this form, please contact us toll free at **1-855-591-0877**.

By Mail	Toll Free Fax
Attn: Home Assistance Program Green Saver 74 Six Point Road Toronto, ON M8Z 2X2	1-888-777-8416

1. Your (Participant) Information:

First Name:	Last Name:
Street Address (Home):	Apartment/Unit Number:
City/Town:	Postal Code:
Phone Number:	Email Address:



You:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent/Lease	If you rent/lease do you live in Social and/or Assisted Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you do not live in Social and/or Assisted Housing, you must own the existing refrigerator, freezer, portable dehumidifier or window air conditioner to receive an energy efficient replacement.

If you do not live in Social and/or Assisted Housing, you must own your home to have insulation installed.

2. Home Information:

What best describes your home:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully detached	Semi detached	Row House / Town House	Mobile home	Multi-unit low rise (up to 3 storeys)	Apartment in high-rise (4 or more storeys)

Approximate year your home was built:	Total number of occupants:
Number of occupants over age 18:	Main language(s) spoken:

Do you pay the heating bill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you pay the electricity bill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			You must be the primary or secondary account holder or you must be a resident of Social and/or Assisted Housing (as confirmed by Your Building Owner/Manager)		
Electric utility:		Account number:			

What type of heating do you have:	<input type="checkbox"/> Electric	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Other
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Only homes that are heated by electricity are eligible to receive the programmable thermostat, draft-proofing or insulation.

If you heat with natural gas, your provider is:	<input type="checkbox"/> Enbridge	<input type="checkbox"/> Other
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Water heating: electric other

* Only homes that have electric water heating are eligible to receive the efficient showerheads, aerators, hot water tank pipe insulation and hot water tank insulation

<u>If you own your home:</u>	
<input type="checkbox"/> You confirm that your home has not received any energy efficient devices or products from HOME ASSISTANCE program before	
<u>If you rent or lease the home, please complete this section:</u>	
Building Owner/Manager Name:	Building Owner/Manager Phone Number:
Email Address:	Cell Phone Number:
Building Owner/Manager Address:	City/Town:
Postal Code:	<input type="checkbox"/> The Building Owner/Manager Basic Consent is attached

3. Income Qualification:

If you live in Social and/or Assisted Housing, DO NOT complete this section.

If you do not live in Social and/or Assisted Housing, you **MUST** meet the following eligibility criteria to participate in this Initiative.



You currently receive and have received for the past twelve month's financial assistance from one of the following programs (choose one):

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

OR

Your total household income for the previous year did not exceed the following eligibility limits [which may be amended from time to time]:

- 1 occupant \$29,931
- 2 occupants \$37,261
- 3 occupants \$45,810
- 4 occupants \$55,617
- 5 occupants \$63,081
- 6 occupants \$71,144
- 7 occupants or more \$79,209.

- Documentation confirming the above selection is attached.

4. Energy Efficient Device or Product

By completing and submitting this Application you agree that your local electricity provider and/or its contractors may enter your home and conduct an energy audit to determine which (if any) energy efficient devices or products that you and your home would benefit from. Niagara Peninsula Energy Inc. reserves the right not to approve your Application for any reason in its sole discretion.

The Niagara Peninsula Energy Inc. may refuse to provide energy efficient devices and products at any time and for any reason, including, but not limited to, due to conditions in the home such that energy efficient devices and products would not result in electricity savings; failure to meet HOME ASSISTANCE program terms and conditions; safety conditions; or lack of funding. THE Niagara Peninsula Energy Inc. MAY DETERMINE AT ITS SOLE DISCRETION WHICH ENERGY EFFICIENT DEVICES AND PRODUCTS WILL BE PROVIDED AND MAY REFUSE TO PROVIDE ANY ITEM FOR ANY REASON.

If you and your home are offered any energy efficient products or devices, you must also complete the Participant Consent to receive any such items.



5. Terms and conditions:

By signing and submitting this Participant Application,

- You confirm that all information contained in this application is complete, true and accurate.
- You confirm that you live in your home full time.
- You authorize the Niagara Peninsula Energy Inc. to verify income or benefits received by your household for purposes of confirming eligibility.
- You authorize the Niagara Peninsula Energy Inc. and/or its contractors to enter your home and conduct an energy efficiency audit at no cost to you.
- You agree that the Niagara Peninsula Energy Inc. and/or its contractors may install the energy efficient devices and products in your home at no cost to you.
- YOU UNDERSTAND THAT NIAGARA PENINSULA ENERGY INC. DETERMINES AT ITS SOLE DISCRETION WHICH ENERGY EFFICIENT DEVICES AND PRODUCTS, IF ANY, YOUR HOME WILL RECEIVE AND IS UNDER NO OBLIGATION TO PROVIDE SUCH PRODUCTS OR DEVICES.
- Your information will not be shared except as set out in this Application.
- You authorize the Niagara Peninsula Energy Inc. and/or the Ontario Power Authority (OPA) to provide your information to related programs (including gas utility programs) that may benefit you.
- You agree that the OPA, the Niagara Peninsula Energy Inc. and their HOME ASSISTANCE program contractors can collect, use, disclose, share and handle your information including your records showing historical energy consumption (Your Information) to operate, to administer, to assess, to analyze or to report on this HOME ASSISTANCE program, provided that the OPA and Niagara Peninsula Energy Inc. may only use documentation supporting your income to confirm eligibility.
- You agree that the OPA, the Niagara Peninsula Energy Inc. and their respective contractors (the "Initiative Operators") can contact you, including by phone or by visiting you and your home, and that you will participate in all follow up surveys, studies, audits, verifications and evaluations conducted by the Initiative Operators in connection with the HOME ASSISTANCE program including for the purpose of proper administration, monitoring and verification of delivery of the energy efficient product(s), evaluation of the HOME ASSISTANCE program or to assess the performance of HOME ASSISTANCE program, and you agree to provide reasonable access to the Initiative Operators to your records and your home for such purposes.
- The Niagara Peninsula Energy Inc. will make best efforts not to damage your home or its contents in the course of delivering HOME ASSISTANCE program. Nevertheless, you agree that neither the OPA nor the Niagara Peninsula Energy Inc. nor any of their respective officers, directors, affiliates or employees and such affiliates' respective officers, directors or employees (together the "Representatives") will be liable for any injury, damage or loss to persons or property (including without limitation any economic loss, loss of profits, loss of goodwill or any direct, indirect, special or consequential damages, costs, losses, expenses, fines, liabilities, obligations, actions, causes of action, suits, proceedings, debts, penalties and demands arising there from or connected therewith, of any nature or kind whatsoever, arising from or related to the audit,



installation or the use of the energy efficient devices and products, whether in accordance with the manufacturer's instructions or otherwise, or from any actions, omissions, negligence or misconduct by the Niagara Peninsula Energy Inc., the OPA or their respective Representatives, and you hereby release the OPA, the Niagara Peninsula Energy Inc. and their respective Representatives of, from and against any of the foregoing.

- All environmental/green credits that may result from these energy efficient devices and products will be the property of the OPA.
- There are no representations, warranties, or conditions of Niagara Peninsula Energy Inc. or the OPA, express, implied, statutory or otherwise, regarding any matter, including any implied warranties or conditions of quality, workmanship, safety, legal compliance or fitness for a particular purpose. Without limiting the generality of the foregoing, you acknowledge that your participation in the HOME ASSISTANCE program is based upon your own assessment of HOME ASSISTANCE program and not on any reliance on anticipated or projected results, and that such participation may not result in the achievement of any electricity savings or demand savings, which are expressly disclaimed by you.

I confirm that I can consent to and agree to comply with and be bound by all of the above.

Signature _____

Date _____

Were you referred to the HOME ASSISTANCE program:

Yes

No

If yes, which referral agency? _____

Signature of referral agency representative: _____