

As your home becomes more energy efficient, your costs can go down. Enbridge Gas Distribution wants to help customers do just that. How? Through our Home Weatherization and Enhanced TAPS Programs.

Home Weatherization Program*

This program includes improvements like insulation and draft proofing.

The program is free for Enbridge customers in financial need, who own or rent a detached home, semi-detached home, row house, townhouse or mobile home, and have a valid Enbridge account.

The benefits of this program include:

- Energy bill savings
- Having an energy-efficient home creates a healthier living environment
- Fewer drafts will make your home more comfortable for you and your family

The Enhanced TAPS Program*

The Enhanced TAPS Program is free to Enbridge customers needing assistance managing their energy costs and provides you with energy efficient products for your home including:

- Up to two energy efficiency showerheads (installed)
- Programmable thermostat (installed)
- 1 bathroom faucet aerator (installation not provided)
- 1 kitchen faucet aerator (installation not provided)
- 4 compact fluorescent light bulbs (installation not provided)

The benefits of this program include:

- Energy bill savings
- Less natural gas use
- Save on your water and sewer bills

If you rent, your landlord's pre-approval is required.

Application Form



Please indicate the program(s) you are applying for:

Home Weatherization Retrofit Program Enhanced TAPS Application Form

Name: _____ Phone: _____

Address: _____ City/Town/Municipality: _____

Main language spoken at home: _____ Postal Code: _____

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
<small>(requires income verification)</small> |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 occupant \$29,931 | <input type="checkbox"/> 2 occupants \$37,261 | <input type="checkbox"/> 3 occupants \$45,810 |
| <input type="checkbox"/> 4 occupants \$55,617 | <input type="checkbox"/> 5 occupants \$63,081 | <input type="checkbox"/> 6 occupants \$71,144 |
| <input type="checkbox"/> 7 or more occupants \$79,208 | | |

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:

- 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;
- use photocopies of this signed release for these purposes;
- contact me or my case worker;
- contact me and book an appointment for professional installation of the TAPS energy saving measures;
- 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.

Customer Signature: _____ Date: _____

Office Use Only

Referring Agency: _____ File #: _____

Name: _____ Phone #: _____

Program Eligibility Verified: Yes No Signature: _____ (Eligibility documentation not required)