

UTILITIES

Date: _____ When completed fax to: Discretionary Benefits at (519) 434-9050



**COMMUNITY HOMELESSNESS PREVENTION INITIATIVE
ASSISTANCE APPLICATION FORM**

Name: _____ Spouse/partner: _____
(Your own name must be shown on the bill or application ends)

Have you received a disconnect notice? Have you authorized your supplier to speak with us?
Yes No Yes No
(If no, then application ends) (If no, then application ends)

Your most recent bill together with disconnect notice must be attached

Address: _____ Town: _____ ON, _____

SIN #: _____ - _____ - _____ DOB: _____ Phone: _____
dd/mmm/yyyy

Do you rent or own your premises? How long have you resided at this address? _____
Total rent arrears (if any) \$ _____ For how many months? _____
When was your last rent/mortgage payment made? _____ of how much: \$ _____

Average heating cost per month \$ _____ Are you currently required to pay heating costs in addition to your monthly shelter payment? Yes No
How do you heat? Gas Electric Propane Oil Wood Other _____
If you are in arrears what is the amount? \$ _____ and from what date? _____

How many dependents do you have living with you under the age of 18? _____
What are their ages?

Questions:

1. Please explain briefly why you are applying for this benefit, including any extraordinary costs which may have been incurred by you or your family in the past six months?

2. If you are granted a heating supplement, what are the steps that you are taking to ensure that you are able to pay your heating costs in future months?

3. Have you contacted the supplier with respect to making alternate payment arrangements?
 Yes No If so, what date _____ and to whom did you speak?

4. What is the name, address, phone number and account number of current supplier?

Name: _____

Address: _____

Phone number: _____

Account number: _____

Other comments:

Do you or your spouse receive?	Self	Spouse	Date next expected
<input type="checkbox"/> Employment income	\$	\$	
<input type="checkbox"/> Ontario Works	\$	\$	
<input type="checkbox"/> ODSP	\$	\$	
<input type="checkbox"/> Employment Insurance	\$	\$	
<input type="checkbox"/> Canada Pension Plan	\$	\$	
<input type="checkbox"/> Canada Pension Plan (disabled)	\$	\$	
<input type="checkbox"/> GAINS	\$	\$	
<input type="checkbox"/> Old Age Security	\$	\$	
<input type="checkbox"/> CTB	\$	\$	
<input type="checkbox"/> OCB	\$	\$	
<input type="checkbox"/> NCBS	\$	\$	
<input type="checkbox"/> GST	\$	\$	
<input type="checkbox"/> WSIB	\$	\$	
<input type="checkbox"/> Other	\$	\$	
<input type="checkbox"/> Other	\$	\$	

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 Signature of Applicant
 (person completing the application)

 Signature of Middlesex County staff
 I certify the above information is
 correct to the best of my knowledge

EMERGENCY ENERGY

Arrears Owing Amount	CHPI Eligible Amount	Amount that applicant must pay first *
\$ _____	\$ _____	\$ _____
		If this amount is zero, a token payment to be determined by manager

Family Size Chart: (family size is the total number of persons living in the household)

Family size	1	=	\$ _____
	2	=	\$ _____
	3	=	\$ _____
	4	=	\$ _____
	5	=	\$ _____
	6 or more	=	\$ _____

* Payment must be confirmed before we pay our CHPI amount