



Energy Emergency Fund Application for Assistance

Applicant Information			
Name(s):	_____ (first) _____ (last)	Social Insurance No. _____	Date of Birth _____
	_____ (first) _____ (last)	Social Insurance No _____	Date of Birth _____
Address:	_____ (street number, P.O. Box No., R.R. #)		_____ (city)
Member ID (if applicable):	_____	Number of persons in household: ___ adults ___ children	
Telephone No.:	_____		
Work:	_____ Home: _____	Alternate (cell, etc.): _____	

Arrears			
<u>Amount</u>	<u>Reconnection Fee</u>	<u>Security Deposit</u>	<u>Energy Provider</u>
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____
Total: \$ _____	Total: \$ _____	Total: \$ _____	
Total Requested:	<input style="width: 100px; height: 20px;" type="text"/>	*** Cannot exceed \$1,000 per family or \$600 per individual***	
Total Approved:	<input style="width: 100px; height: 20px;" type="text"/>	* Application will not be considered without attached copy of all bills, disconnect notices, etc. *	

Monthly Income		*Must attach verification of all income (pay stubs, cheque stubs, etc.) *	
List all:			
	<u>Description</u>	<u>Description</u>	<u>Amount (\$)</u>
1.	Ontario Works/ODSP _____	4. Pension _____	_____
2.	Employment Income _____	5. Federal or Provincial Child Tax Credit/baby bonus/OCB _____	_____
3.	Employment Insurance _____	6. Support (alimony) _____	_____
Total Household Income:	\$ _____	*See HILS	

Assets		*Must attach copies of bank statements, pass books showing current balance. *	
List all:			
	<u>Amount (\$)</u>	<u>Description</u>	
1.	_____	_____	
2.	_____	_____	
3.	_____	_____	
Total Assets:	\$ _____	*Cannot exceed \$ 10,000.00; excludes ownership of primary residence	



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Monthly Expenses	<i>*SUPPORTING DOCUMENTATION MUST BE PROVIDED FOR EXPENSE AMOUNTS</i>	
Utilities \$ _____	Total Accommodation Expense ÷ Total Income	
Fuel \$ _____	$\textcircled{B} \div \textcircled{A}$	
Water \$ _____	= _____	
Mortgage/Rent \$ _____		
Total Accommodation Costs: \$ _____ \textcircled{B}		
Child Care \$ _____	Referred to Housing Registry <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical \$ _____	Have you applied for any other financial assistance for these energy-related emergency costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Debt / Loan Payments \$ _____	If yes, please provide details: _____	
Total Expenses: \$ _____	_____	

Given the emergency nature and intent of the Fund, in reviewing applications extenuating circumstances may be considered with respect to determining eligibility for assistance. Is there any other information you would like us to consider? *(please attach an additional sheet if more space is required)* Yes No

Personal information contained in this form or in attachments is collected by the United Counties of Leeds and Grenville Community and Social Services Division pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990cF31.) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O.1990cM.56 and Personal Information Protection and Electronic Documents Act.) and is used exclusively to determine eligibility for the Energy Emergency Fund.

Applicant's Signature: _____	Date: _____
Co-Applicant's Signature: _____	Date: _____
Co-Applicant's Signature: _____	Date: _____

OFFICE USE ONLY	
Amount Approved: \$ _____	Date Approved: _____
Cheque Requested: _____	Cheque Number: _____



Energy Emergency Fund Application for Assistance

Applicant's Name: _____
(first, last)

Co-Applicant's Name: _____
(first, last)

Co-Applicant's Name: _____
(first, last)

Applicant Address:

DECLARATION AND CONSENT

This is your legal agreement with us. Please read it carefully and sign below.

1. I certify that the information provided on this form is true and complete.
2. I authorize the United Counties of Leeds and Grenville Community and Social Services Division to make any inquiries they deem necessary to verify the above facts and I authorize any person, corporation, or social agency with this information to release it to the United Counties of Leeds and Grenville Community and Social Services Division.
3. I understand that this application is not an agreement on the part of the United Counties of Leeds and Grenville Community and Social Services Division to grant assistance.
4. I have not previously received financial assistance from the Emergency Energy Fund through the United Counties of Leeds and Grenville.

Applicant's Signature: _____	Date: _____
Co-Applicant's Signature: _____	Date: _____
Co-Applicant's Signature: _____	Date: _____