

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)

Please fax this form to 416-495-8350

Veillez indiquer le(s) programme(s) qui vous intéresse(nt) :

Programme de Réhabilitation thermique des maisons Programme d'Accessoires écoénergétiques

Nom : _____ Tél. : _____

Adresse : _____ Ville / Municipalité : _____

Langue parlée à la maison : _____ Code postal : _____

Payez-vous le chauffage? Oui Non

Êtes-vous client d'Enbridge Gas Distribution Inc.? Oui Non N° de compte : _____

Cette maison est : Ma propriété Louée Âge de la maison : _____

Nom du propriétaire ou de son représentant : _____

Adresse du propriétaire : _____ Ville / Municipalité : _____

Tél. du propriétaire ou de son représentant : _____ Code postal : _____

Chauffage principal :

- Gaz naturel
- Électricité
- Huile
- Bois
- Propane

Chauffage de l'eau :

- Gaz naturel
- Électricité
- Huile
- Bois
- Propane

Type d'habitation :

- Individuelle
- Jumelée
- En rangée
- Duplex/triplex/appartement dans une maison

Admissibilité

Notre ménage bénéficie d'un ou de plusieurs des programmes suivants :

- Ontario au travail
 - Sécurité de la vieillesse
 - Prestation nationale pour enfant
 - Prestation de survivant
 - Supplément de revenu garanti
 - Soutien aux personnes handicapées
- (vérification exigée)

OU

Le revenu brut total des adultes du ménage ne dépasse pas le seuil d'admissibilité :

- 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 ou plus 79 208 \$

Déclaration du demandeur : Je comprends que ce programme n'entraînera pas de hausse de loyer. Je comprends aussi que les renseignements que j'ai fournis serviront seulement aux fins du programme et resteront confidentiels. Je joins les documents de revenu confirmant mon admissibilité (non exigés si la demande est remplie par un organisme orienteur).

J'autorise Enbridge Gas Distribution Inc., les commanditaires et les entrepreneurs qui participent au programme à :

- vérifier les revenus ou prestations reçus par mon ménage afin de confirmer l'admissibilité;
- mener une vérification de l'efficacité énergétique de ma résidence, sans frais;
- donner des conseils et mettre en œuvre des améliorations d'efficacité énergétique dans ma résidence, sans frais;
- utiliser à ces fins des photocopies de la présente renonciation signée;
- communiquer avec moi-même ou mon agent de traitement de cas;
- communiquer avec moi pour fixer un rendez-vous pour l'installation professionnelle des accessoires écoénergétiques;
- obtenir d'Enbridge Gas Distribution l'historique de ma consommation de gaz naturel pour des périodes allant jusqu'à trois ans avant et après l'installation à des fins de vérification et d'évaluation du programme.

Signature du client : _____ Date : _____

Réservé à l'usage du bureau

Organisme orienteur : _____ N° dossier : _____

Nom : _____ Tél. : _____

Admissibilité vérifiée : Oui Non Signature : _____ (Documentation d'admissibilité non requise)

Weatherization Program Agreement Form

I, _____, of
(print your name)

_____,
(address) (postal code)

understand that the “Home Weatherization Retrofit Program” (the “Program”), being delivered by EnviroCentre at **no cost to me**, is designed to help reduce the gas consumption of my household, by providing weatherization and insulation to my house and by educating me and members of my household.

I have chosen to participate voluntarily in the Program. I understand that my family stands to benefit from a more comfortable home and lower gas bills. In exchange for accepting the Program upgrades **free-of-cost**, I agree to ensure that they are all properly maintained.

I have not relied upon any advice or representations from EnviroCentre in deciding to participate or to sign this document, and I certify that I am at least 18 years of age.

I hereby indemnify and save harmless EnviroCentre against any damages, costs or expenses or any claim, action, suit or other proceeding which it may at any time incur or suffer as a result of or arising out of any injury to persons or loss of or damage to property of others which may be or be alleged to be caused by or suffered as a result of this Program, except that EnviroCentre shall not claim indemnity under this section to the extent that the injury, loss or damage has been caused by its negligence or that of its servants and agents.

In the event that EnviroCentre makes small holes in my walls or ceilings to improve the insulation, I agree to look after the finishing work after EnviroCentre has plugged those holes.

I agree to provide access to my home within 7 days of insulation install date for the required follow-up audit and quality assurance purposes.

Client
Signature: _____ Date: _____

Home Weatherization Retrofit Program

Landlord Consent Form

Please PRINT clearly

I, _____, the landlord for
Full name of landlord

Address (Unit #, City, Province, Postal Code)

authorize participation in the Home Weatherization Retrofit Program (the “Program”).

I understand that work performed under the Program cannot form the basis for an increase in rent above provincial guidelines as it is not an expenditure incurred by the landlord.

Authorization for installation of these measures by the Program contractor is given with the understanding that energy efficiency upgrades, once installed, will be considered part of the real property of the premises. The tenant hereby acknowledges that it has no right, title or interest in the energy efficiency upgrades.

Tenant's name

Tenant's signature

Landlord's name

Landlord's signature

Date

Date