



## Ontario Electricity Support Program Application Form

### OESP Notice of Collection

The Ontario Energy Board (OEB) collects, uses and discloses personal information to determine consumer eligibility for and to administer the OESP. Personal information may be collected from, disclosed to, and used by the Ontario Ministry of Finance, the Canada Revenue Agency and your utility provider for the purposes of administering the OESP. Only information about the applicant's electricity account, and the amount of OESP for which the applicant's household may be eligible, will be disclosed to the utility provider. The utility provider will not be provided with other personal information about the applicant and members of the applicant's household, such as their SIN, income or dates of birth.

The OEB's authority to collect personal information is set out in Sections 4.14 and 79.2 of the *Ontario Energy Board Act, 1998*. The Ministry of Finance's authority to collect personal information is set out in Section 11 of the *Ministry of Revenue Act* and Section 147 of the *Taxation Act*.

For more information about the collection, use and disclosure of personal information for the OESP, please contact the Board Secretary at: Board Secretary, Ontario Energy Board. P.O. Box 2319, 2300 Yonge Street, Toronto ON M4P 1E4, Tel: 416-544-5191.

### Before you begin, check to be sure that:

- You have a copy of your current electricity bill.
- You have the Social Insurance Numbers or Temporary Tax Numbers for all household members between 18 and 74.

### Once your application is complete:

Mail the completed Ontario Electricity Support Program Application Form and Ontario Electricity Support Program Consent Form to the address below:

**Ontario Electricity Support Program (OESP)**  
**PO Box 1540 STN B**  
**Ottawa, ON, K1P 0C7**

### Prefer to complete your application faster online?

Go to [OntarioElectricitySupport.ca](http://OntarioElectricitySupport.ca) for instructions on how to complete the online application.

**NOTE:** Applying online helps to speed up the application review process.



If you answer **NO** to **ANY** of the questions below, you will need to have your household income verified at a participating intake agency. Please contact us for assistance at **1-855-831-8151** in locating the intake agency nearest to you:

- Has at least one account holder on the utility bill filed taxes in the last 2 years?
- Has everyone in your household between the ages of 18-74 filed taxes in the last 2 years? (Note: If you have no one else in your house, please continue).

### Need help or have questions?



For more information or assistance completing your application, questions regarding your eligibility, or requests for additional copies of this application, please contact us:

- Toll-free, at **1-855-831-8151**. Available Monday to Friday, from 8:00 am to 9:00 pm, ET.
- Visit: [www.OntarioElectricitySupport.ca](http://www.OntarioElectricitySupport.ca)
- Email us: [help@OntarioElectricitySupport.ca](mailto:help@OntarioElectricitySupport.ca)



## SECTION 1: PRIMARY UTILITY ACCOUNT HOLDER INFORMATION

1. **Applicant's First Name:** \_\_\_\_\_

2. **Applicant's Last Name:** \_\_\_\_\_

\*NOTE: This information is used to verify your income with Canada Revenue Agency. Please ensure the name entered is spelled exactly as it appears on your most recent tax filing.

**Utility Bill Information:** Please enter your information **exactly** the same as it appears on your **utility bill**. If your information is not entered as it appears on your utility bill, your application may be returned to you for correction.

3. **Utility Provider:** \_\_\_\_\_

4. **Utility Account Number:** \_\_\_\_\_

**Utility Account Holder's Full Name(s):** \_\_\_\_\_

**Utility Account Holder's Service Address:** \_\_\_\_\_

\*Please note: The Service Address may be different from the Mailing Address. If you need assistance finding information on your utility bill, please contact the OESP Contact Centre at 1-855-831-8151.

5. **Mailing Address:** Please enter your current address and valid postal code. Note that mailing addresses must be in Ontario.

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: ON Postal Code: \_\_\_\_\_

### 6. Contact Information:

Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

How would you like us to reach you?  Mail  Email



## SECTION 2: ADDITIONAL INFORMATION

1. Is electric heat your primary heating source for your house?  Yes  No
2. Do you, or does anyone in your house, use one of the following pieces of medical equipment?  
**Check those that apply.**  
 Mechanical Ventilator (invasive and non-invasive)  Oxygen Concentrator
3. Is any family member living in your house a member of one of the following communities?  
 First Nations  Métis
4. Do you or another account holder receive a CPP Permanent Disability pension?  
 Yes  No

## SECTION 3: PEOPLE IN YOUR HOUSE

**Important!** Please add your name, as well as the names of all the members of your household. The names should be entered exactly as they appear on their tax filings. Only information about the applicant's electricity account, and the amount of OESP for which the applicant's household may be eligible, will be disclosed to the utility provider. The utility provider will not be provided with other personal information about the applicant and members of the applicant's household, such as their SIN, income or dates of birth. If you need more space to add household member information below, please attach a separate sheet to this form.

- 
- Please check that one Account Holder of the household is checked below.
  - Social Insurance Number or Temporary Tax Number: This is mandatory for all household members between the ages of 18 and 74.
-



First Name	Last Name	Date of Birth (MM/DD/YYYY)	Social Insurance Number or Temporary Tax Number <i>(If applicable)</i>	Check ALL that Apply
1.		___/___/____	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer* <input type="checkbox"/> Account Holder
2.		___/___/____	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
3.		___/___/____	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
4.		___/___/____	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
5.		___/___/____	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
6.		___/___/____	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
7.		___/___/____	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*

\*Applies to household members 15 years old and younger and those who are 16, 17 or over 75 + who did not file taxes because they earned less than the amount required to file taxes (\$11,138 in 2014).

\*If you or anyone in your household, between the ages of 18 and 74 has not filed taxes in the last 2 years, you will need to have your household income verified at a participating intake agency. For more information, please see page 2 of the Ontario Electricity Support Program Application Form.

#### SECTION 4: ASSISTED AUTOMATIC INCOME VERIFICATION

**\*For agency use only if assisting an applicant with an automated income verification application**

Agency Name	Agent Name	Agent ID	Agent Signature
_____	_____	_____	_____



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**Ontario Electricity Support Program (OESP)**

**PO Box 1540 STN B**

**Ottawa, ON, K1P 0C7**

**APPLICANT MUST ATTEST TO THE FOLLOWING BY SIGNING BELOW:**

I consent to the collection, use and disclosure of my personal information by the Ontario Energy Board (OEB) to determine my eligibility for the OESP. The OEB may disclose personal information to and collect personal information from my utility provider in order to verify I am a customer. I understand that the OEB may contact me in the future to learn more about my experience with the OESP. I certify that the information I have provided on this application is true and correct and I have read, understand and agree to these conditions and requirements.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Print Name of Applicant*

\_\_\_\_\_  
*Date*



## Ontario Electricity Support Program – Consent Form

Thank you for your interest in the Ontario Electricity Support Program (OESP). In order to process your application, we need you to print, sign and mail this form to the OESP Contact Centre. We will keep your application open for 90 days, so that you have time to send it to us. If you wait longer than 90 days, you may have to re-apply. Please read the section below and provide us with this consent form as soon as possible.

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**Ontario Electricity Support Program (OESP)  
PO Box 1540 STN B  
Ottawa, ON, K1P 0C7  
1-855-831-8151**

### Consent

We, the undersigned, consent to the collection, use and disclosure, respectively, of our personal information by the Ontario Energy Board and the Ontario Ministry of Finance to determine our household's eligibility for and to administer the OESP, and for program evaluation, which may include the disclosure of personal information to and collection of personal information from our utility provider in order to verify our household has an account, and the disclosure of personal information by the Ontario Ministry of Finance to the Canada Revenue Agency (CRA).

We also consent to the disclosure by the CRA to the Ontario Ministry of Finance of income and expense information from our respective CRA income tax records on condition that the information will be relevant to and used solely for verifying the income of the individuals whose names and signatures are set out below and determining our household's eligibility for OESP assistance.

Each person's consent is valid for the taxation year in which it is signed and for each subsequent taxation year for which our household is eligible for OESP, unless a person's consent is withdrawn in writing by sending it to the OEB. We understand that any withdrawal of consent may affect our household's eligibility for the OESP.

**Applicant Consent:**

_____	_____	_____
Name	Signature	Date

**Household Member Consent:**

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

Please enter your Utility Account Number exactly the same as it appears on your utility bill.