



RESIDENT APPLICATION

Complete this Resident Application if you are interested in participating in the Home Assistance Program. If you rent or lease your home, you must also submit a completed Building Owner / Manager Consent.

If you need assistance completing this form, please contact us toll free at 1-866-377-0551.

Completed forms should be submitted to:

Environment Network
44 Saint Marie Street
Collingwood, ON L9Y 3K1
705-446-0551
info@environmentnetwork.org



1. Resident information		Phone Number:
Name:		
Address:		City/Town:
Apartment/Unit Number:	Email Address:	
Postal Code:	Main Language(s) Spoken:	
2. Residence Information		
Residence Type:		
<input type="checkbox"/> Fully detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Row house <input type="checkbox"/> Mobile home <input type="checkbox"/> Multi-unit low-rise (up to 3 storeys) <input type="checkbox"/> Apartment in high-rise (4 or more storeys)		
My residence is: <input type="checkbox"/> Owned by me <input type="checkbox"/> Rented (non-social housing) <input type="checkbox"/> Rented (social and/or assisted housing)		
<i>If you rent or lease your home, please complete the following section</i>		
Landlord Name:		Phone Number:
Landlord Address:		City/Town:
Postal Code:	Landlord Representative Name and Phone (if applicable)	
Electricity Provider:		Account number:
Do you pay the electricity bill? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>You must be the primary or secondary account holder or you must be a resident of Social and/or Assisted Housing, as confirmed by your Building Owner/Manager</i>		



How is your home heated?:	<input type="checkbox"/> Electric	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Other	<input type="checkbox"/> Unsure	
If heated with natural gas, your provider is	<input type="checkbox"/> Enbridge	<input type="checkbox"/> Union	<input type="checkbox"/> Kingston	<input type="checkbox"/> Kitchener	<input type="checkbox"/> NRG
How is your water heated?:	<input type="checkbox"/> Electric	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Unsure		

Were you referred to this **HOME ASSISTANCE** program: (Circle one) Yes No

If yes, which Referral Agency? _____

If you live in Social and/or Assisted Housing, DO NOT complete section 3 below. If you do not live in Social and/or Assisted Housing, you **MUST** meet the following eligibility criteria to participate in this Initiative.

3. Income Qualification

The Applicant benefits from one or more of the following programs:

- Ontario Works Ontario Disability Support Program Guaranteed Income Supplement
 Allowance for Seniors National Child Benefit Supplement Allowance for the Survivor
OR Utility LEAP Grant (the Applicant has received in the previous 12 months)

OR

Our total household income (all occupants over the age of 18) for the previous year did not exceed the following:

- 1 occupant \$31,452 2 occupants \$39,155 3 occupants \$48,137 4 occupants \$58,444
 5 occupants \$66,288 6 occupants \$74,760 7 occupants or more \$83,236

I have attached a copy of my latest income tax assessment or benefit statement confirming the above information.

Note: Not required when completed by a referring agency. Please black out Social Insurance Numbers.

By signing and submitting this Resident Application, you confirm your consent to, and agree to comply with and be bound by the following:

- All information contained in this application is complete, true and accurate.
- You live in your home full time.
- You confirm that your home has not previously received any energy efficient devices or products from the Home Assistance Program or the Aboriginal Conservation Program.
- You authorize Midland Power ("the LDC") to verify income or benefits received by your household to confirm your eligibility.
- Midland Power reserves the right not to approve your Application for any reason in its sole discretion.
- If your application is approved, you authorize Midland Power and/or its contractors to enter your home and conduct an energy efficiency audit at no cost to you.
- Subject to the availability of funds, energy efficient devices and products may be provided and/or installed at no cost to you. If you and your home are offered any energy efficient



products or devices, you will be asked to complete a Resident Consent form to receive any such items.

- Your information will not be shared except as set out in this Resident Application and/or Resident Consent.
- Midland Power and/or the Ontario Power Authority (OPA) may provide your information to related programs (including gas utility programs) that may benefit you.
- The OPA, Midland Power and their Home Assistance Program contractors can collect, use, disclose, share and handle your information including personal information and your records showing historical energy consumption to operate, to administer, to assess, to analyze or to report on the Home Assistance Program including sharing your information among the OPA and the LDC, provided that the OPA and Midland Power may only use documentation supporting your income to confirm eligibility.

Signature: _____

Date _____

<i>Official Use Only</i>	
File # _____	
Referring Agency: _____	Phone _____
Name _____	Signature _____
Income Eligibility Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No