***Oak Park Neighbourhood Centre Utility Assistance Application***

All information collected is confidential and will not be discussed with anyone outside our agency without your permission. Provide utility bill that is in your name, 1 month of **all** Bank statements for all over 17 or Notice of Tax Assessment with line 236. Send to community@opnc.ca

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| **1. Applicant Information**  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_ SIN #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immigration Yr\_\_\_\_\_ First Lannguage\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Worker’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate Y/N : First Nations? \_\_\_\_ Respiratory Equipment in use? \_\_\_ Baseboard Heat? \_\_\_

How Can We Help?

Household Needs o Food o Employment o Health o Addiction o Taxes o Finances o

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| **2. Household Information**  |

**Others in Home …Name: Relationship to Applicant Date of Birth SIN # (day/mth/yr)**

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5.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **3. Housing Information**  |

Do You Own your home? o Halton/Co-op/Social housing? o Rent o

Primary Heating Source: Natural Gas o Oil Furnace o Electrical o

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| **4. Utilities Arrears & Service Provider Information**  |

**Union Gas Arrears Contact: 1-855-487-5327**

**Oakville Hydro Information or Unit Sub-Meter Provider Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Owed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cut Off Notice? Yeso NOo Last Payment Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Disconnect Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

You are eligible for energy conservation programs. If you do not wish to be contacted initial here: \_\_\_\_\_\_\_\_\_

**Want to put more money in your pocket? Watch our utility videos for handy tips:**

<https://www.youtube.com/watch?v=vGA-h1XRGpE&list=PLAWZECgkwFi-tTAujdPLuKW8xMsZEBbHs>

[www.opnc.ca](http://www.opnc.ca) – Tax and Stretching Your Dollar

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|  **5. Income Information**  |

 **Income** **Monthly Expenses**

 Applicant $ \_\_\_\_\_\_\_\_\_\_\_\_ Rent $\_\_\_\_\_\_\_\_\_\_\_

 Other household members $ \_\_\_\_\_\_\_\_\_\_\_\_ Insurance $\_\_\_\_\_\_\_\_\_\_\_

Cable $\_\_\_\_\_\_\_\_\_\_\_

 Employment Insurance $\_\_\_\_\_\_\_\_\_\_\_\_ Phone $\_\_\_\_\_\_\_\_\_\_\_

 Ontario Works $ \_\_\_\_\_\_\_\_\_\_\_\_ Bank Fees $\_\_\_\_\_\_\_\_\_\_\_

 Ont. Disability Support (ODSP) $ \_\_\_\_\_\_\_\_\_\_\_\_

 Canada Pension Plan (CPP) $ \_\_\_\_\_\_\_\_\_\_\_\_

 Old Age Security $\_\_\_\_\_\_\_\_\_\_\_\_ WSIB Workplace Safety/Ins Board $ \_\_\_\_\_\_\_\_\_\_\_\_

 Child Tax Benefit $\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Income:** $ \_\_\_\_\_\_\_\_\_\_\_ **Annual Income:** $ \_\_\_\_\_\_\_\_\_\_\_\_

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|  **Service Agreement & Consent to Disclose** |

I commit that the information provided to Oak Park Neighbourhood centre (OPNC) is true and understand that if it is not true that I will not be eligible for Assistance. If my bill is over $650 I agree to make payment arrangements for the balance. Pursuant to the Personal Information Protection and Electronic Documents Act, I grant consent to OPNC, and my service providers checked off below, to disclose, share and obtain information regarding my account and application, to provide assistance.

* Oakville Hydro/ Sub metering  Halton Region 
* Ontario Electricity Support Program (OESP)  Food Security Programs
* Town of Oakville Recreation Connection  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read, understood and agree to these conditions and requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person giving consent Date

Send to community@opnc.ca or drop off at

Oak Park neighbourhood Centre 2200 Sawgrass drive Oakville 905 257 6029 x 105