

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

1. Applicant Information

Date: _____ Name: _____ Email: _____

Birthdate: _____ SIN # _____ Immigration Yr _____ First Language: _____

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 ☐ Food ☐ Employment ☐ Health ☐ Addiction ☐ Taxes ☐ Finances ☐

2. Household Information

Others in Home ...Name:	Relationship to Applicant	Date of Birth (day/mth/yr)	SIN #
1.) _____	_____	____/____/____	_____
2.) _____	_____	____/____/____	_____
3.) _____	_____	____/____/____	_____
4.) _____	_____	____/____/____	_____
5.) _____	_____	____/____/____	_____

3. Housing Information

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

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

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? Yes ☐ NO ☐ 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 – Tax and Stretching Your Dollar

5. Income Information

Income

Applicant \$ _____
Other household members \$ _____

Employment Insurance \$ _____
Ontario Works \$ _____
Ont. Disability Support (ODSP) \$ _____
Canada Pension Plan (CPP) \$ _____
Old Age Security \$ _____
WSIB Workplace Safety/Ins Board \$ _____
Child Tax Benefit \$ _____
Other _____ \$ _____

Monthly Expenses

Rent \$ _____
Insurance \$ _____
Cable \$ _____
Phone \$ _____
Bank Fees \$ _____

Monthly Income: \$ _____ **Annual Income:** \$ _____

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.

- | | | |
|---|---|--------------------------|
| <input type="checkbox"/> Oakville Hydro/ Sub metering | <input type="checkbox"/> Halton Region | <input type="checkbox"/> |
| <input type="checkbox"/> Ontario Electricity Support Program (OESP) | <input type="checkbox"/> Food Security Programs | |
| <input type="checkbox"/> Town of Oakville Recreation Connection | <input type="checkbox"/> 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