

## Application for LEAP Emergency Financial Assistance

Agency Name: \_\_\_\_\_

***The information collected here is for our internal use only. All information collected is considered confidential and will not be discussed with anyone outside our agency and LEAP Emergency Financial Assistance without your permission.***

### 1. Applicant Information

Date of Application: \_\_\_\_\_ Date of Follow-Up Interview: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Client #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Co-Applicant (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Unit/Suite City Postal Code

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Other Contact #: \_\_\_\_\_

Referral from: \_\_\_\_\_

Has the client received a LEAP grant before? Yes:  When: \_\_\_\_\_ No:

### 2. Household Information

	Name	Relationship to Applicant	Date of Birth (day/month/year)	Gender
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____

### 3. Housing Information

Do you own?  Live in social housing?  Private rental?

Dwelling type:  Detached House  Semi Detached House  Duplex  
 Row House  High rise (5 storeys or more)  Low rise (under 5 storeys)  
 Moveable Dwelling  Other (please specify): \_\_\_\_\_

Primary Heating Source: Electricity  Natural Gas  Other Fuel Type

Monthly Rent: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_

Are you interested in learning about energy conservation programs? Yes  No

Are you interested in learning about special low-income customer service rules and policies that may be available from you local distributor? Yes  No

**4. Income Information**

**Employment income (pre-tax)** Verified through documentation?

Applicant: \$ \_\_\_\_\_

Other household member(s): \$ \_\_\_\_\_

**Support Payments**

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

Ontario Works \$ \_\_\_\_\_

Ontario Disability Support Program (ODSP) \$ \_\_\_\_\_

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

Canada Pension Plan \$ \_\_\_\_\_

Ontario Student Assistance Program (OSAP) \$ \_\_\_\_\_

Workplace Safety and Insurance Board (WSIB) \$ \_\_\_\_\_

Other (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

**Other household member's other income:** \$ \_\_\_\_\_

**Other (monthly):** \$ \_\_\_\_\_

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

If you are on social assistance, have you accessed the Shelter Fund or Community Homelessness Prevention Initiative in the last 24 months? Yes:  No:

Social Assistance Worker's Name: \_\_\_\_\_

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

**5. Arrears & Service Provider Information**

Name of Service Provider: \_\_\_\_\_

Check service provider type that applies:  Utility  Unit Sub-Metering Provider

If Unit Sub-Metering Provider, name of Utility that serves applicant's building: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of arrears: \$ \_\_\_\_\_ Verified by service provider?:

Do the arrears include a security deposit, reconnection fee, equipment rental and/or financing charges?

Yes:  Amount: \$ \_\_\_\_\_ No:

Reason(s) for current arrears & request for assistance:

- High heating costs
- Job loss
- Illness
- Pending EI
- Marital breakdown
- Unusually High Bill
- Unexpected Expenses
- Child Tax Benefit Issues
- Child Support Issues
- Other (*provide details*): \_\_\_\_\_

Grant requested: \$ \_\_\_\_\_

Has the applicant spoken to Service Provider about arrears? Yes  No

If yes, what was the result of the discussion(s)? (*provide details*): \_\_\_\_\_

Details on Disconnection notice (*if applicable*): \_\_\_\_\_

Scheduled date of disconnection (*if applicable*): \_\_\_\_\_

Last payments made on the account: Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date of last contact with Service Provider: \_\_\_\_\_

Payment Arrangements (*provide details*): \_\_\_\_\_

**6. Recommendation**

Grant: Yes  Amount: \$ \_\_\_\_\_ Criteria have been met

No  If no, please give rationale (*check all that apply*):

- Does not meet income criteria
- Did not provide required documents
- Cannot maintain housing
- No attempt at recent payment
- Does not live at address of arrears
- Not a customer of a service provider
- Already accessed funds during year
- Insufficient program funds remaining
- Arrears too large for grant amount to allow customer to stay connected
- Other (*please specify*): \_\_\_\_\_

**7. Referrals Made to Other Services**

**Check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Food Bank                                  | <input type="checkbox"/> Employment Resources |
| <input type="checkbox"/> OW / ODSP                                  | <input type="checkbox"/> Baby Needs           |
| <input type="checkbox"/> Other in-agency resources                  | <input type="checkbox"/> Housing services     |
| <input type="checkbox"/> Service provider customer service measures | <input type="checkbox"/> Clothing             |
| <input type="checkbox"/> Energy conservation programs               |   |
| <input type="checkbox"/> Other (please list):                       |   |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Service Agreement**

*I, the undersigned, affirm the information provided is true. I acknowledge that should any information provided be found not to be true, I will not be eligible for LEAP Emergency Financial Assistance. I understand that payment of funds is not guaranteed, even if preliminary approval is granted. If my bill is in excess of the LEAP Emergency Financial Assistance grants, I agree to make a payment arrangement with my service provider for the balance. I understand that if I fail to make payments, which I have agreed to pay directly to my service provider, my utility service may be disconnected, and I may not be eligible for future LEAP Emergency Financial Assistance. I have read, understood and agree to these conditions and requirements.*

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker name (please print)

\_\_\_\_\_  
Worker's signature

## Consent to Disclosure of Personal Information

Pursuant to the *Personal Information Protection and Electronic Documents Act* (S.C. 2000, chapter 5, as amended) and the applicable Freedom of Information and Protection of Privacy Acts, I \_\_\_\_\_ grant my consent to \_\_\_\_\_

*(insert first name, middle initial and last name)*

*(insert service provider name)*

to disclose my personal information under the terms and conditions set out below to evaluate eligibility for the following:

- LEAP Emergency Financial Assistance
- Service Provider customer service measures
- The following energy conservation programs: \_\_\_\_\_

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

1. The personal information that may be disclosed is as follows:

(a) Information relating to the status of my account, number \_\_\_\_\_  
*(hereinafter referred to as "my account")*

with \_\_\_\_\_ relating to consumption at:  
*(insert service provider name)*

\_\_\_\_\_  
*(street address)*

\_\_\_\_\_  
*(Unit/Suite)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(postal code)*

2. The personal information may be disclosed to the following persons and/or organizations:

(a) \_\_\_\_\_ and,  
*(insert name of person)*

(b) Any other representative of \_\_\_\_\_  
*(insert Agency name – if none insert "None")*

(c) Any other representative of \_\_\_\_\_  
*(insert name of energy conservation program – if none insert "None")*

(d) Any other representative of \_\_\_\_\_  
*(insert Social Service Agency name– if none insert "None")*

3. The consent to disclose my personal information referred to above shall expire on

\_\_\_\_\_  
*(insert date not less than 30 days after the date of the signature)*

4. I certify that I am at least 18 years of age.

\_\_\_\_\_  
*Signature of person giving consent*

\_\_\_\_\_  
*Witness signature*

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

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

Please return completed form to: \_\_\_\_\_ at \_\_\_\_\_  
*Agency Name* *Fax #*