



COMMUNITY SERVICES

Homelessness Prevention Program

<i>THIS SECTION - FOR OFFICIAL USE ONLY</i>		
<input type="checkbox"/> LEAP - Orangeville Hydro	<input type="checkbox"/> urHome	<input type="checkbox"/> LEAP - UWSM
<input type="checkbox"/> Poverty Emergency Prevention Program (PEPP)		<input type="checkbox"/> OESP

If applying for financial assistance regarding Hydro One or Enbridge Gas Arrears, you are required to complete an intake with United Way Simcoe Muskoka LEAP Program 1-855-487-5327. Should you meet the eligibility criteria for the LEAP program, United Way Simcoe Muskoka will forward your intake to this office and an appointment will be made with you to sign all necessary documents. United Way Simcoe Muskoka LEAP representative will make final determination of eligibility.

All information collected is considered confidential and will not be discussed with anyone outside our agency other than the organisation you have arrears with. The organisation will be notified of your application for Emergency Financial Assistance with your permission.

1. Applicant Information

Date of Application: _____ **Date of Follow-Up Interview: (if known)** _____

Name of Applicant: _____

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 (where did you hear about this program): _____

2. Household Composition – additional members in the household

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

COUNTY OF DUFFERIN

30 Centre Street, Orangeville, ON L9W 2X1 | 519.941.6991 | dufferincounty.ca

3. Housing Information

Do you rent? Monthly Rent: _____

Do you own? Monthly Mortgage: _____

Do you live in Social Housing? Monthly Rent: _____

Dwelling type: Detached Semi Detached Duplex Row House
 Low rise <5 High rise >5 Moveable Dwelling
 Other: (please specify) _____

Primary heating: Electricity Gas Other: (please specify) _____

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 your local distributor? Yes No

4. Income Information

Employment income (pre-tax)	<i>Documentation required</i>
Applicant: \$ _____	<input type="checkbox"/>
Other household member(s): \$ _____	<input type="checkbox"/>
Support Payments	
Employment Insurance \$ _____	<input type="checkbox"/>
Ontario Works \$ _____	<input type="checkbox"/>
Ontario Disability Support Program (ODSP) \$ _____	<input type="checkbox"/>
Child Tax Benefit \$ _____	<input type="checkbox"/>
Canada Pension Plan \$ _____	<input type="checkbox"/>
Ontario Student Assistance Program (OSAP) \$ _____	<input type="checkbox"/>
Loss of Earnings (WSIB) \$ _____	<input type="checkbox"/>
Other (please specify): _____ \$ _____	<input type="checkbox"/>
Other household member's other income: \$ _____	<input type="checkbox"/>
Other (monthly): \$ _____	<input type="checkbox"/>
Total Monthly Income: \$ _____	Total Annual Income: \$ _____

If you are in receipt of Ontario Works, you are required to speak with your Community Services Worker prior to making an application with the Homelessness Prevention Program. Have you discussed your situation with your Community Services Worker? Yes: No:

If you are on social assistance, have you accessed "urHome" assistance in the last 12 months? Yes: No:

Social Assistance Worker's Name: _____

Phone Number: _____

5. Reason(s) for current arrears & request for assistance

- High Heating Costs
- Job Loss
- Illness
- Pending EI
- Marital Breakdown

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*): _____

6. Check List of Required Documents and Signatures

Application is complete when all required documents are submitted

- 2 pieces of identification for applicant & spouse (Birth Certificate, Drivers Licence etc.)
- 1 piece of identification for each child (Birth Certificate)
- Current utility bill and/or Disconnect Notice (if applying due to utility arrears)
- N4 – Notice to Terminate Tenancy or NTA – Notice to Appear (if applying due to eviction / rent arrears)
- Rental Promise Note/Lease Agreement (if applying for First/Last Month's rent)
- Pay Verification (one month of pay stubs for each applicant)
- Bank statements for most recent month or tax return
- Accommodation expenses including rent receipts and utilities bills
- Proof of income from all other sources

Required Signatures

- Page 4 and/or 5 of the application to apply for assistance
- Page 6 of the application to provide consent to the County to share and confirm information?
- Pages 7 to 12, if applicable, to share and confirm information with your landlord/utility provider

**HOMELESSNESS PREVENTION PROGRAM
Consent to Disclose and Verify Information**

I, _____, an applicant for the Homelessness Prevention Program, and I, _____, spouse or partner of the above applicant (complete name only where applicable) , consent to the Director or the designated representative the County of Dufferin Housing Services Department that:

1. I acknowledge that any and all information shared and obtained pursuant to this agreement shall be used specifically and exclusively for the purpose of determining my/my spouse's/ partner's eligibility for assistance from the Homelessness Prevention Program.
2. The County of Dufferin Community Services – Housing Services be authorized to secure information in respect of any accommodation, employment or personal verification for said eligibility.
3. The County of Dufferin Community Services – Housing Services be authorized to exchange information with utility providers, landlords, any agency, Ministry or department of the foregoing; communicating with my/my spouse's/partner's employer(s), utility provider, landlord and/or agency.
4. I understand that this consent will apply to inquiries made relating to my current eligibility for, as well as any past or future applications to the Homelessness Prevention Program.
5. I further understand that enquires may take the form of electronic data exchanges.

I fully understand the nature and purpose of this consent and give my consent and authorization voluntarily.

Dated at: Orangeville, this _____ day of _____ 20____
(Month)

Signature of Applicant _____

Signature of Spouse or Partner _____

Signature of Witness: _____

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)

(Municipal Freedom of Information and Protection of Privacy Act)

The information is collected under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act for the purpose of ensuring a high quality delivery of the Homelessness Prevention Program provided by the County of Dufferin.

ENBRIDGE GAS – Consent to Disclosure of Personal Information

Required if applying for financial assistance with Enbridge Gas Arrears

Consent - Personal and Confidential Information EGD LEAP

Enbridge Gas Distribution Inc. – Low Income Energy Assistance Program

BACKGROUND: The Ontario Energy Board’s Low-income Energy Assistance Program (“LEAP”) consists of emergency financial assistance, special rules and energy conservation programs for qualified low-income customers. To access the LEAP, you must be qualified by a social service or government agency. The agency will advise your natural gas provider (Enbridge Gas Distribution Inc. or “Enbridge”) which LEAP benefits you are qualified to receive. **The customer listed as the account owner in the gas provider’s records (refer to your bill) must complete and submit this consent.**

CONSENT: I am the customer of record for the gas account number _____ at:

_____ at _____
(street address) (Unit/Suite) (City) (Postal Code)
and I am authorized to consent to the disclosure and use of the information described below.

My personal and confidential information that may be disclosed and used includes: my name, address, gas account number, information on my gas consumption and my gas account (including charges), approval or refusal of LEAP benefits and approved grants, information contained in the LEAP Emergency Financial Assistance application and supporting documentation, and information provided to Enbridge by a social service agency or government agency related to the LEAP Program.

I consent to Enbridge using my personal and confidential information to: (i) determine if I qualify as an “eligible low-income customer” under the LEAP; and (ii) administer and operate Enbridge’s LEAP. If I qualify as an “eligible low-income customer” I agree that my Enbridge gas account will reflect my low-income status for 2 years so I can access the special service rules under LEAP during that time period.

Enbridge contracts with third parties (including _____)
(Insert name of LEAP Agency)

for services related to the LEAP Program, such as intake and administration of the LEAP Program, delivery of low-income energy conservation programs, and billing and call centre support. From time to time, Enbridge may need to share some of your personal and confidential information with these third parties for the purposes identified above and in order to serve your needs. In some instances such third parties may communicate directly with you (for example, for LEAP energy conservation programs). Any third party that we share your personal and confidential information with is contractually bound to keep the information confidential and secure and to refrain from using it in any way other than is necessary to perform the services.

I consent to Enbridge disclosing my information to such third parties.

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

Agreed to this _____ day of _____, 20_____

Signature of person giving consent

Witness signature

Print Name

Print Name

Please return completed form to: The County of Dufferin Fax: 519-941-0271

ORANGEVILLE HYDRO - Service Agreement

Required if applying for financial assistance with Orangeville Hydro Arrears

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 grant, 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's signature

ORANGEVILLE HYDRO - Consent to Disclosure of Personal Information

Required if applying for financial assistance with Orangeville Hydro Arrears

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 County of Dufferin Community Services

(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 Orangeville Hydro

(insert service provider name)

relating to consumption at:

(street address)

(Unit/Suite)

(City)

(postal code)

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

(a) Homelessness Prevention Program and,

(b) Any other representative of County of Dufferin Community Services

(insert Agency name – if none insert "None")

(c) Any other representative of "GreenSaver" Home Assistance Program

(insert name of energy conservation program – if none insert "None")

(d) Any other representative of County of Dufferin Community Services

(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

*****The above customer is classified as "low income" under the LIM chart. Please designate this customer as low income in your records.**

HYDRO ONE - Consent to Disclosure of Personal Information

Required if applying for financial assistance with Hydro One Arrears

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 _____

(insert first name, middle initial and last name)

grant my consent to Hydro One Networks Inc. (“**Service Provider**”) to disclose my personal information under the terms and conditions set out below to evaluate my eligibility for LEAP Emergency Financial Assistance and any energy conservation programs offered by my Service Provider as well as the following:

:

The following energy conservation programs: [List programs offered by entities other than Hydro One e.g. Ontario Power Authority etc.] _____

Service Supplier customer service measures

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

a) My name, full mailing address and contact phone number(s) and information related to the status of my account (including my status as low income), number _____ (hereinafter referred to as “my account”) with the Service Provider relating to consumption at:

(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 _____

c) (insert Agency name – if none insert “None”) to any third party service providers used by the Service Provider to provide services related to the energy conservation programs offered by my Service Provider

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 180 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

*****The above customer is classified as “low income” under the LIM chart. Please designate this customer as low income in your records.**

LEAP

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): | _____ |
| | _____ |
| | _____ |

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

Rental Promise Note

Required if applying for financial assistance with First and/or Last Month's rent

When an application is being submitted requesting financial assistance with First and/or Last Month's rent this Rental Promise Note will need to be completed by Landlord. A Community Services Worker will be contacting the Landlord and explain process. Please be advised that this is a one-time grant. The applicant for this program will need to demonstrate that they can afford the unit.

I, _____ of
Name of Landlord

Address – Postal Code

Will Rent _____ On _____
Room, Apartment, House Date to Move In

To: _____
Name of Tenant

Rent: \$ _____ Per _____
Day, Week or Month

of Bedrooms ① ② ③ ④ ⑤

Food Included: Y N

Address of Rental Accommodation (if different from above)

Amount Required: \$ _____ to Move In

Signature of Landlord/Agent

Date

Residence Phone No.

Bus. Phone No. 8:30 a.m. – 4:30 p.m.

Emergency Services – Contact Numbers

Orangeville Police	519-941-2522
Shelburne Police	519-925-3312
OPP	1-888-310-1122

Emergency Crisis Lines

Crisis Line (Community Torchlight)	1-877-822-0140
Caledon/Dufferin Victim Services	1-888-743-6496
Dufferin Child & Family Services	519-941-1530
Family Transition Place	519-941-4357

Services Available from Monday to Friday during office hours

Centre for Career and Employment Georgian College	519-942-9986
Choices Youth Shelter	519-942-5970
County of Dufferin Community Services Homelessness Prevention	519-941-6991
County of Dufferin Community Services Housing Application	519-941-6991
Family Transition Place	519-942-4122
Salvation Army New Hope Community Church	519-943-1203
Canadian Mental Health Association Peel Dufferin	1-844-437-3247
Orangeville SPCA	519-942-3140

Food Banks

Orangeville Food Bank Tuesday 10am – 12:30pm Wednesday 6 pm – 8pm Thursday 12pm – 4pm	519-942-0638
Shelburne Food Bank	519-925-2600
Grand Valley Food Bank	519-928-2258
Salvation Army Food Bank - Monday & Friday by appointment	519-943-1203
Dundalk Food Bank	519-923-0454

General Information and Referral Help to Community and Social Services - Dial 211

**General Information on services for Parents, Children and Youth visit
the Dufferin Family Directory www.dufferinfamilydirectory.org**