

Home Winterproofing Program



APPLICATION FORM

Enbridge Account Holder Name: _____

How did you hear about this program? _____

Phone: _____ Address: _____

City/Town/Municipality: _____ Postal Code: _____ Preferred Language: _____

Do you pay the heating bill? Yes No

Are you an Enbridge Gas Distribution Inc. customer? Yes No Account Number: _____

This house is: Owned Rented Age of Home*: _____

Landlord or Representative Name: _____

Landlord Address: _____ City/Town/Municipality: _____

Landlord or Representative phone: _____ Postal Code: _____

Primary space heating fuel:

- Natural Gas
- Electricity
- Oil
- Wood
- Propane

Water heating fuel:

- Natural Gas
- Electricity
- Oil
- Wood
- Propane

House type:

- Fully detached
- Semi-detached
- Row house/Townhouse
- Duplex/Triplex/Flat in a house

* The greatest energy savings occur in homes that are 35 years and older.

ELIGIBILITY

Our household benefits from one or more of the following programs

- | | | |
|-------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Ontario Works | <input type="checkbox"/> Allowance for Seniors | <input type="checkbox"/> Ontario Disability Support Program |
| <input type="checkbox"/> Allowance for Survivors | <input type="checkbox"/> Guaranteed Income Supplement | <input type="checkbox"/> Ontario Electricity Support Program |
| <input type="checkbox"/> Electric Utility HAP Program | <input type="checkbox"/> Healthy Smiles Ontario Child Dental Program | |

Our total gross adult household income does not exceed the following eligibility limit: *(requires income verification)*

- | | | |
|----------------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="radio"/> 1 occupant \$33,681 | <input type="radio"/> 2 occupants \$41,932 | <input type="radio"/> 3 occupants \$51,550 |
| <input type="radio"/> 4 occupants \$62,589 | <input type="radio"/> 5 occupants \$70,987 | <input type="radio"/> 6 occupants \$80,060 |
| <input type="radio"/> 7 or more occupants \$89,136 | | |

APPLICANT CERTIFICATION: I understand that my rent cannot increase as a result of this program. I understand that information provided by me will be used solely for program purposes and will otherwise be kept confidential. I have attached documentation confirming income eligibility (not necessary when application is completed by a referring agency).

I GIVE PERMISSION TO ENBRIDGE GAS DISTRIBUTION INC., PARTICIPATING SPONSORS AND PROGRAM CONTRACTORS TO:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> verify income or benefits received by my household for purposes of confirming eligibility; | <input checked="" type="checkbox"/> contact me or my case worker; |
| <input checked="" type="checkbox"/> conduct an energy efficiency audit of my home at no cost to me; | <input checked="" type="checkbox"/> obtain natural gas consumption records from Enbridge Gas Distribution for up to 3 years before and after work is done for program verification and evaluation purposes; |
| <input checked="" type="checkbox"/> provide advice and perform energy efficiency upgrades to my home at no cost to me; | <input checked="" type="checkbox"/> randomly choose me to participate in a Quality Assurance/Quality Control assessment; |
| <input checked="" type="checkbox"/> use photocopies of this signed release for these purposes; | <input checked="" type="checkbox"/> share customer information that pertain to related programs to further assist me with energy efficiency. |

Customer Signature: _____ Date: _____

OFFICE USE ONLY

Referring Agency _____ File #: _____

Name: _____ Phone #: _____

Program Eligibility Verified: Yes No Signature: _____ (Eligibility Documentation Not Required)

Home Winterproofing Program

APPLICATION FORM



As your home becomes more energy efficient, your costs can go down. Enbridge Gas Distribution wants to help customers do just that. How? Through our Home Winterproofing Program.

Home Winterproofing Program*

This program includes improvements like insulation and draft proofing.

The program is free for Enbridge customers in financial need, who own or rent a detached home, semi-detached home, row house, townhouse or mobile home, and have a valid Enbridge account.

The benefits of this program include:

- Energy bill savings
- Having an energy-efficient home creates a healthier living environment
- Fewer drafts will make your home more comfortable for you and your family

If you rent, your landlord's pre-approval is required.

Enbridge Program Delivery Agents

Toronto, Peel, York, Niagara
and Simcoe Regions

GreenSaver

74 Six Point Road
Etobicoke, ON M8Z 2X2

Tel: 416-203-3106

Tel: 1-888-855-3106 (Toll Free)

Fax: 416-203-3121

Fax: 1-888-777-8416 (Toll Free)

info@greensaver.org

www.greensaver.org

Ottawa Area

EnviroCentre

326 Somerset Street W
Ottawa, ON K2P 0J9

Tel: 613-656-0100

Tel: 1-877-580-2582 (Toll Free)

Fax: 613-562-3361

enviro@envirocentre.ca

www.envirocentre.ca

Durham and Peterborough Areas

Windfall Centre

93A Industrial Parkway South
Aurora, ON L4G 3V5

Tel: 905-727-0491 (local # - Aurora)

Tel: 705-243-1879 (local # - Peterborough)

Tel: 1-866-280-4431 (Toll Free)

Fax: 1-289-648-4106

applications@windfallcentre.ca

www.windfallcentre.ca

Remember, there's no charge for any visits or upgrades. You'll just see a drop in your energy use — and your energy bills. It's that simple!

Enbridge Gas Distribution

Winterproofing Program
Attention: Marketing Department
PO Box 650
Scarborough, ON M1K 5E3

enbridgegas.com/winterproofing