



Ontario Electricity Support Program Application Form

OESP Notice of Collection

The Ontario Energy Board (OEB) collects, uses and discloses personal information to determine consumer eligibility for and to administer the OESP. Personal information may be collected from, disclosed to, and used by the Ontario Ministry of Finance, the Canada Revenue Agency and your utility provider for the purposes of administering the OESP. Only information about the applicant's electricity account, and the amount of OESP for which the applicant's household may be eligible, will be disclosed to the utility provider. The utility provider will not be provided with other personal information about the applicant and members of the applicant's household, such as their SIN, income or dates of birth.

The OEB's authority to collect personal information is set out in Sections 4.14 and 79.2 of the *Ontario Energy Board Act, 1998*. The Ministry of Finance's authority to collect personal information is set out in Section 11 of the *Ministry of Revenue Act* and Section 147 of the *Taxation Act*.

For more information about the collection, use and disclosure of personal information for the OESP, please contact the Board Secretary at: Board Secretary, Ontario Energy Board. P.O. Box 2319, 2300 Yonge Street, Toronto ON M4P 1E4, Tel: 416-544-5191.

Before you begin, check to be sure that:

- You have a copy of your current electricity bill.
- You have the Social Insurance Numbers or Temporary Tax Numbers for all household members 18 and older.

Once your application is complete:

Mail the completed Ontario Electricity Support Program Application Form and Ontario Electricity Support Program Consent Form to the address below:

Ontario Electricity Support Program (OESP)

PO Box 1540 STN B

Ottawa, ON, K1P 0C7

Prefer to complete your application faster online?

Go to OntarioElectricitySupport.ca for instructions on how to complete the online application.

NOTE: Applying online helps to speed up the application review process.



If you answer **NO** to the question below, you will need to have your household income verified at a participating intake agency. Please contact us for assistance at **1-855-831-8151** in locating the intake agency nearest to you:

- Has everyone aged 18 and older in your household filed taxes at least once in the last 2 years?

Need help or have questions?



For more information or assistance completing your application, questions regarding your eligibility, or requests for additional copies of this application, please contact us:

- Toll-free, at **1-855-831-8151**. Available Monday to Friday, from 8:30 am to 5:00 pm, ET.
- Visit: www.OntarioElectricitySupport.ca
- Email us: help@OntarioElectricitySupport.ca



SECTION 1: PRIMARY UTILITY ACCOUNT HOLDER INFORMATION

1. Applicant's First Name: _____

2. Applicant's Last Name: _____

***Please note:** This information is used to verify your income with Canada Revenue Agency. Please ensure the name entered is spelled exactly as it appears on your most recent tax filing.

Utility Account Information: Please enter your information **exactly** the same as it appears on your utility bill. If your information is not entered as it appears on your utility bill, your application may be delayed until the information can be corrected.

3. Utility Provider: _____

4. Utility Account Number: _____

Utility Account Holder's Full Name(s): _____

Utility Account Holder's Service Address: _____

***Please note:** The Service Address may be different from the Mailing Address. If you need assistance finding information on your utility bill, please contact the OESP Contact Centre at 1-855-831-8151.

5. **Mailing Address:** Please enter your current address and valid postal code. Note that mailing addresses must be in Ontario.

Address: _____

City/Town: _____ Province: ON Postal Code: _____

6. Contact Information:

Phone Number: ____-____-____

Email Address: _____

How would you like us to reach you? Email Mail

***Please note:** Email is the quickest way for us to let you know about the status of your application and notify you of any action needed



SECTION 2: ADDITIONAL INFORMATION

1. Is electric heat your primary heating source for your house? Yes No
2. Do you, or does anyone in your house, use one of the following pieces of medical equipment at home?

Check those that apply.

- Kidney Dialysis Machine
- Mechanical Ventilator (invasive and non-invasive)
- Oxygen Concentrator

3. Is any family member living in your house a member of one of the following communities?

- First Nations Inuit Métis

4. Do you or another account holder receive a CPP Permanent Disability pension?

- Yes No

SECTION 3: PEOPLE IN YOUR HOUSE

Important! Please add the name and date of birth for yourself and all household members. All household members 18 and older must also provide their SIN. The names should be entered exactly as they appear on their tax filings. Only information about the applicant's electricity account, and the amount of OESP for which the applicant's household may be eligible, will be disclosed to the utility provider. The utility provider will not be provided with other personal information about the applicant and members of the applicant's household, such as their SIN, income or dates of birth. If you need more space to add household member information below, please attach a separate sheet to this form.

| First Name | Last Name | Date of Birth (MM/DD/YYYY) | Social Insurance Number or Temporary Tax Number (Required for 18+) |
|------------------------------------|------------------|---------------------------------------|---|
| Account Holder 1. | | ___/___/____ | ____-____-____ |
| Additional Household Members 2. | | ___/___/____ | ____-____-____ |
| 3. | | ___/___/____ | ____-____-____ |
| 4. | | ___/___/____ | ____-____-____ |
| 5. | | ___/___/____ | ____-____-____ |
| 6. | | ___/___/____ | ____-____-____ |
| 7. | | ___/___/____ | ____-____-____ |

*If you or anyone in your household, aged 18 and older, has not filed taxes in the last 2 years, you will need to have your household income verified at a participating intake agency. For more information, please see page 2 of the Ontario Electricity Support Program Application Form.

*For privacy reasons, all information for household members under 18 will be deleted from the application after the eligibility decision is made.

SECTION 4: ASSISTED AUTOMATIC INCOME VERIFICATION

*For agency use only if assisting an applicant with an automated income verification application

| Agency Name | Agent Name | Agent ID | Agent Signature |
|--------------------|-------------------|-----------------|------------------------|
| | | | |



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Ontario Electricity Support Program (OESP)

PO Box 1540 STN B

Ottawa, ON, K1P 0C7

APPLICANT MUST ATTEST TO THE FOLLOWING BY SIGNING BELOW:

I consent to the collection, use and disclosure of my personal information by the Ontario Energy Board (OEB) to determine my eligibility for the OESP. The OEB may disclose personal information to and collect personal information from my utility provider in order to verify I am a customer. I understand that the OEB may contact me in the future to learn more about my experience with the OESP. I certify that the information I have provided on this application is true and correct and I have read, understand and agree to these conditions and requirements.

Signature of Applicant

Name of Applicant (Print)

Date



Ontario Electricity Support Program – Consent Form

Thank you for your interest in the Ontario Electricity Support Program (OESP). In order to process your application, we need you to print, sign and mail this form to the OESP Contact Centre. We will keep your application open for 90 days, so that you have time to send it to us. If you wait longer than 90 days, you may have to re-apply. Please read the section below and provide us with this consent form as soon as possible.

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Ontario Electricity Support Program (OESP)

PO Box 1540 STN B

Ottawa, ON, K1P 0C7

1-855-831-8151

Consent

We, the undersigned, consent to the collection, use and disclosure, respectively, of our personal information by the Ontario Energy Board and the Ontario Ministry of Finance to determine our household's eligibility for and to administer the OESP, and for program evaluation, which may include the disclosure of personal information to and collection of personal information from our utility provider in order to verify our household has an account, and the disclosure of personal information by the Ontario Ministry of Finance to the Canada Revenue Agency (CRA).

We also consent to the disclosure by the CRA to the Ontario Ministry of Finance of income and expense information from our respective CRA income tax records on condition that the information will be relevant to and used solely for verifying the income of the individuals whose names and signatures are set out below and determining our household's eligibility for OESP assistance.

Each person's consent is valid for the taxation year in which it is signed and for each subsequent taxation year for which our household is eligible for OESP, unless a person's consent is withdrawn in writing by sending it to the OEB. We understand that any withdrawal of consent may affect our household's eligibility for the OESP.

Please enter your Utility Account Number exactly the same as it appears on your utility bill.

Important:

- Original signatures required
- Photocopied, faxed or emailed versions will not be accepted
- All household members 18 or older must sign

Applicant Consent:

| | | |
|---------------------|-----------|------|
| Name (Please print) | Signature | Date |
|---------------------|-----------|------|

Household Member Consent:

| | | |
|---------------------|-----------|------|
| Name (Please print) | Signature | Date |
|---------------------|-----------|------|

| | | |
|---------------------|-----------|------|
| Name (Please print) | Signature | Date |
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| Name (Please print) | Signature | Date |
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| Name (Please print) | Signature | Date |
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| Name (Please print) | Signature | Date |
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