



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.

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, 27th Floor
Toronto ON M4P 1E4

Tel: 1-888-632-6273 (toll free)
Fax: 416-440-7656
BoardSec@ontarioenergyboard.ca

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 between 18 and 74.

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 **ANY** of the questions 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 at least one account holder on the utility bill filed taxes in the last 2 years?
- Has everyone in your household between the ages of 18-74 filed taxes in the last 2 years?

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

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 8:00 am to 9:00 pm, ET.
- Visit: www.OntarioElectricitySupport.ca
- Email us: help@OntarioElectricitySupport.ca



SECTION 1: UTILITY ACCOUNT INFORMATION

1. **Applicant's First Name:** _____

2. **Applicant's Last Name:** _____

Utility Account: Please enter your information **exactly** the same as it appears on your **utility bill**.

3. **Utility Provider:** _____

4. **Utility Account Number:** _____

Full Name: _____

Service Address: _____

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

Street Address: _____

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

6. Contact Information:

Phone Number: ____-____-____

Email Address: _____

How would you like us to reach you? Mail Email

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?**

Check those that apply.

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 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 your name, as well as the names of all the members of your household. The names should be entered **exactly** the same as they appear on their respective SIN cards, Temporary Tax Numbers and/or tax filings. If you need more space to add household member information below, please attach a separate sheet to this form.

- Please check that one Account Holder of the household is checked below.
- Social Insurance Number or Temporary Tax Number: This is mandatory for all household members between the ages of 18 and 74.

First Name	Last Name	Date of Birth (MM/DD/YYYY)	Social Insurance Number or Temporary Tax Number <i>(If applicable)</i>	Check ALL that Apply
1.		___/___/___	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer* <input type="checkbox"/> Account Holder
2.		___/___/___	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
3.		___/___/___	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
4.		___/___/___	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
5.		___/___/___	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
6.		___/___/___	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*
7.		___/___/___	____ - ____ - ____	<input type="checkbox"/> Non-Tax Filer*



*Applies to household members 15 years old and younger and those who are 16, 17 or over 75 + who did not file taxes because they earned less than the amount required to file taxes (\$11,138 in 2014).

*If you or anyone in your household, between the ages of 18 and 74 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.

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

Print Name of Applicant

Date