

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: \$ _____

4. Income Information

Employment Income Verified through documentation?

Applicant: \$ _____

Other household member(s): \$ _____

Support Payments

Employment Insurance \$ _____

Ontario Works \$ _____

Ontario Disability Support Program (ODSP) \$ _____

Canada Pension Plan \$ _____

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-Meter Provider

If Unit Sub-Meter 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. 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

Agent name (please print)

Agent's signature

- TO BE COMPLETED BY AGENCY -

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*): _____

