

Utility Assistance Intake Form

Date (mm/dd/yy):

Applicant's Name:

Full Address:
(City, town, postal code, fire #)

Phone Number:

Utility:

Utility Contact information: (for oil & propane – local dealers
name, address, phone number)

For Propane: Own or Rent tank?

Account Number:

Income: (Specify yearly or monthly or weekly)

Number in household:

Adults:

Children:

Please verify the following on the above customer:

- Amount of arrears:
- Details on Disconnection notice (if applicable):
- Date of last payments made on the account:
- Amount of payment made on the account:
- Do the arrears include a security deposit?
- Amount of security deposit:

Please note that the Applicant identified above has applied to the Winter Warmth Fund Program for assistance to cover his/her arrears with Utility. Our Agency warrants that the Applicant is the holder of the Utility account number identified above, and the Applicant has provided their consent for the disclosure by Utility to our Agency the information requested below. Our Agency has obtained such consent in accordance with applicable federal or provincial privacy or protection of personal information legislation, and this consent is duly recorded in our files.

Please stop any further action on the applicant's account.
The above customer has an appointment with us on _____ at which time he/she will sign the Customer's Release of Information Form.

Yours truly,

Holly Devlin

Worker's Phone Number: 519-376-1560
Worker's Fax Number: 519-376-5458
Worker's Email Address: assist@unitedwaybg.com