

# Customer Crisis Fund application

Complete the application form below to apply for the Customer Crisis Fund (CCF). You can submit your completed application by emailing [ccf@bchydro.com](mailto:ccf@bchydro.com) or by mail to PO Box 8910, Vancouver, B.C., V6B 4X3.

For assistance with submitting an application, go to [bchydro.com/ccf](http://bchydro.com/ccf) for a list of participating community service organizations in your area.

Before you begin, review the terms and conditions below to confirm your eligibility.

## Terms and conditions

1. To be eligible for the CCF grant, the applicant must meet the following criteria:
  - a. Receives electricity service at the address listed in Application Information;
  - b. Is the named BC Hydro customer for the account listed in Application Information;
  - c. Uses the address listed in Part 1 as the primary residence;
  - d. Has an overdue balance of less than \$1,000 on the BC Hydro account for the address;
  - e. Has an overdue balance by at least 21 days or is facing disconnection for the BC Hydro account at the address;
  - f. Has demonstrated reasonable attempts to pay the outstanding account balance;
  - g. Has experienced an unexpected life event in the past 12 months or currently that results in a temporary financial crisis;
  - h. Has utilized and exhausted all other financial resources, such as income, liquid assets, and other financial assistance programs; and
  - i. Has not having received a CCF grant during the past 12 months.
2. The applicant must notify BC Hydro by emailing to [CCF@bchydro.com](mailto:CCF@bchydro.com) if any information provided herein changes at any time after the submission of the application.
3. BC Hydro may, in its sole discretion, at any time, verify and audit the accuracy and completeness of any and all information provided in this application, and may refuse or deny an application which it determines, in its sole discretion, is incomplete, inaccurate or otherwise does not meet the CCF grant criteria.
4. BC Hydro, without liability of any kind and in its sole discretion, decides the amount of the CCF grant an applicant will receive. The amount of the CCF grant will be credited against the applicant's overdue balance up to a maximum amount of \$700 for a non-electrically heated residence or a maximum amount of \$800 for an electrically heated residence ("Maximum Amount").
5. The applicant must retain, for audit purposes, any documentation that substantiates all the information in the application ("Documentation") for at least 36 months, must cooperate with the audit, and must be willing and able to provide, upon request, in BC Hydro's sole discretion, any Documentation. BC Hydro may request Documentation related to the individual(s) age 18 and over at the address during the audit. If such a request is made by BC Hydro, necessary consent by that individual must be given to BC Hydro to collect, use and disclose any personal information for the purposes of administering and evaluating the CCF program. Failure to provide the necessary consent may result in the denial or reversal of the CCF grant.
6. Providing false, misleading, or inaccurate information that affects the applicant's eligibility for the CCF grant, or failing to co-operate with an audit or provide any requested Documentation within the timeframe as directed by BC Hydro, may result in the denial or reversal of the CCF grant.

7. For the purposes of deciding the applicant's eligibility for a CCF grant and administering the CCF program, including for program evaluation purposes, BC Hydro collects, uses, and discloses the applicant's personal information in accordance with its mandate under the Hydro and Power Authority Act. BC Hydro may use the applicant's information, including any personal information, as disclosed, as well as any data respecting billing, bill payments, energy use and consumption at the address, for the purposes of administrating and evaluating the CCF program. If you have questions about how your personal information is handled, please contact BC Hydro's Customer Service representative at 1 800 BCHYDRO (1 800 224 9376).
8. BC Hydro may, in its sole discretion, at any time, modify any terms or conditions or any of its eligibility requirements for the CCF grant.

## Applicant information

Name on BC Hydro account: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

BC Hydro account number: \_\_\_\_\_

Address of the account: \_\_\_\_\_

Is this address your primary residence?  Yes  No

Do you live at the address with other individuals age 18 and over? If yes, please indicate how many:  Yes \_\_\_\_\_  No

Do you have dependents under the age of 18 living with you? If yes, please indicate how many:  Yes \_\_\_\_\_  No

### PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS

1. Please indicate which of the life events below you have experienced within the last 12 months that has caused a temporary financial crisis for you.

- |   |  |
|---|--|
| <input type="radio"/> Loss of employment or other income source (e.g., loss of income assistance or employment insurance) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="radio"/> Fleeing from or left an abusive situation   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="radio"/> Relationship breakdown (separation or divorce)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="radio"/> Critical illness or medical emergency for you or an individual in your family                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="radio"/> Death of an individual in your family   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="radio"/> Rehabilitation (e.g., injury, drug or alcohol)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="radio"/> Incarceration   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="radio"/> Significant and unexpected living expenses (e.g., hot water tank replacement or roof replacement)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Please provide additional details regarding the temporary financial crisis that occurred as a result of this life event.

3. Have you or any individual age 18 and over living at the address participated in any of the income qualified programs below in the past 12 months?  Yes  No

**If the answer to question 3 is no, please proceed to the "Applicant's financial information".**

**If the answer is yes, please select the applicable income qualified programs, and then proceed to the "Declaration and consent" section. The "Applicant's financial information" is not required.**

**Note: Employment Insurance, Old Age Pension, Workers Compensation Benefits and Canada Pension Plan are not income qualified.**

**Income assistance programs (welfare) through BC Ministry of Social Development and Poverty Reduction (MSDPR) or through the Federal Government**

- Income assistance for persons with persistent multiple barriers to employment (PPMB)
- Disability assistance (PWD)
- Income assistance
- Hardship assistance
- Senior's supplement

**Housing assistance programs through the BC Housing Management Commission (BC Housing)**

- Rental assistance program
- Homeless prevention program
- Shelter Aid for Elderly Renters (SAFER)

**Federal seniors programs**

- Guaranteed Income Supplement (GIS)
- Allowance for persons aged 60 to 64 with spouses or common-law partners who receive a pension under the Old Age Security Act and are eligible for the Guaranteed Income Supplement
- Survivor's allowance

**Other income assistance programs**

- Municipal or regional rent bank or rent bank assistance programs (please indicate): \_\_\_\_\_
- Other income assistance programs you are currently participating in: (please indicate): \_\_\_\_\_

## Applicant's financial information

Please list the current monthly income of all individuals age 18 and over that live in the household. Ensure that you take into consideration any impacts caused by the temporary financial crisis that you've experienced.

Income source	Monthly income (\$)
Wages or self employment (net)	
Employment Insurance (net)	
Pension(s)	
Other retirement income	
Income from interest on investments	
GST payments	
Spousal support	
Other income (e.g., boarder, rental income, Canada child benefit) please indicate:	
<b>Total monthly income</b>	

Please list the current monthly expenses of all individuals age 18 and over that live in the household. Ensure that you take into consideration any impacts caused by the temporary financial crisis that you've experienced.

Expense items	Monthly expenses (\$)
Mortgage	
Rent/strata fees/pad rent	
Property taxes	
Utilities (Electricity, natural gas, internet, phone, cable TV, etc.)	
Home insurance	
Vehicle expenses (including car insurance)	
Medical expenses	
Child and/or spousal support	
Child care/day care	
Food and groceries	
Transportation	
Other expenses (please indicate):	
<b>Total monthly expenses</b>	

Please calculate your average cash flow as follows:

Total average monthly income: \_\_\_\_\_ (-) Minus

Total average monthly expenses: \_\_\_\_\_ (=) Equals

Total monthly cash flow: \_\_\_\_\_

Please list your current assets and liabilities below. **Do not** include your primary residence and primary vehicle

Assets	
Items	Value (\$)
Cash	
Savings account	
Stocks and bonds	
Other assets (e.g., recreational vehicle or secondary home) please indicate:	
<b>Total value</b>	

Liabilities/debt	
Items	Value (\$)
Loans	
Credit card debt	
Unpaid taxes	
Other liabilities list here. If you have had a significant and unexpected living expense include here:	
<b>Total value</b>	

Please calculate the net value as follows:

Total assets: \_\_\_\_\_ (-) Minus

Total liabilities: \_\_\_\_\_ (=) Equals

Total net value: \_\_\_\_\_

## Declaration and consent

I am the BC Hydro customer for the account listed in Application Information of this application and the applicant for the CCF grant. By signing below, I declare that:

- I have read, understand, and agree to all of the above terms and conditions.
- The information I have provided in this application is true, correct and complete to the best of my knowledge, and I am willing and able, upon request, to provide documents to verify the information provided in the application.
- I understand that BC Hydro may require the individual(s) age 18 and over at the address to provide Documentation (such as proof of income) for the purposes of administrating and evaluating the CCF program. I have informed the individual(s) that failure to provide the necessary consent for the collection, use, and disclosure of the requested Documentation or information may result in the denial or reversal of the CCF grant.
- I agree to participate in a survey or interview conducted by BC Hydro or its authorized representative to evaluate the CCF program.
- I agree to be contacted regarding BC Hydro's energy conservation and low income programs. Please check here:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Name: \_\_\_\_\_

If this application was completed for you by an authorized representative, please indicate the name and contact information of the representative and the associated organization here.

Name of representative: \_\_\_\_\_

Representative organization: \_\_\_\_\_

Contact number or email: \_\_\_\_\_

Contact preference:

BC Hydro can contact me directly

BC Hydro can contact my representative

Notes: