

# Customer Crisis Fund (CCF) Application

Please complete this form to apply for the Customer Crisis Fund. Please ensure the information below is complete and accurate. You may receive a maximum of one CCF grant every 12 months.

To be eligible for the Customer Crisis Fund please note: you must be the BC Hydro customer for the account listed in Part 1, your account must be facing disconnection, you must have experienced an unexpected life event in the last 12 months that caused a financial crisis, you need to have an outstanding balance of \$1000 or less on your BC Hydro account and you need to have demonstrated some attempt to make payments towards it.

If your application for a grant is approved, BC Hydro will apply the grant amount as an offset to your account in an amount equal to your arrears (amount overdue) to a maximum of \$500 for non-electrically heated homes (e.g., if your home is heated with natural gas) or \$600 if your home is electrically heated. The grant is applied to the cost of energy and does not cover security deposits.

Please be sure to read the eligibility criteria in Part 3 – Terms and Conditions to determine if you should apply.

Please check here to confirm that you have read the terms and conditions in Part 3.

How did you hear about the Customer Crisis Fund? \_\_\_\_\_

## Part 1 – Applicant Information

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

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

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

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

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

### Please answer each of the following questions

**Yes**      **No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Is this address your primary residence?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you live at the address with other individuals age 18 and over?<br>If yes, please indicate how many: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have dependents under the age of 18 living with you?<br>If yes, please indicate how many: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is electricity the main energy source used for heating at this address?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you experienced any of the life events below within the last 12 months that has caused a temporary financial crisis for you? If an event not listed below has caused a temporary financial crisis, please indicate the event in "Other."  | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"><li>• Loss of employment or other income source (e.g., loss of income assistance or employment insurance)</li><li>• Fleeing from or left an abusive situation</li><li>• Relationship breakdown (separation or divorce)</li><li>• Critical illness or medical emergency for you or an individual in your family</li><li>• Death of an individual in your family</li><li>• Rehabilitation (e.g., injury, drug or alcohol)</li><li>• Incarceration</li><li>• Significant and unexpected living expenses (e.g., hot water tank replacement or roof replacement)</li></ul> |                          |                          |
| Other (please indicate): _____  |                          |                          |

## Please answer each of the following questions

6. How did this life event impact you financially? \_\_\_\_\_  
\_\_\_\_\_

7. 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 7 is no, please complete Part 2.**

**If the answer is yes, please skip Part 2 and proceed to Part 3.**

**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)

Other Income Assistance Programs

- Municipal or regional rent bank or rent bank assistance programs (please indicate): \_\_\_\_\_

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 you are currently participating in: (please indicate): \_\_\_\_\_

## Part 2 – Applicant’s Financial Information

### COMPLETE THE INCOME TABLE

Please list the current monthly combined income of all individuals age 18 and over at the address.

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) Please indicate: _____ _____	
<b>Total monthly income</b>	

Please list the current monthly combined expenses of all individuals age 18 and over at the address.

Expense items	Monthly expenses (\$)
Mortgage	
Rent/Strata Fees/Pad Rent	
Property taxes	
Utilities	
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 cash flow (on an average basis) as follows:

**Total Average Monthly Income:** \_\_\_\_\_  
(-) Minus

**Total Average Monthly Expenses:** \_\_\_\_\_  
(=) Equals

**Total Monthly Cash Flow:** \_\_\_\_\_

Please list your current assets and liabilities below but 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:** \_\_\_\_\_

## Part 3 – Terms and Conditions

1. To be eligible for the CCF grant, the applicant must meet all of the following criteria:
  - a. receiving electricity service at the address listed in Part 1 from BC Hydro;
  - b. being a BC Hydro customer for the account listed in Part 1;
  - c. using the address as the primary residence as listed in Part 1;
  - d. having a balance in arrears (amount owing) of less than \$1,000 on the BC Hydro account for the address;
  - e. the BC Hydro account at the address is facing disconnection;
  - f. having demonstrated reasonable prior attempt to pay the bill;
  - g. having experienced in the past 12 months or is experiencing an unexpected life event that results in a temporary financial crisis;
  - h. having utilized and exhausted all other financial resources, such as income, liquid assets, and other financial assistance programs; and
  - i. not having received a CCF grant during the past 12 months.
2. The applicant must notify BC Hydro by emailing to **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.
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 cooperate 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 administering 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.

## Part 4 – Declaration and Consent

I am the BC Hydro customer for the account listed in Part 1 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

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If you need help completing your application, please call **BC211** to find your nearest assisting agency by dialing **2-1-1** if you are located in the Lower Mainland or Vancouver Island or **1 844 708 3208** for all other areas.

For ways to submit your application please visit **[bchydro.com/ccf](http://bchydro.com/ccf)** or mail your application to PO Box 8910, Vancouver, BC, V6B 4X3.