

CK COOLS - Air Conditioner Application Form

Applicant (main contact)

First Name:	Last Name:	Date of Birth:
Address:	City/Town:	Postal Code:
Primary Phone Number:	Secondary Phone Number:	Email:

Spouse/Partner in the home

First Name	Last Name:
Date of Birth	Relationship

What is your Household Income Source?

Ontario Works (OW)

Ontario Disability Support Program (ODSP)

Other Income (examples: earnings, OAS, CPP, other gov't Income, etc.)

If you selected "Other Income" please complete the **Yearly Income Information** below:

Yearly Income	Applicant:	Spouse/Partner in the Home:
Notice of Assessment (line 236 "Net Income")	\$	\$

Please be sure Yearly Income is complete, true, and accurate as you will be required to provide copies of these documents to verify this Information If requested by the program

If you do not have your Notice of Assessment (NOA), you will need to contact Canada Revenue at 1-800-959-8281

Additional Information:

Do you currently have a working Air Conditioning Unit? YES NO
Have you previously accessed the Air Conditioner Relief Program and/or received financial assistance to purchase an air conditioner in the last 5 years? YES NO

What type of Air Conditioning (AC) unit do you require?

Window AC Unit

Portable AC Unit

Fan

What is the approximate size of your home/apartment?

Up to 400 sq ft

Between 550-700 sq ft

Between 400-500 sq ft

More than 700sq ft

Unsure

Community Referrral - Secondary Contact (if applicable)

Agency Name	Contact Name:
Contact Phone:	Contact Email:

Applicant Declaration

By signing below, I acknowledge and confirm the following:

1. I understand that the CK COOLS - Residential Cooling Program will not provide financial reimbursement for any cooling units or items that I have personally purchased.
2. I give consent for my personal information to be shared with NeighbourLink, the designated community partner, for the purposes of coordinating distribution of a cooling unit if I am deemed eligible.
3. If referred by a community agency, I give consent for the CKCOOLS program to contact the agency representative listed on this form if I am unable to be reached.
4. I certify that the information provided on this application is truthful, complete, and to the best of my knowledge. I understand that providing false or misleading information may result in not being eligible for the program.
5. I understand that eligibility is determined on a first-come, first-served basis, and that the program has limited funding and units available.

Signature of Applicant:

Date:

Verbal consent provided in lieu of signature

Please allow 5-10 business days for processing of your request.

A worker will contact you once your application has been reviewed and a decision has been made regarding your eligibility.

Completed application forms can be submitted to: ckcools@chatham-kent.ca