

## CK COOLS 2026: Air Conditioner Application Form

### Applicant (primary contact)

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

### Additional Household Information:

<b>Spouse/Partner Full Name (First &amp; Last)</b>	<b>Spouse/Partner Date of Birth</b>
<b>Total Children (Ages 0-17)</b>	<b>Total Dependent Adults (Children 18+)</b>

### 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.)

**Important:** Individuals receiving Ontario Works are encouraged to speak directly with their Case Manager regarding Air Conditioner supports rather than completing this application.

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

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

Please ensure the Yearly Income section is complete, true, and accurate. You must include a copy of your Notice of Assessment (NOA) with your CK COOLS application.

Failure to provide complete income verification may result in the delays and could impact your eligibility for 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

**Additional Comments:**

**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. 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.
4. 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.

Completed application forms can be submitted to: [ckcools@chatham-kent.ca](mailto:ckcools@chatham-kent.ca)

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

Due to the high volume of requests, applicants will only be contacted if their application has been approved.

Please note: Individuals who received an AC unit through this program in 2025 are not eligible to receive an AC again.