

PLEASE FAX COMPLETED FORM TO 250-763-4827
OR SUBMIT TO 504 SUTHERLAND AVE
KELOWNA BC V1Y 5X1

OFFICE USE ONLY RECEIVED: _____

AUTHORIZATION FOR OBTAINING / RELEASING INFORMATION

I, (PLEASE PRINT NAME) _____ HEREBY AUTHORIZE THE CANADIAN MENTAL HEALTH ASSOCIATION, UTILITY RELIEF PROGRAM ADMINISTRATOR, TO OBTAIN AND/OR RELEASE INFORMATION TO FORTIS BC AND/OR BC HOUSING REGARDING UTILITY RELIEF PAYMENTS.

I HEREBY RELEASE CMHA OUTREACH SERVICES AND ITS STAFF FROM ALL MANNER OF LIABILITY, CLAIM OR DEMAND I MAY OR WILL HAVE AS A RESULT OF THEIR OBTAINING AND/OR RELEASING INFORMATION.

DATED THIS _____ DAY OF _____, 20_____ AND TO BE IN EFFECT FOR A PERIOD OF ONE (1) YEAR.

SIGNATURE OF CLIENT			
WITNESS SIGNATURE			
COPY GIVEN TO CLIENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	CLIENT'S INITIALS	
CLIENT DECLINED TO TAKE A COPY	<input type="checkbox"/> YES <input type="checkbox"/> NO	CLIENT'S INITIALS	

DATE OF REQUEST		CLIENT PHONE #	
REFERRING AGENT/ ORGANIZATION			
WORKER PHONE #		EMAIL	

CLIENT INFORMATION			
LAST NAME		FIRST, MIDDLE NAME	
ADDRESS			
TENANCY START DATE		DATE OF BIRTH	
SOURCE OF INCOME	<input type="checkbox"/> CANADA PENSION (CPP) <input type="checkbox"/> PERSONS WITH DISABILITIES (PWD) <input type="checkbox"/> OLD AGE SECURITY (OAS) <input type="checkbox"/> EMPLOYMENT INSURANCE ASSISTANCE <input type="checkbox"/> INCOME ASSISTANCE (IA) <input type="checkbox"/> PERSONS WITH PERSISTENT MULTIPLE BARRIERS (PPMB) <input type="checkbox"/> OTHER: _____		
FORTISBC ACCOUNT NUMBER			
TYPE OF HOUSING	<input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> TRAILER <input type="checkbox"/> SECONDARY SUITE/SUITE <input type="checkbox"/> OTHER: _____		
ATTACHMENTS	<input type="checkbox"/> SOURCE OF INCOME <input type="checkbox"/> CURRENT UTILITY BILL <input type="checkbox"/> CONFIDENTIALITY CONSENT		
DETAILED REASON FOR UTILITY RELIEF REQUEST			
<p>PLEASE SUBMIT A COMPLETED UTILITY RELIEF REQUEST FORM ALONG WITH 60-DAYS BANK STATEMENT AND A COPY OF THE LATEST UTILITY BILL TO THE ATTENTION OF JUSTINE MINOR. ONCE APPROVED A CREDIT WILL BE APPLIED OF UP TO \$200.00 TO CLIENTS' ESSENTIAL UTILITY BILL.</p>			

UTILITY RELIEF REQUEST IS ADMINISTERED BY CMHA, THE CITY OF KELOWNA, AND FORTISBC AND IS FUNDED BY BC HOUSING.

