

**Enbridge Gas**  
**2023 Fixed Incentive Application Form**  
**Affordable Housing Multi-Family Program**



For use by housing provider or property manager claiming an incentive for a single installation address.  
 Please complete all fields. Please print clearly.

**Customer information**

Customer legal name: \_\_\_\_\_

New construction     Retrofit

Customer mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Installation information**    *Important: account number, account name and installation address must match the Enbridge Gas bill.*

Check here if you are including the multi-address form instead

Installation address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Enbridge Gas account name: \_\_\_\_\_ Enbridge Gas account number: \_\_\_\_\_ Installation date (MM/DD/YY): \_\_\_\_\_

**Equipment information**

Technology: \_\_\_\_\_ Description/offer: \_\_\_\_\_ Replacing: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Total BTU/CFM/MBH \_\_\_\_\_ Number of units: \_\_\_\_\_

Ownership: \_\_\_\_\_ End use (check all that apply): \_\_\_\_\_ Total incentive amount: \_\_\_\_\_

Rental (Serial # required on back-up)     Purchase     Space heating     Domestic hot water

**Contractor information**    *Required to receive the contractor portion of the incentive*

Company name: \_\_\_\_\_ Contractor name: \_\_\_\_\_ Company address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Please indicate if the below name is the \_\_\_\_\_

Customer     Contractor

Distributor company name: \_\_\_\_\_

**By signing below, I agree to the terms and conditions applicable to these incentives.**  
 I confirm that I have the authority to apply for the incentive on behalf of the recipient(s) and to bind the recipient(s) to the applicable terms and conditions. If I have also claimed a contractor's incentive payable by Enbridge Gas, I confirm that I have made the customer aware of this incentive. Where applicable, I confirm the technology meets the Technical Requirements applicable to the measures.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

*Where Applicant is a corporation, I/we have authority to bind the corporation.*

**TERMS AND CONDITIONS**

All incentive offers are available to Enbridge Gas Inc., Ontario customers. The customer must be the owner of the applicable energy efficient equipment. Enbridge Gas account must be in good standing. Incentive offers available between Jan. 1, 2023 and Oct. 30, 2023 (natural gas equipment must be installed by Oct. 30, 2023). To receive any incentive, a completed Fixed Incentive Application Form and proof of purchase matched to the installation address must be provided to Enbridge Gas no later than Oct. 30, 2023. Enbridge Gas is not responsible for lost mail or mail disruptions. Allow 10 to 12 weeks for delivery of payment. All Fixed Incentives are paid on a per unit basis unless otherwise indicated. Programs and incentives may be subject to change or cancellation without notice at any time. Enbridge Gas makes no representation, warranty or guarantee regarding the projected savings of any energy efficiency measure or performance of installed equipment. Enbridge Gas reserves the right to independently verify application information and confirm installation. Capitalized terms used in this form, and not otherwise defined herein, have the meaning set out in the Enbridge Gas "Fixed Affordable Housing Incentives" brochure for the calendar year in respect of which this application form is submitted.

INTERNAL USE ONLY	Enbridge ESC:		Opportunity number:
	Sector:	Social Housing Private market rate	

**Email your completed and signed form with proof of purchase and installation to [energyservices@enbridge.com](mailto:energyservices@enbridge.com)**

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**For Affordable Housing Market Rate customers only:  
Affordable Housing Agreement to forego Above Guideline Increase (AGI) application**

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The Customer agrees that they will NOT apply for an above guideline rent increase (AGI) for the Improvements set out on the application form on the reverse side.

By signing below, the Customer agrees to and acknowledges all of the above terms and conditions, and specifically agrees that it will not seek any AGI for the Improvements. The signatory below confirms they have authority to bind the Customer.

\_\_\_\_\_  
Name of signatory (please print)

\_\_\_\_\_  
Title of signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

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**Market Rate Eligibility Declaration: Affordable housing applications**

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**Only to be filled out by Private Market Rate Customers.**

Rent Roll or;

Public funding assistance eligibility:

On behalf of the housing provider specified above, I declare that the housing provider has been recognized as a provider of affordable housing by a municipal, provincial, and/or federal body, by virtue of receiving financial assistance, in the present or at any time in the past, from one or more of the following municipal, provincial, and/or federal program(s):

**Investment in Affordable Housing (IAH)**, administered by the Federal and Provincial Governments

**Social Infrastructure Fund (SIF)**, administered by the Federal and Provincial Governments

**Home for Good**, administered by the Provincial Government

**National Housing Co-Investment Fund**

**Federal Lands Initiative**

**Other** (please specify the funding program):

\_\_\_\_\_  
As administered by (specify municipal, provincial, and/or federal body administering program):

\_\_\_\_\_

By signing below, the Customer/Applicant agrees to either provide their most recent rent roll or acknowledges participation in one of the public funding assistances outlined above.

\_\_\_\_\_  
Name of signatory (please print)

\_\_\_\_\_  
Title of signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)