

Application Home Dialysis Water Rebate Program Please read and complete both pages of this application, sign and submit

	Utility Account Information				
Toronto Water & Solid Waster Management Services Utility Bill Page 1 of 1 Crount Nation Client Number: Utility Client Number: Utility Account Number: Utility Client Number:					
Client No: 000000000 00 \$0.00 Service Address: \$0.00 123 ANYWHERE ST	T Topenty Address/Service Address				
Applicant Information					
Applicant is: Owner, or Designated Tenant (currently enrolled in Designate Mailing Program) Applicant resides at property address Yes No Applicant's name is on the utility account and receives a utility bill Yes No					
Applicant First Name	Applicant Last Name	Telephone Number			
Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.					
Applicant Single Name Telephone Number					
Mailing Address (Street Numbe	r, Street Name, Suite/Unit Number)				
City	Province	Postal Code			
Patient Information	I				
Patient is same as Appl	licant (continue on to Program Requirer	nents),			
or Patient is a dependant or family member of the Applicant; and – Patient resides with Applicant and receives treatment at property address					
Patient First Name	Patient Last Name	Telephone Number			
		use you have either a registered Birth Certificate			
Patient Single Name	cate bearing a Single Name. Provide your	name below. Telephone Number			
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Program Requirement	· · · · ·				
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Program Terms and Conditions

Applicant/Patient Consent

The Applicant, by making this application and as a condition of eligibility consents and agrees to:

- Provide information to the City to determine whether you or the patient is receiving, has received or will receive financial relief for water consumption for home dialysis treatments at the residential property ("Third Party Funding") and does hereby authorize the City to collect and share this information with the **Ontario Renal Network**, or any other agency, for this purpose.
- If required, provide written consent of Applicant's dependent or family member to allow the collection, sharing of patient information with the **Ontario Renal Network**, or any other agency.
- Provide the City and its personnel access to the residential property, to verify any and all information submitted with application.
- Notify the City's Revenue Services Division in writing immediately upon:
 - the end of home dialysis treatment
 - any change in ownership or tenancy of the residential property
 - any change in circumstances which would alter your status as a person eligible to apply for and receive a home dialysis water rebate

Acknowledgements

The Applicant, by making this application and as a condition of eligibility, further acknowledges and agrees that:

- Neither the Applicant nor the Applicant's dependant or family member is receiving or has received any Third-Party Funding for financial relief relating to water consumption for home dialysis treatments at the residential property.
- Any false or deceptive statement in this application or related documentation will render the Applicant ineligible and require repayment to the City of any rebate amount paid or credited to the utility bill.
- The City may cancel the home dialysis water rebate, including the payment of the rebate, and the home dialysis water rebate program at any time without notice.
- Any rebate will be payable in the form of a credit applied to your utility account or, if requested a cheque.

By signing this application:

I certify that the information, statements and representations made in this application and any supporting documents are true and accurate. I understand that any inaccurate, false or deceptive information or statements made in this application and/or any related supporting documents may disqualify me for eligibility and require the repayment of any rebate amount paid or credited by the City including any applicable interest and fees.

I further acknowledge and agree that I am required to properly complete and submit this application and any forms, information or documentation and to provide any consents required under the home dialysis water rebate program to the satisfaction of the City Treasurer.

Applicant Signature

Submit Application and Documentation

Send your signed, completed application with all requested documentation to:

Mail:	City of Toronto	Fax:	416-696-3605, "ATTN: Utility Billing"
	Revenue Services, Utility Billing	(For tips or	n faxing, visit toronto.ca/propertytaxesandutilities)
	5100 Yonge St.		
	Toronto, ON M2N 5V7		

In person: At City Hall and Civic Centres Inquiry and Payment Counters. For location information visit: toronto.ca/inquirypaymentcounters

Revenue Services collects personal information on this form together with the corresponding documents under the legal authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s 136(c) and the City of Toronto By-law No.1259-2018. The information will be used to administer the City's Home Dialysis Water Rebate Program, including to process and evaluate your application and to determine your eligibility for the home dialysis water rebate, and to contact you or others in relation to this or a related program. Questions about this collection can be directed to the Manager, Customer Service, North York Civic Centre, 5100 Yonge Street, Toronto ON M2N 5V7 or by telephone at 416-395-1048.

Date (yyyy-mm-dd)