

Additional Information

Step 2 of 4

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Is electric heat your primary heating source for your house?

- ☐ **Yes**
- ☐ **No**

Do you, or does anyone in your house, use one of the following pieces of medical equipment at home?

- ☐ **Kidney Dialysis Machine** ?
- ☐ **Mechanical Ventilator (invasive and non-invasive)** ?
- ☐ **Oxygen Concentrator** ?

Is any family member living in your house a member of one of the following communities?

- ☐ **First Nations**
- ☐ **Inuit**
- ☐ **Métis**

Do you or another utility account holder receive a CPP Permanent Disability pension?

- ☐ **Yes**
- ☐ **No**

☐ **I verify that the above information is true.**

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