



Confirmation of Payment from Ontario Works Discretionary Benefits Program

Date: _____

Attention: Haldimand County Hydro

Fax: 1-905-765-8211

From: _____

Attention: Haldimand County Hydro

Re: _____

Account Number: _____

Please accept notification that the **OW Hydro Arrears Program** will be assisting in payment of the above account in the amount of _____

Payment will be issued directly to Haldimand County Hydro within 10 business days.

Sincerely,

Intake Support Worker

**Partners in building a
strong community**

www.hnss.org

SIMCOE: P.O. Box 570, 12 Gilbertson Drive, Simcoe ON N3Y 4N5

T: 519-426-6170 **F:** 519.426.9974

DUNNVILLE: 117 Forest Street East, Dunnville ON N1A 1B9

T: 905-318-6623 **F:** 905.774.1538