



Exceptional Hardship Payment Plan Program

Please read carefully before completing and signing application

PURPOSE:

407 ETR Concession Company Limited (“407 ETR”) has introduced an Exceptional Hardship Payment Plan Program (the “Program”) to assist those customers that have accumulated significant outstanding 407 ETR account balances and who would suffer “exceptional hardship” if the Ontario Registrar of Motor Vehicles refused to renew their vehicle permit or issue to them a new one. For certainty, outstanding 407 ETR account balances include balances incurred travelling on Highway 407 ETR and the Province of Ontario’s Highway 407 (the section East of Brock Road).

ELIGIBILITY:

You are eligible to participate in the Program only if on the date of your application:

- you are a 407 ETR personal account holder
- the outstanding 407 ETR account balance is more than \$1,000 (including tolls, fees, and interest)
- you have been denied the renewal of your license plate or the issuance of a new license plate by the Ontario Registrar of Motor Vehicles
- the denial of the vehicle permit would be a threat to the health and safety of a person ordinarily transported by the vehicle; or you would suffer “exceptional hardship” if the renewal or issuance of your vehicle permit were to be denied
- you have not been in default of any 407 ETR payment programs
- you agree to all Program terms, including the payment plan structure and timelines, as further described below.

APPLICATION REQUIREMENTS:

To apply to the Program, you are required to submit:

- a fully completed and signed application form accompanied by all relevant supporting documents
- an initial processing fee payment of \$30.00 by certified funds, cash, or money order
- provide any further information or documents, if requested by 407 ETR

CONSENTS/AUTHORIZATIONS:

- You expressly consent to the collection, retention, use and disclosure by 407 ETR of your personal, financial, employment and other information for the purpose of verifying or investigating your application, and administering and enforcing the Program and any laws pertaining to the Program
- You authorize 407 ETR to exchange your personal, financial, employment and other information with financial institutions, consumer credit reporting agencies, any agent(s) of 407 ETR, or any other persons considered necessary, for the purposes of administering and enforcing the Program and any laws pertaining to the Program

ADMISSION TO PROGRAM:

Please allow up to thirty (30) days from the date 407 ETR receives your application for a final decision to be made on Program eligibility.

- If your application to the Program is successful, you will be admitted to the Program, the initial processing payment of \$30.00 will be applied to your outstanding 407 ETR account balance
- Within 14 days of being notified of your admission to the Program, you agree to forward, via certified cheque/money order, a minimum payment (to be determined at the time of assessment) to 407 ETR, as well as the stipulated number of consecutive post-dated cheques totalling the balance of your 407 ETR accounts. The initial payment along with the post-dated cheques must be delivered by mail or in person to 407 ETR Customer Service Centre located at 6300 Steeles Avenue West, Woodbridge, Ontario L4H 1J1

- Upon receipt of the initial payment and post-dated cheques, 407 ETR will notify the Registrar of Motor Vehicles to release your vehicle permit(s) from plate denial. The processing time to withdraw the plate denial notice can take up to ten (10) business days. In addition, 407 ETR agrees to cease the accrual of interest on the outstanding account balance at the time the payment package is received
- You agree to keep your 407 ETR account current in respect of all new charges, and promptly notify the 407 ETR Ombudsman in writing within six (6) days if you change your licence plates, your vehicle, your address, or your financial information
- If, for any reason, any of your payments under this Program are late including, if a post-dated cheque is returned due to insufficient funds, that will constitute a breach of the Program terms
- Your failure to comply with any of the foregoing may result in your immediate and automatic discharge from the Program, reinstatement of plate denial, and the retroactive application of interest on your outstanding 407 ETR account balance from the date of your admission to the Program. Furthermore, your personal, financial, employment and other information may be used for the purposes of, or in connection with, any action or proceeding against you for the recovery of your outstanding 407 ETR account balance

UNSUCCESSFUL APPLICATIONS:

- If your application to the Program is unsuccessful, the Initial Processing Payment of \$30.00 will be applied to your outstanding 407 ETR account, and your obligations, responsibilities, liability, and status in respect of your said account will remain unchanged.

GENERAL:

- Your admission into, and participation in, the Program is at the sole discretion of 407 ETR. 407 ETR may, in its sole discretion and at any time, amend the terms of the Program, and/or terminate the Program, on notice to you
- You specifically acknowledge that your debt to 407 ETR shall remain due and outstanding until paid and discharged in full pursuant of the Program or otherwise
- You hereby indemnify and save harmless 407 ETR and its affiliates and their respective directors, officers, employees, agents, successors and assigns from and against any and all claims, including all damages, liabilities, expenses, costs or any action or proceedings arising directly or indirectly from or in connection with the Program, and you hereby release and forever discharge 407 ETR, its affiliates and their respective directors, officers, employees and agents, of and from any and all actions, claims and demands howsoever arising out of or in relation to the Program
- You represent that all information provided by you on and/or with your application is complete, accurate and true in every respect
- The laws in force in Ontario shall apply to the Program and all matters relating to it, and the courts of Ontario shall have exclusive jurisdiction over all such matters
- You declare that you have read and understood the contents of this document and agree to be bound by the same

X

First and Last Name (Print)

X

Signature

X

Date

**EXCEPTIONAL HARDSHIP PAYMENT PLAN PROGRAM APPLICATION
AND FINANCIAL DISCLOSURE FORM**

Mail or Visit: 6300 Steeles Ave. W, Woodbridge, ON L4H 1J1
Email: ombudsman@407etr.com Call: 905-264-4485
For more information: www.407etr.com

To be completed in its entirety for review by 407 ETR

The application must be accompanied by a certified cheque or money order in the amount of \$30.00, made payable to 407 ETR. The filing fee of \$30.00 will be credited towards your 407 ETR account. Please return this completed and signed form, your written material (including applicant's position and evidence) and filing fee to the mailing address. During the review process, 407 ETR may contact you for additional information or clarification.

ACCOUNT INFORMATION

407 ETR Account Number	
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NAME AND RESIDENCE

	Last Name	First Name	Middle Initial
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			

Address	Apt/Suite No.	City	Province	Postal Code	
					<input type="checkbox"/> Rent <input type="checkbox"/> Own

SUPPORTING INFORMATION: You may use this form, or provide your own, to summarize your position and include supporting documentation such as a letter from your physician or therapist that outlines a treatment schedule. **(Please do not include sensitive information such as your health card number, date of birth, or diagnosis).**

APPLICANT'S POSITION AND SUPPORTING MATERIALS

<input type="checkbox"/> I have attached my position and all the supporting documentation that I intend to use to support my application
<input type="checkbox"/> I have included the \$30.00 Application Processing Fee

*Please allow 30 days from the date of receipt of application for a final decision to be rendered.

MONTHLY FINANCIAL STATEMENT (please do not include sensitive information such as your Social Insurance Number, bank account number, credit card numbers etc.)

Monthly Income

Net Income from employment (attach proof of income e.g., pay slip)	\$
Spousal Income	\$
Income Support (E.g., ODSP, Ontario Works -attach proof of income)	\$
Other Income	\$
Total monthly income:	\$ _____

Monthly Expenses

Mortgage/Rent	\$
Loan Repayment (E.g., car payment loans)	\$
Groceries	\$
Utilities	\$
Medical	\$
Cell Phone	\$
Credit Cards	\$
Auto Insurance	\$
Transportation Cost (fuel, transit)	\$
Child Support	\$
Other (please list)	\$
Total monthly expenses:	\$ _____
Total available income:	\$ _____

CUSTOMER CONSENT

I, _____, hereby (i) consent to the collection, retention, use and disclosure by 407 ETR of the information provided by me in this application for the purpose of verification or investigation of my application, and administering and enforcing the Program and any laws pertaining to the Program, and (ii) confirm the information provided in this application is accurate. I further acknowledge that any false statement, or failure to provide evidence upon request, will result in my application being declined.