



Investment in Affordable Housing for Ontario Program 2014 Extension Ontario Renovates Application

Section 1: Personal Information

Family
 Senior
 Single/Couple
 Senior Accessibility
 Household Member Accessibility

Applicant #1 (Homeowner)

Mr.
 Mrs.
 Miss
 Ms.

Last Name:

First Name:

Date of Birth:

Attach copy of photo ID for each household member over 18 years of age

Address:

Unit/Apt.

City:

Postal Code:

Home Phone:

Cell Phone:

Work Phone:

Email:

Applicant #2 (Homeowner)

Mr.
 Mrs.
 Miss
 Ms.

Last Name:

First Name:

Date of Birth:

Attach copy of photo ID for each household member over 18 years of age

Address:

Unit/Apt.

City:

Postal Code:

Home Phone:

Cell Phone:

Work Phone:

Email:

List Every Owner of the Home and Every Person Residing in the Home (If Not Already Listed Above)

Last Name	First Name	Relationship to Applicant #1	Date of Birth (MM/DD/YY)	Male	Female
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Ontario Renovates for Persons with Disabilities

If you or a member of your household has a disability, please describe the disability and special modifications required to your home to enable this person to live independently in the home.

NOTE: Where it is not evident that the modifications are related to the disability, Norfolk County as Service Manager for Haldimand County and Norfolk County or its representatives may require confirmation from a qualified expert (such as a doctor or a physio-therapist).

If anyone provided assistance with filling out this application form, please check the box that describes the person who primarily provided assistance. Fill in their contact information, in case clarification is needed.

Medical Professional Social Worker Volunteer Family, Friend or Neighbour Other: _____

Last Name:

Phone:

First Name:

Email:

Section 2: Gross Household Income

Total household income is the yearly gross income (before taxes and other deductions) of all members of the household who are 18 years of age and over, residing in the home. Refer to **Appendix A** for the types of income to include and acceptable supporting documentation. **Proof of all income sources is required with this application.**

Income Sources	Gross Yearly Income (Before Deductions)			
	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Employment / Self-Employment				
Social Assistance				
Pensions and Allowances				
Investment Income / Assets				
Other: (Please specify)				
Total Income for Each Applicant				
Total Gross Household Income				

Section 3: Property Information

State the full address of the home for which Ontario Renovates funds are being requested, if different than indicated in Section 1.

Check the type of house that funding is being applied for.

Single Family Home Semi-detached Duplex Townhouse/Row Other: _____

Has this property received previous Government funding for purchase or renovations? *i.e., IAJ/RRAP/AHP*

If yes, please specify the program, date approved and project reference number: Don't Know Yes No

The year the home was built or estimate the age of the home.

What is the assessed value of your home?

Attach a copy of the MPAC Notice of Assessment or other qualified appraisal.

Number of bedrooms in the home.

Property taxes up-to-date? Insurance payments up-to-date? Mortgage payments up-to-date?

Attach a copy of the property tax payment statement to verify the property tax account is not in arrears.

Attach a copy of the homeowner insurance policy certificate to verify coverage is in place for the full value of the home and confirmation the premium is not in arrears.

Attach a copy of the mortgage/charge and other home financing payment statements to verify all payments are up-to-date and to verify existing balances.

Section 4: Description of Project Work

Select from below the type of work being requested:

Structural Heating Plumbing Electrical Fire Safety Overcrowding Accessibility Other

Select from below the rooms that repairs and/or modifications are to be completed in:

Back room Basement Bathroom(s) Bedroom(s) Dining Room Entrance Family Room

Kitchen Living Room Utility Room Other: _____

Select from below the specific type of work being requested. Enter a number where asked for (e.g. Floors(s) #):

Door(s) Exterior # _____ Central Air Chair Lift Roof Attic
 Door(s) Interior # _____ External Building External Grounds Foundation Furnace
 Floors # _____ Insulation Porch/Deck Mould Ramp
 Handrail(s) # _____ Septic System Wall(s)/Ceiling(s) Well Water Window(s) # _____
 Other: _____

Please describe in detail the need for/or any other condition(s) that requires repair, replacement or modification and the work required to fix the condition. If additional space is needed, please attach a separate sheet of paper.

Section 5: Declaration and Release

I/We hereby confirm that, to the best of my/our knowledge, the information provided in this application is complete and accurate in every respect.

I/We hereby confirm that I am/we are the owner(s) of the dwelling and no other person is an owner.

I/We acknowledge that in the event that a false declaration is knowingly made, Norfolk County as Service Manager shall have the right to cancel the approval and recover any paid funds.

I/We hereby authorize the inspection of this property, as required, on the understanding that any inspections conducted by Norfolk County and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.

I/We hereby authorize Norfolk County and/or its authorized representatives to contact the person (identified in Section 1) who provided assistance in completing this form should clarification be necessary.

Personal information is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the sole purpose identified above. Questions regarding the collection, use and disclosure of this information may be directed to the Records Management/FOI Coordinator, 50 Colborne St. S., Simcoe, Ontario, N3Y 4H3.

Name (Please Print)	Signature	Date
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Name (Please Print)	Signature	Date
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Name (Please Print)	Signature	Date
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Internal Use Only: Stamp date received

Completed applications **with all required information, documentation and verification attachments** must be returned to:

Health and Social Services Department
 Social Housing Division
 PO Box 570, 12 Gilbertson Drive
 Simcoe, ON N3Y 4N5
 519.426.6170 or 905.318.6623 Ext. 3234 or 3122

Appendix A

Household Income Examples and Supporting Documentation Required

Household Income/Asset	Documentation Required
<p>a) Employment</p> <ul style="list-style-type: none"> • Full-time, part-time, or casual • Commissions, tips, or bonuses • Illness and/or disability pay 	<ul style="list-style-type: none"> • Copy of previous year's notice of assessment and; • Letter from employer or employment agency – on company letterhead indicating monthly income or average earnings or; • Pay stubs for at least two months (employer identified) or; • Cheque stubs from disability, pension or insurance
<p>B) Self-Employment</p> <ul style="list-style-type: none"> • Tutoring • Babysitting or child care • Taxi • Business • Other 	<ul style="list-style-type: none"> • Copy of previous year's notice of assessment
<p>c) Pensions and Allowances</p> <ul style="list-style-type: none"> • Old Age Security (OAS) • Canada/Provincial Pension (CPP, QPP) • Pensions, for example: Widow's, Retirement, War Disability, Other • War Veterans Allowance (DVA) • Training Allowance • Ontario Disability Payments (ODSP) 	<ul style="list-style-type: none"> • Copy of previous year's notice of assessment and; • Cheque stub or copy of cheque or; • Direct bank deposit: <ul style="list-style-type: none"> ◦ Copy of pass book entries for previous two months or monthly bank statements ◦ Letter from government agency issuing cheque or; • Statement from issuing source or employer
<p>d) Investment Income/Assets</p> <ul style="list-style-type: none"> • Interest and dividends from all investments, including: Stocks, Bonds, Bank/Trust/Credit Union accounts, shares, securities, annuities • Registered Retirement Savings Plans (RRSPs) • Guaranteed Income Statements (GICs) • Property you own or have an interest in 	<ul style="list-style-type: none"> • Copy of previous year's notice of assessment
<p>e) Other Income</p> <ul style="list-style-type: none"> • Workplace Safety and Insurance Board (WSIB) • Employment Insurance (EI) and Ontario Works (OW) • Compensation for Victims of Crime • Alimony, child support, or separation payment(s) 	<ul style="list-style-type: none"> • Copy of previous year's notice of assessment and; • Cheque stub or letter from source of income or; • Sworn affidavit with both the applicant and ex-spouse's signature or legal statement/letter from lawyer or; • Copy of assessment form and confirmation of other earnings

Please make sure that you have the following attached to your application:

- Two pieces of Government issued photo identification for each applicant.
- Proof of income from every owner of the home and from every member of the household 18 years of age or older.
- A copy of the MPAC Notice of Assessment or other qualified appraisal.
- A copy of the mortgage/charge and other home financing payment statements to verify payments are up-to-date and verify the balance on all existing mortgages/charges and home financing.
- A copy of the homeowner insurance policy certificate to verify coverage is in place for the full value of the home and confirmation the premium is paid up-to-date and not in arrears.
- A copy of the property tax payment statement to verify the account is paid up-to-date and not in arrears.

Only complete applications will be assessed for eligibility. A complete application includes the signed application form and all the above required and supporting documentation.