



Home Ownership Program Application

Please return to: Health & Social Services Department
Social Housing Division
12 Gilbertson Drive, P.O. Box 570
Simcoe, Ontario N3Y 4N5

Inquiries to: Health & Social Services Department
519.426.6170 or 905.318.6623 ext. 3234
Fax: 519.426.9974 or 519-582-3579
E-mail: louise.lovell@haldimand-norfolk.org

Please complete and return this form to the above address.

Applications are not considered complete until all required and supporting documentation has been provided. Please see Appendix A for examples of income and assets and supporting documentation.

Section 1: Personal Information

Applicant

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:

Co-applicant

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:

Section 2: Program Eligibility

Your answers to the following questions will help determine your eligibility to participate in the Program.

| | Applicant | | Co-Applicant | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Do you currently rent? <i>(Copy of rent receipt(s) must be attached.)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you own or have an interest in a property (in Canada or in another country)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever owned property (In Canada or another country) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you owe rental, housing charge arrears or damages to any other housing program? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Section 3: Gross Household Income/Assets

Please include all income (before taxes and deductions) from all members of your household who are 18 years of age and over, who are residing at home. Please see Appendix A for the types of income to include and acceptable supporting documentation.

| | Gross Monthly Income | Type(s) of Income <i>(use additional pages if necessary)</i> |
|-----------------------------|----------------------|---|
| Applicant | \$ | |
| Co-applicant | \$ | |
| Adult 1 | \$ | |
| Adult 2 | \$ | |
| Adult 3* | \$ | |
| Total Monthly Income | \$ | |

*Please attach a list if more than three adults 18 years of age are working, and living in the home.

Household Assets

List all assets owned by you and all persons who will be living in the home. Please see Appendix A for the types of income to include and acceptable supporting documentation. Please use additional pages if necessary.

| Name | Type of Asset <i>(use additional pages if necessary)</i> | Value (\$) |
|------|---|------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Section 4: Declaration and Release

I/we hereby declare and certify that the above information is complete, accurate, and true. I/we understand that this is an application for a downpayment loan under the Investment in Affordable Housing for Ontario Program: 2014 Extension Homeownership Component, the purpose of which is to allow Norfolk County as Service Manager for Haldimand County and Norfolk County to determine if the undersigned is/are eligible for this loan. Final confirmation of eligibility may be required prior to the loan being made.

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.

In the event of false or misleading information, Norfolk County as Service Manager for Haldimand County and Norfolk County has the right to disqualify the applicant(s) at any time.

Applicant's Signature

Print Name

Date

Co-Applicant's Signature

Print Name

Date

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

- Photo identification with proof of age for the applicant and co-applicant (Drivers License, Health Card, Passport)
- Copy of rent receipt(s) or lease agreement
- Proof of household income (Notice of Assessment and bank statement 2 months if Direct Bank Deposit)
- Proof of household assets (if any)
- Proof of mortgage pre-approval

Appendix A

Household Income/Assets Examples and Supporting Documentation Required

| Household Income/Asset | Documentation Required |
|--|---|
| <p>a) Paid-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"> o Copy of pass book entries for previous two months or monthly bank statements o Letter from government agency issuing cheque or; • Statement from issuing source or employer |
| <p>d) Investment Income</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) | <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 |
| <p>f) Assets</p> <p>Assets are valuable things that you own. Some assets produce income and others do not, see d) above.</p> <ul style="list-style-type: none"> • Some examples of assets include: 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 |