

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

Social Services & Housing Department

Housing Services

PO Box 570, 12 Gilbertson Drive

Simcoe ON N3Y 4N5

ATTENTION: Housing Resource Coordinator

Email: housing@hnhss.ca

519.426.6170 or 905.318.6623 Ext. 3234 or 3235

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.

Date Received Stamp

Section 1: Personal Information

Applicant:

Last Name:

First Name:

Date of
Birth:

Address:

Unit#:

City:

Postal
Code:

Primary
Contact #:

Email:

Co-Applicant:

Last Name:

First Name:

Date of
Birth:

Address:

Unit#:

City:

Postal
Code:

Primary
Contact #:

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 DD/MM/YY	Gender

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).

Section 2: Gross Household Income

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 please ensure the correct supporting documents are provided with your application.

List of Income Sources	Gross Monthly total (before deductions)		
	Applicant	Co-Applicant	Others on Application
Employment (full time, part time, casual)	\$	\$	\$
Self-employment or business income	\$	\$	\$
Ontario Works (OW)	\$	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$
Workplace Safety Insurance Board (WSIB)	\$	\$	\$
Old Age Security (OAS)	\$	\$	\$
Canada Pension Plan (CPP)	\$	\$	\$
Other pensions (e.g. company, private, foreign)	\$	\$	\$
Guaranteed Income Supplements (GIS)	\$	\$	\$
Child support and/or spousal support payments	\$	\$	\$
Student Grants	\$	\$	\$
Ontario Student Assistance Program (OSAP)	\$	\$	\$
Other, please specify:	\$	\$	\$

Section 3: Household Assets

All assets listed need appropriate documentation provided with the application. Assets are things that you own, and may include:

- Bank accounts (include chequing account, savings account, Tax free savings account, registered disability savings account etc.
- Term deposits, guaranteed investment certificates (GIC), savings bonds
- Mutual funds/bonds/savings certificates
- Registered Education Plans (RESP)
- Stocks, shares, securities
- Life insurance (cash surrender value)
- Collections or valuables, cash (over \$1000)
- Business assets (if you own your own business or are self-employed)
- Property ownership

I do not have any assets, including the ones listed above, and confirm that I have reviewed the entire list.

Person who owns the asset	Details of asset (type, account number, name of bank)	Value and/or account balance
		\$
		\$
		\$

If there is not enough space provided please attach an additional sheet.

Does any person on this application own property? (e.g. house, cottage, farm, land, mobile home, trailer, etc.)

Yes No

If **yes**, please give the following information:

Type of property:

Assessed value:

Location/address:

Have you or any person on this application transferred assets including property? If **yes**, indicate the:

Yes No

Type of asset/property:

Location/address:

Estimated value:

Date of Transfer:

Section 4: Property Information

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., IAH/RRAP/AHP)

Don't know

Yes

No

If yes, please specify the program, date approved and project reference number:

Year home was built or
estimate the age.

Number of bedrooms
in the home.

The assessed value of your home?
Attach MPAC Notice of Assessment or
qualified appraisal.

Property taxes up-to-date? Attach a copy of the property tax payment statement to verify the property tax account is not in arrears.

Yes

No

Insurance payments up-to-date? 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.

Yes

No

Mortgage payments up-to-date? 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.

Yes

No

Section 5: 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	Livingroom	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
Door(s) Interior #	Attic	External Building	External Grounds
Floors #	Foundation	Furnace	Insulation
Handrail(s) #	Porch/Deck	Mould	Ramp
Window(s) #	Septic System	Wall(s)/Ceiling(s)	Well Water
Eaves #	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 6: Application Assistance and Consent

Did someone provide you with assistance completing this application form? If so, please check the box that describes the person and fill in their contact information in case clarification is needed.

Relationship to Applicant:

First Name:

Last Name:

Phone#:

Home

Cell

Work

Other

Email:

I give consent to contact the person listed above if any clarification or more information is needed about this application. Yes No

Name (Please Print)

Signature

Date

Section 7: Declaration and Release

1. 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.
2. 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.
3. I/We hereby authorize Norfolk County and/or its authorized representatives to make any inquiries deemed necessary to verify the information I/We have provided, and I/We give consent to any person, corporation or social agency with this information to release it to Norfolk County, Social Services & Housing Department in relation to this application only; and/or to contact the person, identified in this application, who provided assistance in completing this form should clarification be necessary.
4. I/We hereby confirm that I am/we are the owner(s) of the dwelling, and no other person is an owner.
5. 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.
6. I/We agree to promptly inform the Social Services and Housing Department of any changes in current/intended address, income, marital status, or household composition.
7. I/We acknowledge that failure to report these changes may result ineligibility for the program.
8. This application and all schedules and attachments are subject to the Municipal Freedom of Information and Protection of Privacy Act (referred to as "MFIPPA"). Any information collected by Norfolk County as Service Manager pursuant to this application is subject to the rights and safeguards provided for in MFIPPA. Personal information contained in this form is collected by Norfolk County as Service Manager for the purpose of determining eligibility for assistance under the Ontario Priorities Housing Initiative.
9. Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the applicant(s) gives consent and authorization to Norfolk County as Service Manager to share select information in the application form as required. Any questions regarding the collection or release of this information should be directed to the Program Manager, Housing Services.
10. The applicant(s) acknowledges and agrees that an electronic copy of the Ontario Renovates Application will be binding upon them as if it were a hard copy with original signature and/or that an electronic copy of the Ontario Renovates Application will be deemed to constitute a duplicate original.
11. I/we understand that I/we may be contacted at any phone number or email address listed in this application.

Name (Please Print)

Signature

Date

Name (Please Print)

Signature

Date

Name (Please Print)

Signature

Date

Mandatory Documents to be Submitted with the Housing Stability Bank Application

1. One piece of identification, if ID does not provide proof of status in Canada additional document's may be required.
 - ☐ Valid birth certificate (validates status in Canada)
 - ☐ Valid driver's license
 - ☐ Valid permanent resident card (validates status in Canada)
 - ☐ Valid passport (Canadian passport validates status in Canada)
2. Verification of monthly income
 - ☐ OW/ODSP stub
 - ☐ paystub (two months)
 - ☐ bank account statement with two months activity
3. Proof of annual income for each adult included in the application.
 - ☐ Income tax Notice of Assessment (NOA) for current year; or
 - ☐ income tax filing summary page verifying taxes filed (i.e. confirmation number or H&R Block letter, etc.); or
 - ☐ income tax filing summary pages with T4/T5 attached
4. Two months of bank statements for any and all accounts, with any other accompanying documentation of assets listed in section 3
5. A copy of the MPAC Notice of Assessment or other qualified appraisal.
6. 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.
7. 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.
8. 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.

Appendix A - Household Income Examples and Supporting Documentation Required

Household Income/Asset	Documentation Required
A) Paid-Employment • Full-time, part-time, or casual • Commissions, tips, or bonuses • Illness and/or disability pay	• 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; • Bank statements or; • Cheque stubs from disability, pension or insurance
B) Self-Employment • Tutoring • Babysitting or child care • Taxi • Business • Other	• Copy of previous year's notice of assessment
C) Pensions and Allowances • 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)	• Copy of previous year's notice of assessment and; • Cheque stub or copy of cheque or; • Direct bank deposit: ◦ Two months of bank statements or monthly bank statements ◦ Letter from government agency issuing cheque or; • Statement from issuing source or employer
D) Investment Income • 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)	• Copy of previous year's notice of assessment

Household Income/Asset	Documentation Required
E) Other Income • 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)	• 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
F) Assets Assets are valuable things that you own. Some assets produce income and others do not, see D) above. • 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	• bank statements for each account, • investment statement, • proof of property or proof of vehicle ownership, • life insurance with a cash surrender