

**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)                |   |             |             |             |
| <b>Total Income for Each Applicant</b> |   |             |             |             |
| <b>Total Gross Household Income</b>    |   |             |             |             |

## Section 3: Property Information

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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

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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: \_\_\_\_\_



# Appendix A

## Household Income Examples and Supporting Documentation Required

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

### 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.**