

# **Investment in Affordable Housing for Ontario Program 2014 Extension**

# **Ontario Renovates Application**

Family Senior Single/Coupl	e Senior Accessibility	Household Mem	ber .	Accessibility		
Applicant #1 (Homeowner)		Applicant #2 (Homeowner)				
Mr. Mrs. Miss Ms.		Mr. Mrs.	Mis	s Ms.		
Last Name:	Last	Name:				
First Name:	First	Name:				
Date of Birth:	Date	of Birth:				
Attach copy of photo ID for each household member o	ver 18 years of age Attach	n copy of photo ID for e	ach h	ousehold member over	18 years of	age
Address:	Add	ress:				
Unit/Apt.	Unit	/Apt.				
City:	City:					
Postal Code:	Post	al Code:				
Home Phone:	Hom	ne Phone:				
Cell Phone:	Cell	Phone:				
Work Phone:	Worl	k Phone:				
Email:	Ema	il:				
List Every Owner of the Home and Every	Person Residing in the Home	(If Not Already List	ed Al	bove)		
Last Name	First Name	Relationship t Applicant #1		Date of Birth (MM/DD/YY)	Male	Female
						$\Box$

# 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: | Email: | | Email: | Email: | Email: | Email: | | Email: | Email: | Email: | | Phone: | Email: | Email: | | Email: | Email: | Email: | | Phone: | Phone: | Phone: | Phone: | | Phone: | Phone: | Phone: | Phone: | | Phone: | Phone: | Phone: | Phone: | Phone: | | Phone: | Phone: | Phone: | Phone: | | Phone: | Phone: | Phone: | Phone: | Phone: | | Phone: |

### **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.** 

	Gross Yearly Income (Before Deductions)				
Income Sources	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 hindicated in Section 1.	nome for which Ontar	io Renovates funds aı	re being requesto	ed, if different than
Check the type of house that	funding is being app	olied for.		
☐ Single Family Home ☐ Semi	-detached Duplex	☐ Townhouse/Row [	Other:	
Has this property received pr	evious Government f	unding for purchase o	or renovations? i.	e., IAJ/RRAP/AHP
If yes, please specify the prog	gram, date approved	and project reference	number:	Don't Know Yes No
The year the home was built	or estimate the age o	of the home.		
What is the assessed value o				
Number of bedrooms in the	home.			
Property taxes up-to-date?	Insurance paymen	its up-to-date?	Mortgage paym	ents up-to-date?
Attach a copy of the property tax payment statement to verify the property tax account in arrears.	s not certificate to verify cover	neowner insurance policy rage is in place for the full value of iion the premium is not in arrears.	financing payment st	mortgage/charge and other home tatements to verify all payments are rify existing balances.
Section 4: Descrip	tion of Projec	t Work		
Select from below the type o	f work being request	ed:		_
Structural Heating Plu			wding	oility Other
Select from below the rooms	that repairs and/or n	nodifications are to be	e completed in:	
☐ Back room ☐ Basement	Bathroom(s)	Bedroom(s) Dining F	Room 🔲 Entrance	e 🔲 Family Room
☐ Kitchen ☐ Living Room	Utility Room	Other:		
Select from below the specifi	c type of work being	requested. Enter a nu	umber where ask	xed 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:				

	•	ires repair, replacement or modification , please attach a separate sheet of paper.
Section 5: Declaration	n and Release	
I/We hereby confirm that, to th complete and accurate in every re	,	formation provided in this application is
I/We hereby confirm that I am/we	are the owner(s) of the dwelling and r	no other person is an owner.
9	nt that a false declaration is knowingly ncel the approval and recover any pai	•
conducted by Norfolk County and		n the understanding that any inspections e for internal administrative purposes only, ble building codes or standards.
•	ounty and/or its authorized represent e in completing this form should clarif	tatives to contact the person (identified in fication be necessary.
provisions of MFIPPA. Personal Questions regarding the collecti	information on this form will be use	pal Act, 2001, and in accordance with the ed for the sole purpose identified above. Impact on the Records 4H3.
binding upon them as if it were a		the Ontario Renovates Application will be d/or that an electronic copy of the Ontario
Name (Please Print)	Signature	Date
Name (Please Print)	Signature	Date
Name (Please Print)	Signature	Date
Internal Use Only: Stamp date received	Completed applications with all documentation and verification	I required information, on attachments must be returned to:
	Social Services & Housing Department Housing Services PO Box 570, 12 Gilbertson Drive Simcoe, ON N3Y 4N5 Attention: Housing Resource Coordina housing@hnhss.ca	
	519.426.6170 or 905.318.6623 Ext. 323	4 or 3235

## **Appendix A**

### **Household Income Examples and Supporting Documentation Required**

Household Income/Asset	Documentation Required
<ul> <li>a) Employment</li> <li>Full-time, part-time, or casual</li> <li>Commissions, tips, or bonuses</li> <li>Illness and/or disability pay</li> </ul>	<ul> <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) 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)	<ul> <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> <li>Copy of pass book entries for previous two months or monthly bank statements</li> <li>Letter from government agency issuing cheque or;</li> </ul> </li> <li>Statement from issuing source or employer</li> </ul>
<ul> <li>d) Investment Income/Assets</li> <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>	• Copy of previous year's notice of assessment
<ul> <li>e) Other Income</li> <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> <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.