

Completing the application:

- Before completing your application, review the Homeownership Fact Sheet which describes the program and eligibility criteria for households and units.
- Ensure the application is completed in full, signed by all applicants and includes all supporting documentation as required.
- The “required documents” at the end of each section specifies the documents that need to be submitted with this Application. **Your application will not be processed until all required documents are submitted.**

Applicant Information:

1. The United Counties of Leeds and Grenville (the Counties) reserves the right to assess applications against other applications submitted.
2. Initial eligibility will be advised upon receipt of the completed application with supporting documents; final approval of funds upon receipt of an accepted **Agreement of Purchase and Sale**.
3. Eligible applicants will be notified by telephone, and an initial approval package will be forwarded to eligible applicants to provide to their financial institution and lawyer.
4. Eligible applicants will be required to submit an Agreement of Purchase and Sale to the Counties within **120 days** of receiving initial approval and the home purchased must be an eligible unit.
5. Eligible applicants must meet all subsequent eligibility requirements, submit all required documentation, and successfully complete all required steps of the purchase process, including submission of a fully executed Agreement of Purchase and Sale.

Documentation Requirements (submit copies with completed Application)	
Two pieces of government issued <u>photo identification</u> for each household member over the age of 18	<input type="checkbox"/>
Pay/benefit statements to verify income for each adult member of the household	<input type="checkbox"/>
Notice of Assessments (NOA) for the two most recent tax years for each adult household member To obtain a copy of your Notice of Assessment, contact Canada Revenue Agency at 1-800-959-8281	<input type="checkbox"/>
Copy of Divorce Order and/or Support Order to verify previous homeownership and/or child support payments	<input type="checkbox"/>
Verification of assets including copies of bank statements for each adult member	<input type="checkbox"/>
Current lease agreement and/or rent receipts for current rental accommodations	<input type="checkbox"/>
Verification that arrears owing to any social housing provider in Leeds and Grenville are paid in full, if applicable	<input type="checkbox"/>
Confirmation of mortgage pre-approval from lending institution	<input type="checkbox"/>
When you have a signed Agreement of Purchase and Sale, all documents required in Section IX	<input type="checkbox"/>

Submit completed application and supporting documents to:

The United Counties of Leeds and Grenville
 Community and Social Services Division – CSS Administrative Services
 25 Central Avenue West, Suite 200
 Brockville, ON K6V 4N6

If you have any questions or need assistance to complete this application, please call 613-342-3840, or 1-800-267-8146, extension 2401.

Section I – Applicant Information				
Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed				Office Use Only Document Received <input type="checkbox"/>
Current Address				
Apt. No.		Street Address		
P.O. Box (if applicable)		City		Postal Code
Home Telephone:	Work Telephone:	Alt. Telephone (cell, etc.):	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address if Different				
Alternate Contact Name		Relationship to Applicant		Contact Telephone Number

Section II - Co-Applicant Information				
Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed				Office Use Only Document Received <input type="checkbox"/>
Current Address				
Apt. No.		Street Address		
P.O. Box (if applicable)		City		Postal Code
Home Telephone:	Work Telephone:	Alt. Telephone (cell, etc.):	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address if Different				
Alternate Contact Name		Relationship to Applicant		Contact Telephone Number

Required Documents: Two pieces of government issued photo identification with date of birth (e.g. driver’s license, Ontario Photo Card, Age of Majority Card, or Canadian Passport) each household member over the age of 18. Note: Health cards cannot be accepted as identification.

Section III - Other Household Members to Reside in Accommodations						
Last Name	First Name	Gender		Birth Date (mm/dd/yy)	Relationship to Applicant	Office Use Only Document Received
		M	F			
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Section IV - Income									
Income from all sources must be reported and documentation provided for all members of the household. If no income was received, indicate "Nil".									
Income Source - check Yes or No				Applicant/ Tenant Gross Monthly	Co-applicant/ Tenant Gross Monthly				
	Yes	No	N/A						
Employment Income									
Employer Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Employer Phone No.:									
Self-Employed Income									
Type of Business:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Tips/Gratuities/Commissions									
Indicate Business:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Strike Pay									
Lockouts require verification from the employer									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Employment Insurance (EI)									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Canada Child Benefit									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Visitation/Custody/Support Agreements for any dependents									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Support Payments Received									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Support Payments Paid									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Workplace Safety and Insurance Board (WSIB)									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Pension Income(s) (include all)									
Canada Pension Plan (CPP)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Old Age Security (OAS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Guaranteed Income Supplement (GIS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Veterans Pension/Allowance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Disability Pension(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Survivor Pension(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Foreign Pension(s) including U.S. Social Security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Other – please specify: Do not include lump sum payments (if the money is invested, include the interest only)									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Annuity Income (includes life and fixed term annuity)									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Registered Retirement Income Fund (RRIF) payments									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
OSAP (Loan or Grant)									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Student Income									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
ANY other income not listed* (annual bonuses, shift bonuses, self-employment, etc.)									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Please indicate source of income:									
Are you receiving income from any government grant or compensation program (e.g. Canada Extraordinary Assistance Plan)									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Name of Recipient and Government Program:									
Recipient									
Government Program									
Social Assistance									
Ontario Works (OW) cheque stub									
Number of family members on cheque stub:									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
Social Assistance									
Ontario Disability Support Program (ODSP)									
Number of family members on cheque stub:									
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			

Required Documents:	<input type="checkbox"/> Verification of all household income (i.e. paystubs or letter from employer, benefit statements, etc. for each household member) <input type="checkbox"/> Canada Child Benefit Notice <input type="checkbox"/> Divorce Order and/or Support Order as applicable. <input type="checkbox"/> Notice of Assessment (NOA) for two most recent taxation years for each household member over the age of 18; as of July 1st, NOAs must be submitted for the two years immediately preceding the current year.
----------------------------	---

Section V - Assets

Types of assets that must be reported include savings, investments, RRSPs, RESPs, bonds and securities, all types of property, vehicles (including recreational vehicles) and any other valuable possessions.

Asset Type	Description of Asset(s)	Value of Asset
Property		\$
Vehicles		\$
Recreational Vehicles		\$
Chequing Account(s)		\$
Savings Accounts (s)		\$
Term Deposits, GICs		\$
RRSP/RESP		\$
Tax Free Savings Account(s)		\$
Other (Specify)		\$
		\$
		\$
Total Assets		\$

Required Documents:	<input type="checkbox"/> Verification of all assets including three months most recent bank statements and investment statements for each household member over the age of 18.
----------------------------	---

Section VI - Accommodation History

Does the applicant or co-applicant(s) currently own a home, or have any financial/ownership interest in a home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the applicant or co-applicant(s) previously owned or had financial/ownership interest in a home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the applicant and co-applicant(s) currently living in rental accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address of Rental Accommodations:		
Landlord's Name	Landlord's Phone No.	
Landlord's Mailing Address (Street Number and Name, Unit Number)	City/Town	Postal Code

Required Documents:	<input type="checkbox"/> Copy of lease agreement and/or rent receipts for current accommodations <input type="checkbox"/> Copy of Divorce Order to verify previous homeownership
----------------------------	---

Section VII - Social Housing History

Have you or any member of the household ever lived in social housing anywhere in Leeds and Grenville?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any member of the household owe arrears to any social housing provider in Leeds and Grenville?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to either of the above questions, provide details below:		
Name of Housing Provider	Rental Address	

Required Documents:	<input type="checkbox"/> Receipt or verification from the housing provider that arrears are paid in full
----------------------------	---

Section X - Declaration and Consent

I/we the undersigned, understand and declare,

1. That we have read and understand the program rules and eligibility requirements.
2. That all information given in this application and any supporting documentation is correct and complete.
3. That the information provided in the application will be used by the United Counties of Leeds and Grenville, Community and Social Services - Housing Department to determine eligibility for down-payment assistance under the Investment in Affordable Housing for Ontario Program. Final confirmation of eligibility will be determined after receipt of an Agreement of Purchase and Sale, and prior to any funds being issued.
4. That I/we consent to the release of information to an authorized representative of the United Counties of Leeds and Grenville, Community and Social Services Division for the purpose of determining initial and ongoing eligibility for the Investment in Affordable Housing Homeownership Program.
5. Without limiting the generality of the consent in the above paragraph, I/we specifically consent to the release of information relating to any assets held in any financial institutions by or on behalf of me, my spouse or same sex partner, and any dependents in my/our household.
6. I/We further consent to an authorized representative of the United Counties of Leeds and Grenville, Community and Social Services Division disclosing to any party, personal information about me, my spouse, or same-sex partner, and any dependents included in my/our household for the purpose of determining initial and ongoing eligibility for the Investment in Affordable Housing for Ontario Homeownership Program.
7. That any inquiries may take the form of electronic data exchanges.
8. That the eligible home purchased will be used as our sole and principal residence.
9. That only the individual members included in this application may live with me/us in the purchased home.
10. I/We hereby release the United Counties of Leeds and Grenville, Community and Social Services Division, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected pursuant to Section X – Declaration and Consent of this Homeownership Application.

Signatures of Household Members

This Application and Declaration and Consent must be signed by the applicant, co-applicant and any other co-applicants for the Homeownership program.

Applicant Name – please print

Signature of Applicant

Co-applicant Name – please print

Signature of Co-applicant

Other Co-Applicant Name – please print

Signature of Other Co-applicant

Date

Date

Personal information contained in this Application or any attachments hereto, is collected for the purpose of determining eligibility for Homeownership funding under the Investment in Affordable Housing for Ontario Program (IAH). Questions about this collection should be directed to the United Counties of Leeds and Grenville, Clerk’s Department, 25 Central Avenue West, Suite 100, Brockville, ON K6V 4N6 or telephone 613-342-3840 or 1-800-770-2170 extension 2307.