

**Investment in Affordable Housing (IAH)
for Ontario (2014 Extension)
Ontario Renovates Application**

Completing the application:

- Before completing this application, review the Ontario Renovates Fact Sheet, which explains the program, and outlines eligibility criteria for homeowners and projects.
- Ensure the application is completed in full, signed by all applicant/owner(s), and includes all required documentation. Documents that must be submitted are specified in each section of the Ontario Renovates Application, and in a Required Documents Checklist at the end of the application.
- **Only complete applications with all required documents submitted will be assessed for eligibility.**

Applicant Information:

1. Repairs or modifications already started or completed prior to project approval are **not eligible** for Ontario Renovates funding.
2. Applicants must currently occupy the home for which the Ontario Renovates Application is submitted, and it must be the sole and principal residence of the applicant(s)/owner(s).
3. A subsearch will be completed to verify ownership of the property for project funding that exceeds \$7,000.
4. You will be notified in writing of initial eligibility/ineligibility of your application. Proposed home/accessibility repairs are assessed separately.
5. A Promissory Note Agreement must be signed for all funding approved, and a mortgage will be registered on title of the property for approved funding for projects that exceed \$7,000.
6. The Counties will discharge the mortgage at the end of the forgiveness period of the loan (i.e. 10 years) at the Counties' expense. In the event of default, as outlined in the Promissory Note Agreement, the homeowner(s) will be responsible to discharge the mortgage at their own cost.

Submit completed application and supporting documentation to:

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

For information and assistance in completing your application please call 613-342-3840, or 1-800-267-8146, ext. 2401.

For Office Use Only

Date Received: _____ **Time Received:** _____

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Applicant/Owner Information:
Names of owner(s) on title for the property for which this application is made:
1.
2.
3.
Required: Two pieces of identification that includes legal name, date of birth, one which includes a photo, and one which includes a signature (i.e. driver's license, Ontario Photo Card, Age of Majority Card, or Canadian Passport) for each applicant/owner. Note: Health cards cannot be accepted as identification.

Property Address:		
Number	Street	Unit/Suite/P.O. Box
City/Town	Province	Postal Code
Telephone Number	Alternate Telephone Number	Email
Is this the sole and principal residence of all homeowners? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Alternate contact in the event that you cannot be reached:	
Name	Telephone Number

Income and asset information must be provided for each owner/applicant.

Assets		
Types of assets that must be reported include savings, investments, RRSP's, RESP's, 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, GIC's		\$
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 applicant/owner.
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Income

Definition of Income - Income includes money of every kind and source such as employment or self-employment income (i.e. gross salary, overtime premiums, commission(s), rental income, pension income from any public or private source, any government income (i.e. Employment Insurance, Worker's Compensation, Ontario Works, Ontario Disability Support Program), annuities, inheritance, alimony/support payments, interest from saving accounts, investments and term deposits, grants, scholarships, etc. **If no income is received indicate "NIL"**.

Income Source - Check Yes or No				Applicant Gross Monthly	Co-applicant Gross Monthly
	Yes	No	Nil		
Employment Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Employer Name: _____					
Employer Phone No.: _____					
Self-Employed Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Type of Business: _____					
Tips/Gratuities/Commissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Indicate Business: _____					
Strike Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Lockouts require verification from the employer					
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"/>	\$	\$
Divorce Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Income Source - Check Yes or No				Applicant /Tenant Gross Monthly	Co-applicant Gross Monthly
	Yes	No	Nil		
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
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 (i.e. Canada Extraordinary Assistance Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

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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:

- Verification of all household income (i.e. paystubs or letter from employer, benefit statements, etc. for each applicant/owner)**
- Notice of Assessment (NOA) for two most recent taxation years for each applicant/owner; as of July 1st, NOAs must be submitted for the two years immediately preceding the current year.**

Proposed Project Information:

Ontario Renovates funding is only available for applicants/projects that have not received other government funding specified below.

Funding may be allowed for a unit that previously received funds under another federal and/or provincial repair program (i.e. Residential Rehabilitation Assistance Program (RRAP), Community Homelessness Prevention Initiative (CHPI), or Ontario Renovates, provided that the repair addresses a need or condition of work which has not been funded previously, and is for a different program sub-component (i.e. home repair project or accessibility repair).

Has the applicant/owner(s) and/or this property received previous government funding through any of the programs listed below?

	Yes	No
Affordable Housing Program (AHP) 2005, or AHP extension 2009 (i.e. Homeownership component)	<input type="checkbox"/>	<input type="checkbox"/>
Investment in Affordable Housing (IAH) for Ontario (i.e. Homeownership or Ontario Renovates components)	<input type="checkbox"/>	<input type="checkbox"/>
Residential Rehabilitation Assistance Program (RRAP) (assistance for home repairs previously administered by Canada Mortgage and Housing Corporation (CMHC))	<input type="checkbox"/>	<input type="checkbox"/>

Required:
If yes to any of the above, provide the project reference number, details of the work completed, and the date of approval.

Property Description:

Semi-detached Detached Townhouse/Row house Other

Age of house: _____ Value of House: _____ Number of Bedrooms: _____

Is this a mobile home? Yes No

If yes, are land lease payments paid up-to-date? Yes No NA

Required: Recent receipts for land lease payment and/or letter from the Landlord to verify that land lease payments are up-to-date. Bill of Sale is required for the mobile home to prove ownership.

Property Clearance:

Mortgage paid up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance paid up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>	Property taxes paid up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Required: Copy of most recent mortgage statement for the property (usually issued at end of year).	Required: Copy of current insurance certificate or policy for the property.	Required: Copy of most recent tax bill for the property.
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Scope of Work – Home Repairs: (check all that apply)

Home Repairs: Estimated cost (if known) \$ _____

<input type="checkbox"/> Heating Systems	<input type="checkbox"/> Vents/Louvres	<input type="checkbox"/> Electrical System (solar panels are not eligible)
<input type="checkbox"/> Chimneys	<input type="checkbox"/> Roof	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Doors and Windows	<input type="checkbox"/> Walls	<input type="checkbox"/> Septic system
<input type="checkbox"/> Foundations	<input type="checkbox"/> Floors	<input type="checkbox"/> Well water/well drilling
<input type="checkbox"/> Other: Please specify _____	<input type="checkbox"/> Ceilings	

Scope of Work – Accessibility Repairs: (check all that apply)

Accessibility Repairs: Estimated cost (if known) \$ _____

Accessibility repairs must be reasonably related to a household member’s disability. Additional medical information may be required to support your request. *Mobility equipment such as walkers, wheelchairs, scooters, and supportive care are not eligible for accessibility funding.*

<input type="checkbox"/> Ramps	<input type="checkbox"/> Chair and bath lift	<input type="checkbox"/> Cues for doorbells
<input type="checkbox"/> Handrails	<input type="checkbox"/> Height adjustment to countertops, upper cabinets	<input type="checkbox"/> Fire alarms
<input type="checkbox"/> Grab-bars		
<input type="checkbox"/> Other: Please specify _____		

Note: Two written quotes from two “arm’s length” contractors will be required after a home inspection has been completed by Housing staff. “Arm’s length” means that the applicant/owner(s) have no relationship to the contractor(s) submitting quotes for project repairs.

Applicant/Owner’s Declaration and Acknowledgement:

- I/we hereby confirm that I/we are the owners of the house and property located at the address identified in this application, and that no other person is an owner.
- I/we hereby grant permission to the United Counties of Leeds and Grenville to make any necessary inquiries to verify my/our income, assets, and any other eligibility criteria.
- I/we hereby acknowledge that if this application is approved, funding will only be used for work approved, and does not apply to any work started or completed before this application.
- I/we hereby acknowledge that if this application and project is approved, I/we cannot apply for any provincial tax rebate programs for these repairs.
- I/We hereby authorize the inspection of this property as required by the United Counties of Leeds and Grenville.
- I/We understand any inspections conducted are for administrative and assessment purposes only. These inspections do not determine compliance with by-laws or building codes, and provide no guarantees.
- I/We authorize a representative of the United Counties of Leeds and Grenville to take digital photographs of the property/home for the purpose of documenting the project for Ontario Renovates funding.
- I/we hereby certify that all information contained in this application, including the declared income and assets for each applicant/owner, is true and complete in every respect.
- I/we acknowledge that in the event that the United Counties of Leeds and Grenville discovers that a false declaration has been made on this application, the Counties shall have the right to cancel the approval, and I/we will be liable for repayment of all funds issued under the Ontario Renovates Program on my/our behalf.

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- I/we acknowledge that we must sign a Promissory Note Agreement for the amount of approved Ontario Renovates funding before funding is advanced.

I/we acknowledge and consent that a mortgage will be registered on the property for the amount of approved Ontario Renovates funding for projects that exceed \$7,000. The Counties will discharge the mortgage at the end of the forgiveness period of the loan (i.e. 10 years) at the Counties' expense. I/We acknowledge that in the event of default as outlined in the Promissory Note Agreement, I/we, as the homeowner(s), will be responsible to discharge the mortgage at our cost.

Print Name	Signature	Date
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Print Name	Signature	Date
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Print Name	Signature	Date
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Personal information contained in this Application or any attachments hereto, is collected for the purpose of determining eligibility for Ontario Renovates funding under the Investment in Affordable Housing (IAH) for Ontario (2014 Extension). 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.

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Required Documents Checklist

Your application will be delayed if any required documents are missing. Copies of the following documents must be attached to your application:

Item:	Yes	No	Not Applicable
Government issued photo identification (i.e. passport, driver's licence, Ontario Photo Card, Age of Majority card), copied front and back, that includes legal name, date of birth, and signature, must be provided for each applicant/owner.	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of assets for each applicant/owner (i.e. copies of current bank statements, ownership certificates for vehicles, statements of investments, and business interests).	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of income for each source of income (i.e. copies of recent pay stubs, pensions, and benefit statements).	<input type="checkbox"/>	<input type="checkbox"/>	
Notice of Assessment (NOA) from Canada Revenue Agency for the two most recent tax years for each applicant/owner (after July 1 st , the NOA for the year immediately preceding the current year is required).	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of any other government funding received (i.e. Investment in Affordable Housing (IAH) – Homeownership or Ontario Renovates components, Residential Renovations Assistance Program (RRAP), Affordable Housing Program (AHP) - Homeownership, or other), if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of recent receipts for land-lease payments for mobile home owners, or letter from the landlord verifying that land lease payments are paid up-to-date. Bill of Sale for mobile home to prove ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of current insurance certificate or insurance policy for the property.	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of recent property tax bill.	<input type="checkbox"/>	<input type="checkbox"/>	