



INVESTMENT IN AFFORDABLE HOUSING FOR ONTARIO (IAH)

ONTARIO RENOVATES APPLICATION

Please complete the following information in FULL and return to the address on page 4.

Registered Property Owner's Name:

First

Last

SIN #:

All Owners Live at this address: yes no (explain)

Spouse or Partner's Name:

First

Last

SIN #:

Property Address:

(where the work will be done)

Street # and name

Town/City

Province

Postal Code

Mailing Address:

(if different from property address)

Street # and name

Town/City

Province

Postal Code

Legal Description:

Lot

Concession

Township

Telephone:

Home

Alternate

Client Type: Senior Family Single Special Needs

Other Household Members (attach additional sheet if required)

Full Name

Age

Relationship to Owner

What is the age of your house?

What is the approximate value of your house?

What type of house do you live in?

| | | | |
|---------------|--------------------------|-----------|--------------------------|
| Single | <input type="checkbox"/> | Duplex | <input type="checkbox"/> |
| Mobile Home | <input type="checkbox"/> | Row House | <input type="checkbox"/> |
| Semi-detached | <input type="checkbox"/> | Other | |

(please specify)

| | | |
|--------------------------------|------------------------------|-----------------------------|
| Insurance Payments up-to-date? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Mortgage Payments up-to-date? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Property tax up-to-date? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Have you received any other Government Assistance for your home? Yes No
(e.g. Residential Rehabilitative Assistance Program, Affordable Housing Program, Investment in Affordable Housing)

(specify)

Date mm/dd/yy

URGENT REPAIRS TO DWELLING:

Briefly describe repairs and or modifications required:

Repairs to improve Accessibility to dwelling for persons with disabilities:

Repairs to dwelling, Safety-Related Features that support senior's ability to age-in-place:

LOAN FORGIVENESS:

Funding for accessibility repairs made to a home, up to a maximum of \$5,000, is in the form of a grant and does not require payment.

Forgiveness of the loan portion will be earned by the homeowner at a rate of 10% per year for 10 years.

To earn forgiveness, applicants must maintain continued ownership and occupancy of the dwelling and maintain replacement cost property insurance, as well as, adhere to all other terms and conditions of the program. If the homeowner sells or vacates the home, they are responsible for paying back any outstanding loan amount.

PLEASE NOTE: Additional information may be requested, in order to confirm eligibility for assistance.

To determine eligibility for assistance:

What is Your Total Household Income?

Total household income is the gross current year's income (before deductions) of ALL household members.

Note: For households with disabled members, the applicable deduction Canada Revenue Agency (CRA) tax credit for persons with disabilities may be deducted from gross income.

| SOURCE OF INCOME | Homeowner | Spouse | Other Household Members |
|--|-----------|--------|-------------------------|
| 1. Yearly gross salary, wages, commissions, part-time earnings etc. | | | |
| 2. Child tax benefit | | | |
| 3. Employment Insurance Benefits, Social Assistance, Welfare, Workers Compensation | | | |
| 4. Old Age Pension, CPP, Private Pension, Veteran's Allowance, Disability Pension | | | |
| 5. Bank Interest, investment and dividend income | | | |
| 6. Alimony or child support payments | | | |
| 7. Self or seasonally employed | | | |
| 8. Other income e.g. Room and Board (please specify) | | | |
| TOTALS: | | | |
| TOTAL HOUSEHOLD INCOME: | | | |

To determine eligibility for assistance:

What are your household financial asset values?

Total household financial asset value is the gross asset value confirmed through current banking documentation of ALL household members. Although all accounts are requested, retirement accounts will be not be utilized for the determination of eligibility.

| Assets | Homeowner | Spouse | Other Household Members |
|--|-----------|--------|-------------------------|
| 1. Chequing Accounts | | | |
| 2. Savings Accounts | | | |
| 3. Guaranteed Investment Certificates (GIC) | | | |
| 4. Tax Free Savings Accounts (TFSA) | | | |
| Subtotal | | | |
| 5. Registered Retirement Savings Plan (RRSP) | | | |
| 6. Registered Retirement Income Funds (RRIF) | | | |
| 7. Registered Education Savings Plan (RESP) | | | |
| 8. Other Financial Asset | | | |
| TOTALS: | | | |
| TOTAL HOUSEHOLD ASSET VALUE: | | | |

Declaration:

I declare that all information given in the application is correct and is complete to the best of my knowledge. The application and supporting documents become the property of the Manitoulin-Sudbury District Services Board. Personal information contained on this form or in attachments is collected by the Manitoulin-Sudbury District Services Board pursuant to the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c.M.56). This information will be used to determine eligibility for the Ontario Renovates Component. Personal information will be disclosed to the Manitoulin-Sudbury District Services Board, the Ministry of Municipal Affairs and Housing, and other municipal/provincial and federal departments and agencies that assist in the provision of affordable housing and to social agencies providing financial assistance to the applicant. Information provided by the household may be shared for the purposes of making decisions, verifying eligibility for assistance or reporting under the investment in Affordable Housing for Ontario program. The applicant consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material.

Pursuant to the Municipal Freedom of information and Protection of Privacy Act; I give my consent and authorization to the Manitoulin-Sudbury District Services Board to:

(1) Make inquiries to verify the information given in this application and I authorize any person, corporation, or any social agency having knowledge of required information to release such information to the Manitoulin-Sudbury District Services Board. I agree to provide any supporting material required for my application.

(2) Disclose the information given on this form to the Manitoulin-Sudbury District Services Board, the Ministry of Municipal Affairs and Housing and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing and social services providing financial assistance to me and persons on this application. I understand that it is my responsibility to inform Manitoulin-Sudbury District Services Board of any changes in information within fifteen (15) days of the change (i.e, change of address, telephone number, family composition, type or amount of income) I agree to provide any supporting material or documents as required by the Manitoulin-Sudbury District Services Board, the Ministry of Municipal Affairs and Housing and other municipal, provincial, and federal departments and agencies.

Property Owner's Signature

Spouse/Partner Signature

Date

Date

Please send completed application to:

**Manitoulin-Sudbury DSB 210 Mead Blvd.,
Espanola, ON, P5E 1R9**