



2019-2020 ONTARIO RENOVATES PROGRAM

APPLICATION PACKAGE – HOMEOWNER REPAIRS

Mail/fax application to:

Social Housing Support Clerk
City of Brantford, 220 Colborne Street
PO Box 845, Brantford, ON N3T 5R7
FAX: 519-759-1750
PHONE: 519-759-3330 ext. 6331

Households are allowed one application under the Ontario Renovates Program

Applications must be complete with all supporting documentation attached

HEALTH & HUMAN SERVICES – HOUSING
Mailing Address: P.O. Box 845, Brantford, ON N3T 5R7
220 Colborne Street
Phone: (519) 759-3330 Fax: (519) 759-1750 www.brantford.ca

ONTARIO RENOVATES PROGRAM

Application Form - Homeowner

1. ABOUT THE OWNER(S) OF THE PROPERTY

Are you a: <input type="checkbox"/> Person with Disabilities	Client Type: <input type="checkbox"/> Senior Citizen (60 & over) <input type="checkbox"/> Individuals 18-59	<input type="checkbox"/> Family <input type="checkbox"/> Aboriginal
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Property Owner(s)

Last Name	First Name
Last Name	First Name
Last Name	First Name

Mailing Address

Street No. Street Name/RR# (include Lot, Concession, Township if applicable)	Unit #.	
City/Municipality	Province	Postal Code
Home Telephone Number	Cell Phone	

2. ABOUT THE PROPERTY WHERE THE WORK IS REQUIRED

Is your property a designated heritage property? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has this property previously received Ontario Renovates funding or CMHC Renovation funding (RRAP Program)? <input type="checkbox"/> Yes * <input type="checkbox"/> No *If yes, please specify the program, date or account number: _____				
What is the age of the house? <input type="text"/> yrs	# of Bedrooms <input type="text"/>	Are the property taxes paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling on a Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Based on your most recent property tax assessment, what is the value of your property? \$ _____ (attach copy of MPAC statement)
Check the type of house you live in <input type="checkbox"/> Single Family Home <input type="checkbox"/> Semi-detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Other				

3. ABOUT THE REPAIRS NEEDED

From the list below, identify and describe problem areas that exist in the home:

_____ Structural _____

_____ Utilities (water, gas, and/or hydro have been shut off or shut off is imminent) (attach correspondence from Utility Company) _____

_____ Heating _____

_____ Plumbing _____

_____ Electrical _____

_____ Fire Safety _____

_____ Other _____

Persons with Disabilities: If you or a member of your household has a disability, 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, City of Brantford may require confirmation from a qualified professional (such as a doctor or a physio-therapist).

4. TOTAL GROSS MONTHLY HOUSEHOLD INCOME

Total household income is the current month's gross income (before taxes and other deductions) of all people living in the home including the homeowner, spouse or partner, children/dependents and any other person who lives in the home, aged 16 years and over. Proof of income must be attached to this application (e.g. photocopies of the last 8 weeks of pay stubs and/or current bank books showing last two months of direct deposits). In addition, a copy of each household member's previous year's **Notice of Assessment from Canada Revenue Agency** must also be attached.

Please Note – The <u>Yearly</u> Maximum Household Income (based on household composition): 1 Person - \$34,000; 2 People - \$41,500; 3 People - \$51,000; 4+ People - \$71,000				
Source of Income	Homeowner	Homeowner/ Spouse/Partner	Children/ Dependents	Other Household Members
Yearly gross salary, wages, commissions, part-time earnings				
Canada Pension Plan, Old Age Pension, Guaranteed Income Supplement Program, private pensions, annuities, provincial supplements, Veterans' Allowance, disability pensions				
Employment Insurance Income				
Social Assistance, Ontario Works, ODSP, Worker's Compensation				
Bank interest, investment and dividend income				
Child Tax Benefit (Provincial/Territorial/Federal/Supplementary)				
Alimony or child support income				
Self-employed or seasonally employed earnings (include proof of income for past 3 years)				
Other income; e.g. Net room and board from boards (please specify) _____				
TOTAL INCOME FROM ALL SOURCES	(A)	(B)	(C)	(D)
TOTAL GROSS MONTHLY HOUSEHOLD INCOME (A+B+C+D)				\$

I/We have attached proof of all income sources for every member of the household

I/We have attached a copy of the previous year's Notice of Assessment from CRA for every member of the household

As noted in the Terms and Conditions, if false declaration is knowingly made, the City of Brantford shall have the right to cancel the approval and recover any paid funds (plus interest).

5. HOUSEHOLD ASSETS		
Name	Type of Asset	Current Value

6. HOUSEHOLD COMPOSITION

In the appropriate boxes below, please list all the people who live in your house permanently.

Homeowner(s) – PLEASE PRINT NAMES NOTE: All homeowner(s) must be listed in this section and must sign the Application – see Section 10.		*Status in Canada
Children/Dependents – PLEASE PRINT NAMES (list the names and ages of all children/dependents living in the home)	Ages	*Status in Canada
Other Household Members – PLEASE PRINT NAMES (List the names of other household members living in the home)	*Status in Canada	

***Status in Canada – Please state if you are a Canadian Citizen, Permanent Resident, Refugee/Claimant, Landed Immigrant, Aboriginal Status**

7 ABOUT COMPLETING THIS APPLICATION

Did anyone provide assistance filling out this application form or the worksheets? Yes No

If yes, please check the box that describes the person who primarily provided assistance:

Medical Professional
 Social Worker
 Volunteer
 Family, friend or Neighbour
 Other (describe) _____

Contact Information for persons who provided assistance (in case clarification is needed):

Name:	
Telephone:	Email:

8 ABOUT FUNDING FROM OTHER SOURCES

Funding from other sources, in any form (e.g. grants, consumer rebates, etc.) received or expected to be received (including any funding applied for), for work that may be covered through a City of Brantford forgivable loan must be disclosed.

I will be seeking funding from other sources for repairs/renovations (e.g. grants, consumer rebates, etc.)

9. TERMS AND CONDITIONS

I/We acknowledge and understand that the following terms and conditions shall apply to this application and, if assistance is approved, to any subsequent loan:

1. The City of Brantford and/or its authorized representatives or agents may carry out the necessary inquiries for the purpose of confirming the information provided in this application form.
2. Any work carried out before written Final Approval from the City of Brantford is not eligible for assistance.
3. The amount of the forgivable loan is based on the City of Brantford's approved repairs/modifications as described in the Loan Agreement.
4. The entire amount of the forgivable loan may only be used to finance the City of Brantford's approved home repairs/modifications for the property identified on Page 1 of this application form.
5. The forgivable loan will be subject to the terms and conditions set out in the Loan Agreement and any other loan related documentation. The total amount of the loan will be written off at an equal rate over a 10 year period. The loan is not repaid if the homeowner(s) remain as owners and live in the home during the 10 year period.
6. In the event of "Absolute Default", the principal amount of the Loan is to be immediately due and payable with no forgiveness of any portion of the principal amount.
7. If the application is approved for Ontario Renovates funding, the homeowner(s) will not be eligible to reapply for Brantford's Ontario Renovates Program until the 10 year forgivable loan period has expired.

10. HOUSEHOLD DECLARATION

1. The total house value cannot exceed \$250,000.
2. I/We hereby confirm that, to the best of my/our knowledge, the information provided is complete and accurate in every respect, and I/We have included all sources of income.
3. I/We hereby confirm that I am/we are the owner(s) of the dwelling and no other person is the owner. Attached is a copy of my/our driver's license(s), or passport(s) or other picture ID as verification.
4. I/We hereby authorize the inspection of this property, as required, on the understanding that any inspections conducted by the City of Brantford and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards. As owner(s), I/We are responsible to ensure that the quality of workmanship and materials meet contract and agreement specifications, all Building Codes and Standards.
5. I/We hereby confirm that my/our mortgage and property tax payments are up-to-date and not in default, and the property is not under foreclosure proceedings.
6. I/We hereby confirm that my/our property insurance is current (copy of insurance policy attached).
7. I/We hereby confirm that the value of my/our property meets the program eligibility criteria (copy of recent MPAC Property Assessment or Property Tax Bill is attached).
8. I/We hereby confirm that program funds cannot be used for deposits to contractors.
9. I/We have read, understood and agree to the terms and conditions listed above.

11. ALL HOMEOWNERS MUST SIGN THE APPLICATION

Name (please print)	Signature	Date
Name (please print)	Signature	Date
Name (please print)	Signature	Date

I/We, the applicant(s), hereby authorize the City of Brantford and/or its authorized representatives to contact the person (identified in Section 6) who provided assistance in completing this form should clarification be necessary.

Signature(s) _____

CHECKLIST: YOUR COMPLETED APPLICATION MUST INCLUDE:

APPLICATION FORM:

- Completed application form with all homeowners' signatures included.
- Where there is one registered owner and the spouse of this owner has a matrimonial interest in the property, the owner and the spouse must sign the application form.

PROOF OF INCOME:

- Completed Income Worksheet (Section 4)
- Proof of current gross income (as identified in the Income Worksheet) for all household members 16 years and older (e.g. letter from employer and/or photocopy of pay stubs for a recent period of eight consecutive weeks; confirmation from all sources of benefits or photocopy of benefit cheque stubs)
- Proof of household assets (section 5)
- Copy of your previous year's Notice of Assessment from the Canada Revenue Agency
- For household members 16 years of age and older, and attending school full-time, attach proof of attendance.

OTHER VERIFICATION REQUIRED:

- Photocopy of most recent Property Tax Assessment and Property Tax Statement showing taxes up-to-date.
- Photocopy of driver's license(s), or passport(s) or other photo identification and photocopy of current insurance coverage

If you require this or any other material in an alternate format please contact 519-759-3330

All personal information provided on this form will be protected according to the requirements of the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act, 2004.