

Investment in Affordable Housing Home Ownership for First Time Home Buyers – 2020 FUNDING Application Form

Section 1: Personal Information

Applicant				Co-Applicant			
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Last Name:				Last Name:			
First Name:				First Name:			
Date of Birth: <small>Attach copy of photo ID for each household member over 18 years of age</small>				Date of Birth: <small>Attach copy of photo ID for each household member over 18 years of age</small>			
Address:				Address:			
Unit/Apt.				Unit/Apt.			
City:				City:			
Postal Code:				Postal Code:			
Home Phone:				Home Phone:			
Cell Phone:				Cell Phone:			
Work Phone:				Work Phone:			
Email:				Email:			

Section 2: Program Eligibility

Your answers to the following questions will help determine your eligibility to participate in the program.

	Applicant	Co-applicant
1. Do you currently rent? <small>Copy of rent receipt(s) must be attached</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you own or have a financial interest in a property (in Canada or in another country)? PAST or Present	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you owe rental, housing charge arrears or damages to any other housing program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you now, or have you ever lived in a social housing rental property? If yes, address _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3: Gross Household Income/Assets – please complete for each family member

*Please include all income (before taxes and deductions) from all members of your household who are eighteen years of age and over, and birthdates for all dependents who are residing at home. Please see **Appendix A** for the types of income to include and acceptable supporting documentation.*

	Gross Monthly Income	Birth date	Type(s) of income as applicable. (please use additional pages if necessary)
Applicant	\$		
Co-applicant	\$		
Child 1	\$		
Child 2	\$		
Child 3*	\$		
Total Monthly	\$		

**Please attach a list if more than three adults 18 years of age are working, and living at home.*

Section 4: About the Household Applicants

Please check which Client Type applies to your household:

- Family (with dependents) Number of dependents _____
- Single (with no dependents)
- Couple (with no dependents)
- Senior Citizen
- Aboriginal (i.e. Metis, Inuit, Status Indian or Non-status Indian)
- Disabled

HOUSEHOLD ASSETS: List all assets you own as well as all persons who will be living in the home. Please see **Appendix A** for the types of income to include and acceptable supporting documentation. Please use additional pages if necessary.

Name	Type of Asset (please use additional pages if necessary)	Value (\$)

Section 5: Declaration and Release

I/we hereby declare and certify that the above information is complete, accurate, and true. I/we understand that this is an application for a down payment loan under the Investment in Affordable Housing (IAH) Program: Home Ownership Component, the purpose of which is to allow the City to determine if the undersigned is/are eligible for this loan. Final confirmation of eligibility may be required prior to the loan being made.

This application and all schedules and attachments are subject to the Municipal Freedom of Information and Protection of Privacy Act (referred to as "MFIPPA"). Any information collected by the City pursuant to this application is subject to the rights and safeguards provided for in MFIPPA. Personal information contained in this form is collected by the City for the purpose of determining eligibility for assistance under the Investment in Affordable Housing Program: Home Ownership Component.

In the event of false or misleading information, the City of Brantford has the right to disqualify the applicant(s) at any time throughout the application process.

APPLICANT'S SIGNATURE

PRINT NAME

DATE

CO-APPLICANT'S SIGNATURE

PRINT NAME

DATE

Please make sure that you have the following attached to your application:

- Photo identification with proof of age for the applicant and co-applicant
- Proof of household income
- Proof of household assets
- Current Tax Year Notice of Assessment(s)
- Rent receipt(s)

Please return to: City of Brantford, Housing Department
220 Colborne Street, P.O. Box 845
Brantford, Ontario N3T 5R7

Inquiries to: Telephone (519) 759-3330, ext. 6277
Fax (519) 759-1750
e-mail: rcurley@brantford.ca