



**NIAGARA REGIONAL HOUSING
WELCOME HOME NIAGARA
APPLICATION FORM**

APPLICATION CHECKLIST

NOTE: We cannot process your Homeownership Application if required documentation is missing.

**YOU MUST ATTACH PROOF OF ALL SOURCES OF INCOME AND ASSETS TO THIS APPLICATION.
If you require this or any other material in an alternate format, please contact
Niagara Regional Housing.**

The following information **must** be attached to your completed Homeownership Application:

- | | |
|--|--|
| <input type="checkbox"/> Status in Canada | For each household member, attach copies of birth certificate, citizenship document, Native Status card, permanent resident card, record of landing, convention refugee documentation, and/or refugee claimant form. |
| <input type="checkbox"/> Proof of Age | For each household member. |
| <input type="checkbox"/> Photo Identification | For main applicant(s) attach photo identification. |
| <input type="checkbox"/> Bank Verification of Income and Assets Form | Completed and signed by a bank, trust company or credit union. |
| <input type="checkbox"/> Employment Verification | Form completed and signed by your employer or verification of last 8 weeks pay statements. |
| <input type="checkbox"/> Income Tax | Copy of most recent Notice of Assessment from Revenue Canada. |
| <input type="checkbox"/> Pre-Approval | Copy or documentation to confirm mortgage pre-approval and amount. |
| <input type="checkbox"/> Rent Verification | Copy of current lease, rent receipts and landlord contact information. |

Please attach the following, ***if applicable:***

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Arrears | If arrears are owing to a Housing Provider, please attach a copy of the repayment plan. |
|----------------------------------|---|

On-Going Eligibility:

Your application for the Welcome Home Niagara Homeownership Program must be kept up to date. All changes that occur before the closing date of your home must be reported to Niagara Regional Housing immediately.

_____ Initial (Main Applicant)

Return completed application to:

Niagara Regional Housing, P.O. Box 344
1815 Sir Isaac Brock Way, Thorold ON L2V 3Z3



WELCOME HOME NIAGARA APPLICATION FORM

TO BE COMPLETED BY MAIN APPLICANT

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	Last Name	First Name	Initial
<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.			
Address – Street Number and Street Name			Unit/Apt. No.	City
Postal Code				
Home Phone		Business Phone		Cell Phone
E-mail		Date of Birth (MM/DD/YYYY)		SIN#:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Your status in Canada (attach proof): <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Native Canadian		Are you currently renting? <input type="checkbox"/> Yes <input type="checkbox"/> No Landlord's Name, address, phone: _____ _____ _____		
Are you currently on Niagara Regional Housing's Affordable Housing waiting list? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		What is your current monthly rent? Total Yearly Gross Household Income \$ _____ \$ _____ Size of home required or interested in: <input type="checkbox"/> 1-bedroom <input type="checkbox"/> 2-bedroom <input type="checkbox"/> 3-bedroom <input type="checkbox"/> 4-bedroom <input type="checkbox"/> 5-bedroom Will this be your principal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own or have any other ownership interest in a home? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PLEASE LIST ALL HOUSEHOLD MEMBERS

PROOF OF RESIDENCY STATUS IN CANADA MUST BE PROVIDED FOR EACH MEMBER OF THIS HOUSEHOLD.

Last Name	First Name	Relationship to you	Date of Birth (MM/DD/YY)	Sex (Male/Female)
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

Name of Present Employer	How Many Years with Present Employer
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LIST ALL INCOME AND ASSETS FOR MEMBERS OF THE HOUSEHOLD 16 YEARS OF AGE AND OLDER

SOURCES OF INCOME	TYPE <i>*Attach proof for each source of income *</i>	APPLICANT Gross Monthly Amount	CO-APPLICANT Gross Monthly Amount	OTHER HOUSEHOLD MEMBER Gross Monthly Amount
Pensions and Allowances (attach most recent copy or stuff or copy of bank book)	Old Age Security (OAS) / Supplement			
	GAINS "A"			
	Canada Pension Plan (CPP)			
	Other Country Pension			
	Other Pension(s), RRSP, RIF, etc.			
Employment Income (attach Employment Verification Form)	Employment			
	Other Employment (e.g. self-employment)			
	Employment Insurance (EI)			
	Workers Safety Insurance Board (WSIB)			
Social Assistance (attach cheques stub and drug card)	Ontario Works (OW)			
	Ontario Disability Support (ODSP)			
Other	Support Payments <input type="checkbox"/> Received <input type="checkbox"/> Paid			
	Other Income (Specify)			
	Interest/Property/Assets			

Income Source	Type	Tenant 1			Tenant 2		
		Balance	Interest earned in past 12 mths	Interest Rate	Balance	Interest earned in past 12 mths	Interest Rate
Assets that give you income or interest	Bank Account						
	Bank Account						
	Bank Account						
	Type	Value	Interest earned in past 12 mths	Interest Rate	Value	Interest earned in past 12 mths	Interest Rate
	RRSP Reg#						
	GIC, Term Deposits Maturity Date:						
	CS bonds						
	Other						
Other income or assets that do NOT earn interest	Type	Address		Assessed Value	Address		Assessed Value
	Property						
	Other						

Declaration:

I have fully completed this form showing all of the income and assets of every household member and have attached the required documentation to this application. By signing below, I also affirm and certify that I have read and understand the Definition of Income on this page. I make this declaration knowing that the information I provide will be relied upon to assess my qualification for the Welcome Home Niagara Program. I further agree to allow Niagara Regional Housing to share the personal information in this form with third parties for the purpose of administering the Welcome Home Niagara Program and verifying eligibility. All information collected or maintained by Niagara Regional Housing is subject to the provisions of the *Municipal Freedom of Information and Protection of Privacy Act* ("MFIPPA")

Applicant Signature: _____ Date: _____

Signatures of other household members over the age of 16:

1. _____ 2. _____

3. _____ 4. _____

Definition of Income: 'Income' means all income (i.e. gross income), benefits and gains of every kind and from every source.

EXAMPLES OF INCOME AND ASSETS

EMPLOYMENT INCOME

- Full-time, Part-time, Irregular, Casual, Seasonal, Odd jobs
- Overtime earnings, separation/vacation pay
- Commissions and bonuses
- Tips and gratuities
- Disability / Sickness pay
- Long term income protection payments
- Workplace Safety & Insurance Board (WSIB)

SELF-EMPLOYMENT INCOME

- Tutoring, Music Teaching, Child care, Babysitting, Taxi Business, etc.

SOCIAL ASSISTANCE INCOME

- Ontario Works (OW)
- Ontario Disability Support (ODSP)

PENSIONS AND ALLOWANCE INCOME

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Canada Pension Plan (CPP)
- Quebec Pension Plan (QPP)
- Social Security (other countries)
- Widow's Pension
- Company Pension, Private Pension
- Public Service Plan, Civilian War Pensions
- Disability Pension
- War Veterans Allowance (D.V.A.)
- War Veterans Allowance (other countries)
- Military or Militia or Civil Defense Allowance
- Training / Retraining Allowances

OTHER INCOME

- Employment Insurance payments (EI)
- Insurance payments
- Student grants/bursaries, OSAP
- Provincial or municipal payments
- Payments under compensation for Victims of Crime Act
- Mortgage income
- Payments from Public Guardian and Trustee
- Payments from Children's Aid Society or Catholic Children's Aid
- Separation payments
- Alimony payments
- Support payments (for spouse or child)
- Support from relatives or other sources/Sponsorship
- One-time lump sum payments (inheritances, court and out-of-court settlements)

INCOME PRODUCING ASSETS

- Farm property which produces income
- Real estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
- Savings account (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits
- License which produces income (e.g. Taxi License)
- Business interest which produces income

NON-INCOME PRODUCING ASSETS

- Life insurance (with cash surrender value)
- Registered Retirement Savings Plan
- Real estate (house, condominium, summer cottages, farmland, commercial or vacant land) in any country
- Business interest which does not produce income



**NIAGARA REGIONAL HOUSING
WELCOME HOME NIAGARA
BANK VERIFICATION OF INCOME AND ASSETS FORM**

It is the responsibility of the applicant to have this form completed by a bank, trust company or credit union and to ensure that it is returned to Niagara Regional Housing. One form must be completed by each financial institution. If more than one form is required, please photocopy this blank form or contact Niagara Regional Housing.

This form is for verification of income producing assets listed below. If you have other types of income producing or non-income producing assets, please contact Niagara Regional Housing regarding proper verification.

I _____ (and I) _____

residing at _____ hereby authorize that the information requested below be given to Niagara Regional Housing as required under the terms of my homeownership application.

Tenant/Applicant Signature	Date	Tenant/Applicant Signature	Date
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To Whom It May Concern:

Eligibility for Niagara Regional Housing's Welcome Home Niagara Program is based on the applicant's gross household income. Please provide all available information as requested for the applicant(s) named above. All information will be treated as "Confidential".

Saving/Chequing Accounts				
Account Number	Balance (\$)	Current Interest Rate (%)	Interest Earned in the Past 12 Months (\$)	
Direct Deposits (i.e. Pension Cheques) Made to Above Account(s)				
Source		Amount	Monthly/Weekly	
Term Deposits, Investment Certificates, Canada Savings Bonds, etc.				
Security	Value (\$)	Current Interest Rate (%)	Interest Earned in the Past 12 Months	Maturity Date mm/dd/yyyy

Registered Retirement Savings Plans (RRSP's)

Registration Number	Value (\$)	Interest Rate (%)	Type of R.R.S.P.	Valuation Date mm/dd/yyyy

Does the applicant (s) have financial assets under \$30,000? Yes No

Financial Institution Seal or Stamp:

Name of Financial Institution:	
Address:	
Authorized Signature:	
Position:	
Phone Number:	Date:



**NIAGARA REGIONAL HOUSING
WELCOME HOME NIAGARA
EMPLOYMENT VERIFICATION FORM**

Please complete a separate form for all household members with employment income. All information will be treated as confidential.

TO BE COMPLETED BY EMPLOYEE

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name	First Name		Initial
Address – Street Number and Street Name			Unit/Apt. No.	City	Postal Code
Home Phone	Business Phone	Cell Phone		Social Insurance Number	
Employee Signature				Date	

TO BE COMPLETED BY EMPLOYER

Eligibility for Niagara Regional Housing's Welcome Home Niagara Program is based on the applicant's gross household income. By signing above, the employee has authorized you to release any and all information regarding their employment and income from your organization. Please provide and/or verify the information requested below.

Employer's Company Name		Employer's Business Phone			
Employer's Address		City		Postal Code	
Employee's Position		Employee Paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		Rate:	Per:
Seasonal Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	If hourly, average hours per week:	Date employment started:		Date most recent pay increase started:	
Income Breakdown	Gross Earnings in Past 8 Weeks		Gross Earnings in Past Year		
	From:	To:	From:	To:	
Basic Salary					
Overtime and Premium, Shift Bonus					
Cost of Living Allowance					
Commissions, Gratuities, Tips					
Yearly Bonus					
Other Benefits					
Total Gross Earnings					

Form completed by (print name)

Position

Signature

Date