



NIAGARA RENOVATES PROGRAM 2014/2015

APPLICATION PACKAGE – HOMEOWNER REPAIRS

Submit application to:

Paula Silta, Program Support Coordinator
Niagara Regional Housing, P. O. Box 344
2201 St. David's Road, Thorold ON L2V 3Z3

FAX: 905-687-4844

Phone: 905-682-9201 x 3917

Applications must be complete with all supporting documentation attached

NIAGARA RENOVATES PROGRAM

Application Form - Homeowner

1. ABOUT THE OWNER OF THE PROPERTY

| | | |
|--|------------|---|
| Last Name | First Name | |
| Client Type: <input type="checkbox"/> Senior Citizen (55 & over) <input type="checkbox"/> Family <input type="checkbox"/> Individuals 18-54 <input type="checkbox"/> Aboriginal | | Are you a: <input type="checkbox"/> Person with Disabilities |

2. ADDRESS

| | | |
|----------------------------|-----------------------------------|-------------------|
| Street Number, Street Name | | |
| City | Postal Code | |
| Home Telephone Number | Work Telephone Number & Extension | Cell Phone Number |
| Email address: | | |

3. ABOUT THE PROPERTY

| |
|---|
| Is your property a designated heritage property? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has your property previously received CMHC Renovation Program or Niagara Renovates Program assistance? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Don't know *If yes, please specify below program, date or account number, if known. Specify: |

Please Note: Maximum Eligible Home Value = \$246,049

| | | |
|--|---|---|
| What is the Age of your house? _____ years | Are property taxes paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No | Based on your most recent Property Assessment, what is the value of your property? \$_____ (attach copy) |
| Click in the appropriate box to indicate the type of house you live in <input type="checkbox"/> Single <input type="checkbox"/> Semi-detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Other | | |
| Number of Bedrooms <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom <input type="checkbox"/> 3 bedroom <input type="checkbox"/> 4+ bedroom | | |

4. ABOUT THE REPAIRS NEEDED

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

1. Structural: _____

- Structural - roof leaks
- Structural - cracked foundation

2. Heating: _____

3. Plumbing: _____

4. Electrical: _____

5. Utilities: Water, gas, and/or hydro have been shut off or shut off is imminent. (*Attach correspondence from utility company*).

6. Fire Safety or Hazard: _____

7. Accessibility modifications: _____

8. 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 continue to live independently in the home.

Note: Where it is not evident that the modifications are related to the disability, NRH may require confirmation from a qualified expert (such as a doctor or physiotherapist).

5. INCOME WORKSHEET

TOTAL MONTHLY HOUSEHOLD INCOME (Total amount before taxes and deductions)

You must state all sources of income and assets for each member of your household, 16 years of age or older. Proof of income is required (i.e: photocopies of the last 8 weeks of pay stubs *and/or* current bank books showing last two months of direct deposits).

Note: If any household members 16 years of age and over are attending school full-time, please attach proof of attendance.

| Please Note Maximum Household Income for 2014: | | | | |
|---|------------------|---------------------------|--------------------------------|--------------------------------------|
| 1 Bedroom = \$30,500; 2 Bedrooms = \$37,000; 3 Bedrooms = \$46,000; 4+ bedrooms = \$57,000 | | | | |
| Source of Income | (A) Homeowner | (B) Spouse/ Partner | (C) Children/ Dependents | (D) Other Household Members |
| Employment: Gross salary, wages, commissions, part time earnings, self-employment, overtime, bonuses, tips, gratuities. | | | | |
| Ontario Works/Ontario Disability Support Program (ODSP) | | | | |
| Canada Pension (CPP); Old Age Security (OAS); Guaranteed Income Supplement (GIS); Guaranteed Annual Income Supplement (GAINS) | | | | |
| Employment Insurance (EI) Worker's Compensation (WSIB) | | | | |
| Child Support/Alimony/Spousal Support/Sponsorship Income | | | | |
| Bank Interest/Investment and Dividend Income | | | | |
| Pension/Disability Pension/ Private Pension/Other Country Pension | | | | |
| Other Income (please specify) | | | | |
| TOTAL FROM ALL INCOME SOURCES | \$ | \$ | \$ | \$ |
| Total gross monthly household income (A+B+C+D) | | | | \$ |

Note:

Proof of all income sources is required with this application, together with a copy of your previous year's Notice of Assessment from Canada Revenue Agency.

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

6. 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 Volunteer Social Worker Family Friend or Neighbour

Other - Describe:

Contact information for the person who provided assistance (in case clarification is needed).

Name

Telephone No:

Email address:

7. 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) must be disclosed.

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

8. HOUSEHOLD COMPOSITION

In the appropriate boxes below, please list all the people who live in your house permanently and state their status in Canada.

Total number of people living in your home: _____.

| HOMEOWNER(S) – Print Names <i>Note: All homeowners must be listed in this section and must sign the Application- see Section 10.</i> | *Status in Canada (e.g. Canadian Citizen, Permanent Resident, etc.) |
|---|--|
| | |
| | |
| | |

List the names and ages of all children/dependents living in the home.

| CHILDREN/DEPENDENTS – Print Names | Ages | Status in Canada* |
|-----------------------------------|------|-------------------|
| | | |
| | | |
| | | |

List the names of other household members.

| OTHER HOUSEHOLD MEMBERS – Print Names | Status in Canada* |
|---------------------------------------|-------------------|
| | |
| | |

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

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. NRH and/or its authorized representatives or agents may carry out the necessary enquiries for the purpose of confirming the information provided in this application form, including conducting a title search of the property. (*The costs of the title search will be included in the total approved funding amount*).
2. Any work carried out before Final Approval from NRH is not eligible for assistance.
3. The amount of funding is based on the actual costs of the repairs/modifications approved by NRH.
4. The entire amount of the loan, if approved, may only be used to finance the NRH approved home repairs/modifications for the property identified on Page 1 of this application form.
5. The loan will be subject to the terms and conditions set out in the final Letter of Agreement and any loan related documentation (security or mortgage/charge). The total amount of the loan is forgivable and 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 forgivable period.
6. The Letter of Agreement and security or mortgage/charge must be registered on title. (*The associated costs will be included in the total approved funding amount*).
7. The homeowner will not receive Final Approval to proceed with the work until the documents have been registered on title.
8. In the event that any terms and conditions of the forgivable loan are not met or that a false declaration is knowingly made, NRH shall have the right to cancel the approval and recover any paid funds (plus interest).
9. If the application is approved for Niagara Renovates funding, the homeowner(s) will not be eligible to reapply for the Niagara Renovates Program until the 10 year forgivable loan period has expired.

10. HOUSEHOLD DECLARATION

1. I/We hereby confirm that to the best of my/our knowledge the information provided is complete and accurate in every respect.
2. 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. I acknowledge that a title search of the property will be conducted.
3. I/We hereby acknowledge that the Letter of Agreement and security or mortgage/charge will be registered on title on my/our behalf. I/We acknowledge that Final Approval from Niagara Regional Housing to proceed with the work will not be received until the documents have been registered on title.
4. I/We hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by NRH and/or its authorized representatives are for internal administrative purposes only and that such an inspection is not a guarantee that construction or renovation complies within the Building Codes and Standards. As owner(s), I/we are responsible to ensure that the quality of workmanship and materials meet contract and agreement specifications, and 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 have read, understood and agree to the terms and conditions listed above.

All homeowners must sign the Application

| | | |
|---------------------|-----------|------|
| Name (please print) | Signature | Date |
| Name (please print) | Signature | Date |
| Name (please print) | Signature | Date |

11. CONSENT OF APPLICANT(S) (if applicable)

I/We, the applicant(s), hereby authorize NRH 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:

1. APPLICATION FORM

- Completed application form with all homeowners' signatures included.
 - o Where there is one registered owner and the spouse/common law partner of this owner has an interest in the property, the owner and the spouse/common law partner must sign the application form.

2. PROOF OF INCOME

- Proof of current gross income (as identified in Item #5) for all household members (e.g. photocopy of pay stubs for a recent period of eight consecutive weeks; photocopy of benefit cheque stubs, plus a copy of your previous Notice of Assessment).
- If any members 16 years of age and older are attending school full-time, attach proof of attendance.

3. OTHER VERIFICATION REQUIRED

- Photocopy of driver's license(s), or passport(s) or other photo ID
- Photocopy of most recent MPAC Assessment or Property Tax Bill
- Photocopy of Current Insurance Coverage

**If you require this or any other material in an alternate format,
please contact 905-682-9201 x 3948.**

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.