



St. Thomas - Elgin Home Repair Program

230 Talbot St.
St. Thomas, ON N5P 1B2



Application Form

1. About the Owner of the Property

| | |
|-------------------|---|
| Home Owner's Name | Does the owner reside at this address? Yes/No: <small>(If yes, complete section A.3)</small> |
|-------------------|---|

Home Owner Contact

| | | |
|---|--------------------------------|---------------------|
| Number | Street | Unit/Suite/P.O. Box |
| City/Town/R.R.# | Province | Postal Code |
| Telephone # <i>(incl. Area code & Ext.)</i> | Fax # <i>(incl. Area code)</i> | E-mail Address |
| Municipality | | |

Mailing Address *(If different from above)*

| | | |
|-----------|----------|---------------------|
| Number | Street | Unit/Suite/P.O. Box |
| City/Town | Province | Postal Code |

Client Type

- Aboriginal
 Persons with Disabilities
 New Immigrant
 Senior
 Victim of Domestic Violence
 Low Income
 Resident of a Remote Community
 Persons with Mental Illness
 Other: Please Specify

2. About the Property where the work is required

Property Description:

Duplex
 Semi-Detached
 Detached
 Townhouse /Row house
 Other

| | |
|---|--|
| Age of House: | MPAC Assessed Value of House: |
| Unit Size (m2): | Number of Bedrooms: |
| Home Insurance Payments up to date? <small>(y/n): Provide copy of insurance certificate.</small> | Property Taxes paid up to date? (y/n): |
| Mortgage Payments up to date? (y/n): | |
| Has this property previously received renovation grant assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | |

If yes, please specify the program, date, amount received, and type of work funded:

3. About the problems with the dwelling

Check all that apply:

- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Heating | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Septic/Well Water/Well Drilling | <input type="checkbox"/> Structural | <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Accessibility |
| | | <input type="checkbox"/> Other | |

What is the approximate cost of the repair work? \$ _____

Please provide details of the work required.

4. 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 person who provided assistance (in case clarification is needed):

Name: _____ Tel. # _____ Email address _____

5. About funding from other sources

Funding from other sources in any form (i.e. grants, consumer rebates, etc.) received or expected to be received (including any funding applied for) for work that may be covered through this Home Repair Program forgivable loan or grant must be disclosed.

- I will be seeking funding from other sources for repairs/renovations (i.e. grants, consumer rebates, etc.).
- I request funding for accessibility modifications. I have applied for funding from the March of Dimes' Home and Vehicle Modification Program. *(Please attach written confirmation from the March of Dimes, indicating the amount received or a letter denying funding assistance.)*

6. About your total gross household income

Total household income is the current year's gross income (before taxes and other deductions) of all people living in the dwelling including the homeowner, the spouse/partner, children/dependents, and any other persons who live in the same dwelling and who are aged 16 and over.

Please complete the chart below. As well, include a copy of your most recent Canada Revenue Agency Income Tax Notice of Assessment.

| Source of income | Homeowner | Homeowner /Spouse/ Partner | Children/ Dependents | Other Household Members |
|---|-----------|----------------------------|----------------------|-------------------------|
| Yearly gross salary, wages, commissions, part-time earnings | | | | |
| Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS), GAINS, private pensions, annuities, provincial supplements, Veterans' Allowance, disability pensions | | | | |
| Employment insurance income | | | | |
| Ontario Works, Ontario Disability Support Program | | | | |
| 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 the past 3 years) | | | | |
| Other income (please specify) | | | | |
| TOTAL INCOME FROM ALL SOURCES | (A) | (B) | (C) | (D) |

Total gross household income (A+B+C+D) = \$ _____

NOTE: Proof of all income sources is required with this application. As noted in the Terms and Conditions, if false declaration is knowingly made, this approval will be cancelled and any paid funds (plus interest) will be recovered.

7. About who lives in your home

In the appropriate boxes below, please list all the people who live in your house permanently. Do not include boarders and do not list anyone more than once.

STEP 1: Total number of people living in your home _____

STEP 2: List any couples living in your home.

| |
|-----------------------------|
| First and Last Names |
| and |
| and |

STEP 3: List the names of any singles **18 years of age and older** who are not married and do not live with a partner and any single parents regardless of their age. Include yourself if you are single, divorced, separated or widowed and do not live with a partner.

| |
|--|
| |
| |
| |
| |
| |

STEP 4: List the names and ages of any BOYS and GIRLS who are **younger than 18 years of age** and who are not single parents.

| BOYS | | GIRLS | |
|------|-----|-------|-----|
| Name | Age | Name | Age |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. 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 St. Thomas-Elgin Home Repair Program may carry out the necessary enquiries for the purpose of confirming the information provided in this application form.
2. Any work carried out before written confirmation of approval from the St. Thomas-Elgin Home Repair Program is not eligible for assistance.
3. The amount of the forgivable loan is based on the cost of the Home Repair Program approved mandatory repairs/modifications.

4. The entire amount of the forgivable loan, if approved, may only be used to finance the Home Repair Program approved home repairs/modifications in the dwelling identified on Page 1 of this application form.
5. The forgivable loan will be subject to the terms and conditions set out in the final loan commitment letter and any loan related documentation (i.e. mortgage, promissory note, etc.).
6. In the event that any terms and conditions of the forgivable loan are not met, or that a false declaration is knowingly made, the St. Thomas-Elgin Home Repair Program shall have the right to cancel the approval and recover any paid funds (plus interest).

9. Applicant Declaration

I/we hereby confirm that I/we are the owners of the house and property located at _____ and that no other person is an owner.

I/we hereby grant permission to the St. Thomas-Elgin Home Repair Program to make any necessary inquiries to verify my/our income, assets, liabilities and credit information.

I/we hereby acknowledge that if my/our funding application is accepted, the funding will not be applied to work completed prior to the date of the "Letter of Agreement for Home Repair Program Funding".

I/we hereby acknowledge that if my/our funding application is accepted I/we cannot claim the repairs for any Provincial tax rebate programs.

I/we hereby certify that all information contained in this application, including income, is true and complete in every respect to the best of my/our knowledge.

I/we acknowledge that in the event that a false declaration is knowingly made, the St. Thomas-Elgin Home Repair Program shall have the right to cancel the approval and recover any paid funds.

I/We hereby authorize the inspection of this property, as required, on the understanding that any inspections conducted by the St. Thomas-Elgin Home Repair Program are for internal administrative purposes only and provide no guarantee or assurance of compliance with any applicable building codes or standards.

I/We hereby authorize personnel from the local building inspector or property standards department to enter the premises to inspect the building.

I/We have read, understood and agree to the terms and conditions listed above.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

This application form will be considered valid for six months as of the last date indicated above.

Consent of applicant(s) for the St. Thomas-Elgin Home Repair Program to contact person who provided assistance with application.

I/We, the applicant(s), hereby authorize the St. Thomas-Elgin Home Repair Program to contact the person identified in Section 4 who provided assistance in completing this form should clarification be necessary.

YES _____ (initials)

NO _____ (initials)

PART B – PROJECT FINANCING (To be completed after Conditional Approval)

B.1 Project Costs (Original Estimates)

Soft Costs: \$
(legal, architecture, engineering, taxes, fees, etc.)

Accessibility Repair Costs: \$
(please specify type of repair in section A.4)

Non-Accessibility Repair Costs: \$
(labour, construction material, equipment, etc.)

Total Construction Costs: \$

B.2 Project Contributions from Others (Original Estimates)

| | |
|---------------|--|
| Homeowner: \$ | Government Grants / Loans / Contribution: \$ |
| | Please Specify: |

Other: \$ Please Specify:

Total Project Contributions: \$

B.3 Project Financing

Total Construction Costs: \$

Accessibility Grant: \$ (Cannot exceed \$3,500 and cannot exceed Accessibility Repair Costs in B.1)

Total Project Contributions: \$

Total Project Financing: \$

PART C – PROJECT MILESTONES

C.1 Development Schedule

N/A

Initial Estimate Date

(yyyy-mm-dd)

Milestone

*Building Permits

Repair Start

Repair Completion

* Please attach copies of any Building Permits to the application

C.2 Security

N/A

Actual Date

(yyyy-mm-dd)

***Security**

Signed Promissory Note

Letter of Agreement

* Please attach copies to the application