



County of Simcoe
Social and Community Services
 Social Housing Department
 1110 Highway 26,
 Midhurst, Ontario L0L 1X0

Main Line (705) 725-7215
 Fax (705) 722-4720
 simcoe.ca



ONTARIO RENOVATES - APPLICATION REQUIREMENTS

SECTION 1 – ELIGIBILITY REQUIREMENTS

- At least one member in your household must be 16 years or older. The application must be signed by all members of the household 16 years and older
- You must be a Canadian Citizen, Landed Immigrant, or have Refugee Claimant Status and have no deportation order under the Immigration Act (Canada) against any member of the household or no departure order or exclusion order under the Immigration Act (Canada) has become effective with respect to any member of the household
- Property taxes must be paid up-to-date
- Mortgage must be paid up-to-date. Total of all property mortgages and any other financing registered on title, plus the Ontario Renovates funding, cannot exceed the market value of the home, as determined by the assessed value of your property shown on your Municipal Property Assessment Corporation (MPAC) Notice of Assessment
- Insurance must be paid up-to-date. Property must be insured to its full value
- Property must be your sole and principal residence and located in Simcoe County
- Income, asset limit and house value cannot exceed the following:

Maximum GROSS Household Income	Maximum House Value	Maximum Liquid Assets (excluding locked in RRSPs)
\$57,500*	\$307,140*	\$50,000

**Maximum income and house value is subject to change from time to time at the discretion of the County of Simcoe and pursuant to the requirements of the Ministry of Municipal Affairs and Housing. Be sure to check back regularly for updates.*

SECTION 2 – COLLECTION OF INFORMATION

The following documentation **must** be supplied with your application (please see the Documentation Checklist on the back of this page for examples of approved documentation):

- Copy of Birth Certificate or Canadian status
- Photo identification for homeowner(s)
- Proof of gross household income
- Proof of home insurance
- Proof of property value
- Proof that municipal taxes are paid up-to-date
- Proof that mortgage payments are paid up-to-date

See reverse for application checklist →

SECTION 3 – DOCUMENTATION CHECKLIST

✓	REQUIREMENT	ACCEPTABLE DOCUMENTATION
	Ontario Renovates application	Please fill in all applicable spaces and sign the application on the last page.
	Photo Identification	For each homeowner, attach a copy of one piece of photo identification (ie Driver's License, Passport, Health Card).
	Status in Canada	For each homeowner, attach copies of Birth Certificate or Citizenship documentation (a copy of your passport can be used for both photo ID and citizenship documentation)
	Proof of Income (needed for each household member 16 years of age or older, excluding dependent full-time students)	Attach a copy of your 2012 Notice of Assessment from Canada Revenue Agency. If you are applying for funding after July 1, 2014, you must provide your 2013 Notice of Assessment. If you do not have your Assessment, contact 1-800-959-8281 , or go to www.cra.gc.ca to request a copy.
	Financial Institution Verification (needed for each household member 16 years of age or older, excluding dependent full-time students)	Have the enclosed Financial Institution Verification Form completed by a representative at your bank. They must fill in all financial information sections and sign the second page. Please remember to sign the top portion of the form yourself. If you require additional copies, please contact us.
	Proof of Mortgage in good standing and balance (if applicable)	Please contact your bank/mortgage company for a letter stating that your mortgage payments are up-to-date AND current balance owing.
	Proof of Property Value	Attach a copy of your Municipal Property Assessment Corporation (MPAC) Notice of Assessment. If you do not have your Assessment, contact 1-866-296-6722 , or go to www.mpac.ca to request a copy.
	Proof Property taxes are paid up-to-date	Please contact your municipality/town for a letter or receipt showing your property taxes are currently paid in full.
	Proof of Property Insurance coverage	Attach a copy of your home insurance policy showing dwelling replacement coverage.
	Proof that Property Insurance is in force and paid up-to-date	Please contact your insurance company for a letter stating that your insurance coverage is in force AND that your policy is paid up-to-date.
	Accessibility Project Form (if applicable)	Please have the enclosed Accessibility Project Form completed by a health care professional if accessibility modifications are being requested.

**IF ANY OF THE ABOVE NOTED DOCUMENTATION IS NOT PROVIDED,
YOUR APPLICATION WILL BE RETURNED**



APPLICATION FOR HOME REPAIRS/MODIFICATIONS

Please drop off, mail, or fax your completed application to:

County of Simcoe
Social Housing Department
Attn: Ontario Renovates Program
1110 Highway 26
Midhurst, ON L0L 1X0

Phone: (705) 725-7215 Ext. 1119
Fax: (705)798-1007

Homeowner Type (check all that apply):

- Senior Citizen (65+)
- Non-Senior (under 65)
- Family
- Person with Disability
- Victim/Survivor of Domestic Violence

Homeowner(s)

Last Name		First Name	
Last Name		First Name	
Home Phone #	Cell #	E-mail Address	

Does the owner reside at this address? Yes No Are there any other owners? Yes No

Note: Owners of the home that do not live in the home must declare all income & assets on this application.

Property Address

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

Owner's Mailing Address (If different than Property address)

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

Property Description

- Single Detached
- Semi-Detached
- Townhouse/Row house
- Mobile/Modular Home
- Other _____

Age of House:	Number of Bedrooms:	Value of your property \$ _____ based on your most recent Municipal Property Assessment Corporation (MPAC) Notice of Assessment.
Insurance Payments up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mortgage Payments up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Property Tax paid up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>		Active Bankruptcy or Process of Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>

ABOUT THE PROBLEMS WITH THE DWELLING

List and describe the requested repairs/modifications to your home:

MODIFICATIONS FOR PERSONS WITH DISABILITIES

If the funding request is for accessibility modifications to your home, and you or a member of your household has a disability, please have attached **Ontario Renovates Accessibility Project Form** completed by a medical professional and submit with your application.

SECURITY ENHANCEMENT FOR VICTIM/SURVIVOR OF DOMESTIC VIOLENCE

If the funding request is for enhanced security to your home, and you or a member of your household is a victim/survivor of domestic violence, please have an **Ontario Renovates Security Enhancement Project Form** completed and submit with your application. This form is available online (simcoe.ca/ontariorenovates) or please call our office (705) 725-7215 x1119.

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:

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

Do you authorize us to contact this person to discuss your application for Ontario Renovates funding?

Yes No If yes, fill out contact information below.

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

Name: _____

Telephone Number: _____ E-mail Address: _____

FUNDING FROM OTHER SOURCES

Has this property received previous renovation funding? (i.e., Canada Mortgage and Housing Corporation Homeowner Residential Rehabilitation Assistance Program/Affordable Housing Program) Yes No

If Yes, provide the following information:

Program Name: _____

Funding Amount: _____

Date approved: _____

Will you be seeking funding from other sources for repairs/accessibility modifications? (e.g. grants, consumer rebates, etc.)

Yes No

If Yes, please identify source: _____

HOUSEHOLD COMPOSITION WORKSHEET

In the appropriate boxes below, please list the names of all other occupants (excluding yourself) in the home, along with their age, relationship to the homeowner(s) and if they are enrolled full time in school. Do not list boarders.

Names	Age	Relationship (ie Son, daughter, etc)	Enrolled Full Time in School (yes or no)

INCOME AND ASSETS

“Income” means all income, benefits and gains of every kind, from every source (before taxes and other deductions) of all people living at the residence (as listed in this application) including the homeowner, the spouse or partner, child/dependents/other family members that are not enrolled full-time in school and over the age of 16. Typically this amount can be found on Line 150 on your Revenue Canada Notice of Assessment.

EXAMPLES INCLUDE BUT ARE NOT LIMITED TO:

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)
 - Short and long term WSIB

SELF-EMPLOYMENT INCOME

- Tutoring, music teaching, child care, babysitting, taxi, business, etc.

SOCIAL ASSISTANCE INCOME

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

PENSION 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 Allowance

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)
- Room and board from tenants

INCOME PRODUCING ASSETS

- Business interest which produces income
- 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)

NON-INCOME PRODUCING ASSETS

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

**LIST ALL INCOME AND ASSETS FOR MEMBERS OF THE HOUSEHOLD
16 YEARS OF AGE & OLDER WHO ARE NOT ENROLLED IN SCHOOL FULLTIME**

SOURCES OF INCOME	TYPE	MAIN APPLICANT Gross MONTHLY Amount	CO-APPLICANT Gross MONTHLY Amount	OTHER HOUSEHOLD MEMBER(S) Gross MONTHLY Amount
Pensions and Allowances	Old Age Security / Supplement			
	GAINS 'A'			
	Canada Pension Plan (CPP)			
	Other Country Pension			
	Other Pension(s): Employer, RRSP, RRIF, etc.			
Employment Income	Employment			
	Other Employment (e.g. self-employment)			
	Employment Insurance (EI)			
	Workers Safety Insurance Board (WSIB – short or long term)			
Social Assistance	Ontario Works			
	Ontario Disability Support (ODSP)			
Other	Support Payments/Alimony			
	Other Income (Specify)			
	Interest			
ASSETS	Type	HOMEOWNER #1	HOMEOWNER #2	OTHER HOUSEHOLD MEMBER(S)
		Balance	Balance	Balance
Assets that give you income or interest	Bank Account			
	Bank Account			
	Bank Account			
	Type	Value	Value	Value
	RRSPs			
	RRIFs			
	GICs			
	Canada Savings Bonds			
	Stocks, Bonds, Securities			
	Other Investments			
Other assets that do NOT earn interest*	Type	Address/Assessed Value	Address/Assessed Value	Address/Assessed Value
	Property (vacant land, investment property, seasonal residence, business)			
	Transferred Assets, Interest-free Loans			
	Other			

*All assets that do not earn interest will be assessed an imputed rate of return based on the most recent Canada Savings Bond interest rate.

HOMEOWNER DECLARATION

I/we hereby confirm that I/we are the owners of the house and property located at the address indicated on this application and that no other person is an owner.

I/we hereby grant permission to the County of Simcoe to make any necessary inquiries to verify my/our income, assets, liabilities, credit information and homeownership, including conducting a title search on the property.

I/we hereby acknowledge that if my/our funding application is accepted it will not apply to work started or completed prior to final approval (Letter Agreement) of Ontario Renovates 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 or any other rebate programs.

I/we hereby authorize the inspection of this property, as required, on the understanding that any inspections conducted by the County of Simcoe 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.

I/we hereby certify that all information contained in this application, including income, is true and complete in every respect.

I/we agree to adhere to all Program requirements, rules and timelines throughout the process and, if applicable, during the 10 year forgivable loan period.

I/we acknowledge that in the event that a false declaration is knowingly made, the County of Simcoe shall have the right to cancel the approval and recover any paid funds.

I/we consent to the use, disclosure, transfer and exchange of information contained in this application, and associated documents and verifications, for the purpose of: verifying the validity and accuracy of the information provided; determining the eligibility of the household to receive Program funds; to provide information to the municipal, provincial or federal governments to satisfy Program reporting requests and requirements; to determine eligibility during the Program period, and may be used for other purposes allowed by law.

Personal information contained in this form or any attachments hereto is collected by the County of Simcoe for the purpose of determining initial and ongoing eligibility for Investment in Affordable Housing for Ontario – Ontario Renovates Program funding in accordance with the Municipal Freedom of Information and Protection of Privacy Act.

Any questions regarding the collection or release of this information should be directed to:
The Clerk's Office, County of Simcoe, 1110 Hwy. 26 West, Midhurst, ON L0L 1X0

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

Name: _____ Signature: _____ Date: _____
(Print)

Name: _____ Signature: _____ Date: _____
(Print)



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ONTARIO RENOVATES - FINANCIAL VERIFICATION FORM

Financial institution to complete and sign this form. A new form is needed for each household member 16 years of age or older (excluding dependent full-time students) unless all accounts are joint. If more than one form is required, please photocopy this blank form or contact the County of Simcoe for additional copies.

I _____ (and I) _____

residing at _____

hereby authorize that the information requested below be given to the County of Simcoe.

 Applicant Signature

 Date

 Applicant Signature

 Date

TO WHOM IT MAY CONCERN:

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 (\$)	
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 (\$)	Interest Rate (%)	Maturity Date mm/dd/yy	
Registered Retirement Savings Plans (RRSP's)				
Registration Number	Value (\$)	Interest Rate (%)	Validation Date	Locked in (Y/N)

Financial Institution Seal or Stamp:

Name of Financial Institution

Address

Authorized Signature

Position

Phone Number

Date

