

ONTARIO RENOVATES - 2017 - Guide for Homeowners

	STAGES	✓
1.	Funds are not available for work already started or for rental/income properties.	
2.	Submit completed application with all required documentation to the Social Housing Division. <u>Only applications with all attachments will be accepted.</u>	
3.	The Social Housing Division will review the application and do a Title Search. Note: Where liens on the property exceed the assessed house value, (e.g., mortgage, etc.) or where there are multiple liens on the property, the application will be denied.	
4.	An initial home inspection is scheduled, with the homeowner present, to assess the requested repairs and to ensure that the home is structurally sound. During this visual inspection, photos will be taken.	
5.	The homeowner will be required to get a minimum of two (2) itemized estimates (breakdown of material & labour costs) for each of the projects requested for repairs/modifications and to submit them to the Social Housing Division for funding consideration. Contractors participating in the program must have WSIB coverage ; must be experienced in the applicable trade; and must be able to complete all work in compliance with all relevant codes and legislative requirements.	
6.	If/when the project is approved , the homeowner will enter into a Letter of Agreement with the City of Cornwall's Social Housing Division that outlines the scope of work, funding commitment, forgivable loan details, and roles and responsibilities of the homeowner and the Social Housing Division. <u>If a building permit is required, it is the homeowner's responsibility to obtain one.</u> The building permit must be in the homeowner's name.	
7.	The homeowner signs a Direction to Pay and Confirmation for Contractor for each contractor and/or supplier. The "Confirmation" will be mailed by the Social Housing Division to each contractor/supplier.	
8.	The homeowner signs a Promissory Note and if the forgivable loan is more than \$5,000, the Social Housing Division will place a Certificate of Lien on title.	
9.	Repairs must start within 90 days of approval [the date when the Letter of Agreement is signed].	
10.	The homeowner contacts the Social Housing Division when the work is complete so that a final inspection may be scheduled with the homeowner present.	
11.	The homeowner provides the Social Housing Division with each invoice received for payment once each project is complete. (Payments will be issued for approved projects only, as per the Letter of Agreement.)	
12.	The Social Housing Division will process each invoice for payment directly to each contractor.	

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APPLICATION FORM

1. About the owner(s) of the property

Language of correspondence? <input type="checkbox"/> English <input type="checkbox"/> French	Client Type? <input type="checkbox"/> Senior (55+) <input type="checkbox"/> Youth (18-25) <input type="checkbox"/> Accessibility <input type="checkbox"/> Other
Property Owner(s) Please list all persons registered on title to the property	Household Size: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+
First Name	Last Name
First Name	Last Name

2. Other adults living in the home

Number of other adults in home (18 years of age or older who are not full-time students): _____
Name(s) _____

3. About the property

Property Address

Street No. Street Name/RR# (Include Lot, Concession, Township, if applicable)		
City/Municipality	Province	Postal Code
Home Telephone Number ()	Work Telephone Number (optional) ()	Other Number (optional) ()
Email Address (optional)		

Check the type of house?

<input type="checkbox"/> Single Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Other _____

What is the value of the property based on the most recent property tax assessment?	What is the age of this house?	How many bedrooms in this house?	How many bathrooms in this house?
\$ _____	_____ years	_____ bedroom(s)	_____ bathroom(s)

Do you have a mortgage?	If you do have a mortgage, are the payments up to date?	Are the property taxes paid up to date?	Is your property currently insured?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has this property previously received government funding for home repairs (e.g. Ontario Renovates, Residential Rehabilitation Assistance Program (RRAP), etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify program, date, type of repair and account number (if known).

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4. About the repairs and modifications requested

Urgent Home Repair

- Please identify the type of urgent repairs you need done in your home. (check all that apply)

<input type="checkbox"/> Structural	<input type="checkbox"/> Heating	<input type="checkbox"/> Roof
<input type="checkbox"/> Building envelope	<input type="checkbox"/> Doors and windows	<input type="checkbox"/> Other
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Poured Concrete Foundation (minor repairs only)

- Please give a brief description of the type of work identified in the list above.

Notes: The repairs must be to bring the home to a minimum level of health and safety and extend its life by addressing urgent and essential repairs to at least one of the elements listed above. The repairs must not be solely to modernize, improve the appearance or exclusively for energy efficient upgrades; and the inspection may determine that the requested project(s) is/are not suitable for this program.

Accessibility Modifications

- If you or a member of your household has physical limitations or a disability, please list modifications that are required to your home to enable this person to continue to live independently in the home.

Notes: The Social Housing Division may require confirmation from a qualified expert (such as a doctor, physiotherapist or occupational therapist) of the type of modifications required.

5. About funding from other sources

You must disclose any funding from other sources, in any form (e.g. grants, March of Dimes - Home Modification Program, Renaissance Housing Renovation Program, other forgivable loans [besides this one], etc.), received or expected to be received for work that will be covered through this program.

- Will you be seeking funding from other sources for repairs/renovations? Yes No
- If YES, please describe:

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6. Determining the net annual household income (as per Line 236 of the Income Tax Notice of Assessment)

Definitions:

"Household Members" [for this purpose]

- includes the homeowner(s), spouse, partner, and any children or dependents 18 years of age or older who are not full-time students.

"Income"

- means net income, as per **Line 236** (Net Income) of the Income Tax Notice of Assessment from the Canada Revenue Agency.

In the table below, please list names of each household member (18 yrs or older) and their net income (Line 236 - Income Tax Notice of Assessment).

Full Name	Annual Income
	\$
	\$
	\$
	\$
Total	\$

**** Please attach 2016 Income Tax Notice of Assessment for each person listed above ****

***Please list all household members, including children:**

Notes:

- The maximum household income for the Ontario Renovates program of the City of Cornwall and the United Counties of SD&G is according to the chart below, and as per line 236 of the 2016 Income Tax Notice of Assessment. If the total annual household income exceeds the amounts noted, you do not qualify for funding under this program.

Household of 1	\$41,000	Household of 3-4	\$56,000
Household of 2	\$49,000	Household of 5 or more	\$61,000

- If applicable, proof of full-time attendance in a recognized educational institution, will be required.
- As noted in the Terms and Conditions, if a false declaration is made, the City of Cornwall shall have the right to cancel the approval and recover any paid funds.

7. About completing this application

Did anyone provide assistance filling out this application form or the worksheets? Yes No

If yes, please provide the contact information for the person who provided assistance (in case clarification is needed).

Name	Relationship
Telephone Number	Email Address (optional)

Consent of applicant(s) for the Social Housing Division to contact the person who provided assistance with this application.

I/We, the applicant(s), hereby authorize the Social Housing Division and/or its authorized representatives to contact the person (identified in Section 7) who provided assistance in completing this form should clarification be necessary.

Please initial Yes _____ No _____

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APPLICATION FORM

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 City of Cornwall 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.
2. **Any work carried out before confirmation of approval from the Social Housing Division of the City of Cornwall, through the executed Letter of Agreement, is not eligible for assistance.**
3. Under no circumstances will the homeowner(s) be allowed to perform any of the labour nor supply any of the materials. Note: The contractual relationship is between the homeowner and the contractor.
4. The amount of the grant or forgivable loan is based on the costs of the -repairs/modifications approved by the Social Housing Division of the City of Cornwall.
5. The entire amount of the grant or forgivable loan, if approved, may only be used to finance the approved home repairs/modifications in the dwelling identified on this application form and/or during initial inspection.
6. The grant or forgivable loan will be subject to the terms and conditions set out in the final loan agreement letter and any loan related documentation.
7. The loan for urgent home repair is forgiven at an equal rate of 10% per year, if the homeowner continues to own and occupy the home for that 10-year period. Homeownership confirmation is mandatory on an annual basis.
8. All applicants who do not qualify will be notified in writing, by the Social Housing Division of the City of Cornwall, of their ineligibility for funding.
9. Eligible applicants will enter into an agreement (contract) with the City of Cornwall [i.e., Letter of Agreement] and will have to sign a Promissory Note. If the forgivable loan is more than \$5,000, the Social Housing Division will execute a security agreement in the form of a Certificate of Lien on the property.
10. In the event that any terms and conditions of the forgivable loan are not met, [as per this Application Form and paragraph 10 of the Letter of Agreement (if approved)] or that a false declaration is made, the City of Cornwall shall have the right to cancel the approval and recover any paid funds.

Declaration

I/We hereby confirm that the information provided is complete and accurate in every respect.

I/We hereby confirm that I/we will not be absent from our home (the sole & principal residence) for 90 days or more per year, as per local rule and consistent with other local housing benefit rules.

I/We hereby confirm that I am/we are the owner(s) of the dwelling and no other person is an owner and that no other persons having matrimonial interest as an owner.

I/We hereby authorize the inspection of this property as required by the City of Cornwall - Social Housing Division.

I/We understand any inspections conducted are for internal administrative purposes only. They are not by-law compliance inspections or building code inspections, and provide no guarantees.

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

Name (please print)	Signature	Date
Name (please print)	Signature	Date

Internal Use

Application Review: <input type="checkbox"/> Meets Eligibility Criteria (next step - home inspection)		
<input type="checkbox"/> Denied Reason:		
SHD - Staff	SHD - Staff	Date

NAME:

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APPLICATION CHECKLIST

Homeowner

Before submitting your application to the City of Cornwall - Social Housing Division, please ensure that you have completed the following:

- Did you complete all of the information about the owner(s) and the property?
- If anyone provided assistance to fill out the application, did you provide their information and initial the consent to contact them?
- Did you describe the repairs and/or the modifications needed for the property?
- Did you complete the income worksheet?
- Did you sign and date the application form?

With your completed application, please ensure that you have attached all the required documents (photocopies of original documents will be accepted, but originals could be requested at a later date):

- 2016 Income Tax Notice of Assessment for all members of the household 18 years of age and older
- Proof of homeownership - Deed or Charge of Mortgage in applicant(s) name
- Proof of residency at property being repaired (e.g. Driver's license, utility bill)
- Proof that home insurance is current and payments are up-to-date (e.g. 3 months of recent bank statements along with the policy indicating the term and amount or a letter from the insurance broker)
- Property value assessment (e.g. MPAC Assessment for the current year or Municipal tax statement)
- Proof that municipal taxes are paid and up-to-date (e.g. Property tax statement and receipt)
- Proof that mortgage payments are up-to-date (e.g. 3 months of recent bank statements or a letter from bank)

Internal Use

Total Household Income

[\$41,000 - \$61,000 as per chart, pg. 3]

- Income Tax Notice of Assessment(s)

\$ _____

Assessed House Value

\$193,291 or less

- Property Value Assessment

\$ _____

Documents Required with Application

Note: Return application & documents to homeowner if not complete.

- Deed
- Residency at property
- Home Insurance--policy showing term and amount
- Municipal Taxes up-to-date
- Mortgage up-to-date
- No Mortgage

HOW TO SUBMIT APPLICATION

Please submit the completed application (pages 1 to 4) with all required documents (listed above) in person or by mail to the following address:

Social Housing Division
P.O. Box 877
340 Pitt Street, 3rd Floor
Cornwall ON K6H 5T9

**** The Information Sheet and Guide for Homeowners are to be kept by the applicant for future reference.**

If you have any questions or require help with the application, please call (613) 930-2787 ext. 2344 or by e-mail to mfurniss@cornwall.ca

Applications and required documents will be accepted until funds are depleted.

Note: Applications will be accepted and reviewed for approval until the funds for the program are depleted. Due to the expected high volume of applications, please allow the Social Housing Division to contact you in regards to the status of your application.