

2024 ONTARIO RENOVATES

APPLICATION FORM

LIST of REQUIRED DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION – NO EXCEPTIONS	
Proof of annual income for all household members 18 years of age and older. The 2023 Income Tax Notice of Assessment (NOA) from Revenue Canada. A copy can be obtained from your Canada Revenue Agency online account or by calling 1-800-959-8281. NO OTHER DOCUMENT WILL BE ACCEPTED , including tax return summaries.	<input type="checkbox"/>
Proof of homeownership – Deed or Charge or Mortgage must be in applicant(s) name.	<input type="checkbox"/>
Proof of residency at property. Examples: Driver’s license, utility bill (dated within the last 30 days).	<input type="checkbox"/>
Proof that home insurance is current, and payments are up to date. Examples: insurance policy indicating the term and payment schedule with proof of payment (bank statements) or a letter from the insurance broker. (A Confirmation of Insurance form is attached, if required. See Appendix A.)	<input type="checkbox"/>
Proof that municipal property taxes are paid and up to date. Examples: Property tax statement <u>and</u> receipt.	<input type="checkbox"/>
Property value assessment. Examples: Most recent MPAC assessment or the property tax statement.	<input type="checkbox"/>
Proof that mortgage payments are paid and up to date. Examples: 3 months of recent bank statements or letter from bank. (A Confirmation of Mortgage form is attached, if required. See Appendix B.)	<input type="checkbox"/>
If applicable, medical confirmation or letter from a health care professional for home modifications for accessibility. (An Accessibility Project Medical form is attached, if required. See Appendix C.)	<input type="checkbox"/>
If applicable, proof of full-time attendance at a recognized educational institution for students living in the household who are 18 years of age or older.	<input type="checkbox"/>
Mandatory but not necessary at the time of application (preferred). Contractor quotes (minimum of 2 estimates per project).	<input type="checkbox"/>

This page is intentionally left blank for printing purposes.

1. About the owner(s) of the property

Language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> French	Client Type:
Household Size: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ person(s)	<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 the title of the property:

First Name	Last Name
First Name	Last Name
First Name	Last Name

2. Project Address

Street Number and Name / RR#		PO Box
City / Municipality	Province	Postal Code
Home Telephone #	Cell telephone # ()	Other number (optional) ()
Email Address (optional)		
<p>Has this property previously received government funding for home repairs? Examples: Ontario Renovates, Residential Rehabilitation Assistance Program (RRAP)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify program, date, type of repair and account # (if known). _____ _____		
<p>Check house type:</p> <input type="checkbox"/> Single detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Mobile Home (not on leased land) Age of the property: _____ years		

3. Determining the net annual household income

Definitions:

“Household Members” [for this purpose]

- includes the homeowner(s) spouse, partner, relative, and any children or dependents 18 years of age or older who are not full-time students.
- a person of no relation that resides in the home.

“Income”

- means net income, as per Line 23600 of the Income Tax Notice of Assessment from the Canada Revenue Agency.

In the table below, list the names of all household members who are 18 years of age or older who are **not** full-time students. Include everyone’s net income as per line 23600 of the 2023 Income Tax Notice of Assessment.

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

Please attach the 2023 Income Tax Notice of Assessment for each person listed above

Note:

- 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 23600 of the 2023 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 or more \$88,000.00

- If applicable, proof of full-time attendance in a recognized educational institution will be required.
- As noted under 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.

4. Dependents/Others living in the home

List dependents living in the home who are under 18 years of age, and anyone who is 18 years of age or older and a **full-time** student.

Name	Age	Name	Age

5. About the property

Value of the property based on most recent property tax assessment		Number of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Are the property taxes paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are the payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your property currently insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are the payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the repairs requested part of an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No			

6. Home repairs and modifications requested

Check all that apply:

<input type="checkbox"/> Window(s)	<input type="checkbox"/> Roof	<input type="checkbox"/> Heating
<input type="checkbox"/> Door(s)	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Electrical replacement for health & safety reasons
<input type="checkbox"/> Foundation	<input type="checkbox"/> Insulation	<input type="checkbox"/> Septic system
<input type="checkbox"/> Well	<input type="checkbox"/> Other (explain):	

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

Note: The repairs must bring the home to a minimum level of health and safety or extend its life. The repairs must not be solely to modernize, improve the appearance or be exclusively for energy efficient upgrades. The home visit 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 a physical limitation or a disability, please list modifications that are required to your home to enable this person to continue to live independently in the home.

--

Note: You **must** provide confirmation from a qualified expert such as a doctor, physiotherapist, or occupational therapist on the type of modification required. Verification can be via healthcare professional's letter/note or by using the Accessibility Project Medical Form (attached).

7. Funding from other sources

You must disclose any funding from other sources, in any form, received or expected to be received for work that will be covered through this program. Examples: grants, March of Dimes-Home Modification Program, Renaissance Housing Renovation Program, other forgivable loans.

Have you or will you be seeking funding from other sources for repairs/renovations?

Yes No If YES, please explain:

--

8. Completing this application

Did anyone help you fill out this application form? Yes No

If yes, please provide the contact information of the person who filled out the form in case clarification is needed.

Name:	Relationship:
Telephone #: ()	Email (optional):

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

I/We, the applicant(s), hereby authorize the Housing Programs of the City of Cornwall and/or its authorized representatives to contact the person (identified in Section 8) who helped in completing this form should clarification be necessary.	
Please initial Yes _____	No _____

HOME VISIT AUTHORIZATION FORM

In consideration of the Corporation of the City of Cornwall and the Counties of Stormont, Dundas and Glengarry, considering the undersigned Homeowner(s) for the Ontario Renovates Program, the undersigned Homeowner(s) hereby acknowledge, authorize and agree as follows:

1. The Corporation and its employee(s) may conduct one or more visual observations of the Homeowner's property and write a report. The report will be based on observations of the condition of the property, as identified by the Homeowner(s) as of the date of the home visit. The Homeowner will not receive a copy of this report.
2. The home visit and written report is for internal, administrative purposes only to determine the Homeowner's eligibility under the Ontario Renovates Program, or to assess completion of the project (if applicable), and is not exhaustive and an all-encompassing observation which does not provide a guarantee, warranty or assurance as to the physical state of the property or compliance with any applicable by-laws, property standards, Ontario Building Code requirements or any other laws
3. The Corporation reserves the right to recommend a different project for renovation, or a modified scope of work. However, the Corporation, or anyone acting on behalf of the Corporation, shall have no responsibility for identifying other deficiencies in the home or areas in need of repair or renovation.
4. Photographs may be taken to justify the repairs requested under the Program.
5. The Corporation is not responsible or liable to the Homeowner(s) for the non-disclosure or discovery of any latent or patent defects in materials, workmanship, or any other problems that might arise or become evident after the home visit date. The Corporation do not assume any risk or responsibility in connection with this home's condition, deficiencies, performance, or lack thereof or for the cost of any reported or unreported defects or conditions.
6. The Homeowner(s) hereby releases and forever discharges the Corporation, Her Majesty the Queen in the Right of the Province of Ontario, their employees, elected officials, officers, directors, successors and assigns (collectively the "Releases") from and against any claims and demands for payment for losses, damages, injury and/or death arising out of the condition of the property owned by the homeowner, as well as, the non-disclosure or discovery of any latent or patent defects in materials, workmanship, or any other problems that might arise or become evident after the inspection date, or any problems with any construction, renovation or remediation conducted on the Property. It also indemnifies the Releases from any claims and demands for damages or losses the Releases may incur in respect of the foregoing.

HOME VISIT AUTHORIZATION FORM (continued)

7. Notwithstanding the foregoing, if the Agent discovers an issue or issues, which in his or her opinion presents imminent risk to either life safety or significant property damage, the Homeowner(s) hereby authorizes the Corporation to notify the requisite authorities of such issue(s), and/or contact its pre-approved contractors to complete the necessary repairs immediately. In such a case, the said contractor will invoice the Homeowner directly.

If the Homeowner(s) qualifies under the Program, the cost of the repair may be added to the Ontario Renovates Program allocation. If the Homeowner(s) does not qualify under the Program, the Homeowner(s) will be responsible to pay the contractor for the work completed. It is understood and agreed that if the Corporation invoke the rights contained in this paragraph, the terms of Paragraph 5 herein continue to apply.

Terms and conditions

I/We acknowledge and understand that the following terms and conditions shall apply to this application and, if funding is approved, to any subsequent loan:

1. The City of Cornwall and/or its authorized representative 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 Housing Programs 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 or supply any of the materials.
4. The contractual relationship is between the homeowner and the contractor.
5. The amount of the grant or forgivable loan is based on the costs of the repairs/modifications approved by the Housing Programs of the City of Cornwall.
6. 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 home visit.
7. 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.
8. The loan for home repairs 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.
9. All applicants who do not qualify will be notified in writing by the Housing Programs of the City of Cornwall of their ineligibility for funding.
10. Eligible applicants will enter into an agreement (contract) with the City of Cornwall and will be required to sign a Promissory Note. If the forgivable loan is more than \$5,000, the Housing Programs will execute a security agreement in the form of a Certificate of Lien on the property.
11. In the event that any terms and conditions of the forgivable loan are in default, 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 (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 Housing Programs of the City of Cornwall to contact the contractors who provide estimates ONLY should clarification be necessary.

I/We hereby authorize the home visit to this property as required by the Housing Programs of the City of Cornwall

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, and to the home visit authorization.

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

For Internal Use

Application review: <input type="checkbox"/> Meets Eligibility Criteria (next step – home visit) <input type="checkbox"/> Denied Reason:	
Staff Signature:	Date:

Appendix A

Confirmation of Insurance

(To be completed by the broker or agent)

Ontario Renovates is a program that has been designed to provide prescribed homeowners with financial assistance towards repairs that are required to improve the safety, living conditions and energy efficiency of their home. Valid home insurance that is paid to date is a requirement of the program.

As part of the application process, the applicant is required to present a copy of their current home insurance and written proof that the policy is paid to date and that coverage is not in imminent jeopardy of being revoked due to non-payment.

Name of homeowner(s): _____

Address of property: _____

Policy#: _____

Insurance Company: _____

Address of Insurance Company or Broker:



In signing this letter, the broker/agent confirms that the attached policy for the property listed is insured and that the policy (as attached) is paid to date.

Signature: _____

Title: _____

Date: _____

This page is intentionally left blank for printing purposes.

Appendix B

Confirmation of Mortgage

(To be completed by the broker or agent)

Ontario Renovates is a program that has been designed to provide prescribed homeowners with financial assistance towards repairs that are required to improve the safety, living conditions and energy efficiency of their home.

As part of the application process, the applicant is required to present written proof that the mortgage payments are paid to date and that the house is not in imminent danger of being repossessed due to non-payment.

Name of homeowner(s): _____

Address of property: _____

Name of lender: _____

Address of lender:



In signing this letter, the broker/agent confirms that the mortgage for the property listed is paid to date.

Signature: _____

Title: _____

Date: _____

This page is intentionally left blank for printing purposes.

Appendix C

Accessibility Project Medical Form

(To be completed by the physician)

The personal health information disclosed on this form will be used only for the purpose of determining a client's eligibility and is collected under the authority of the Housing Services Act, 2011.



Patient

Name: _____

Address: _____

Telephone: _____

Consent to Release from Patient

I _____, hereby consent that my doctor may disclose the personal health information requested by the Housing Programs of the City of Cornwall in this form for the purposes stated below.

Patient's Signature

Date

Your patient has requested funding for accessibility house modifications that provide a permanent improvement to homeowners with a disability or physical limitation.

Examples of such work may include, but are not limited to:

- Ramps
- Handrails
- Lifts
- Height adjustments to counters
- Cues for doorbells / fire alarms
- Bathroom modifications

1. Does your patient have a medical condition that is disabling?

- Yes No

2. As a result of the medical condition, does the patient require home modifications to improve accessibility?

- Yes No

Please identify what home modification could improve the patient's quality of life:

PHYSICIAN'S RELEASE	
I hereby certify that this information represents my best professional judgement. <hr/> Physician's signature <hr/> Date	Physician's Stamp Here

In making this request, the applicant consents to the collection, use and disclosure, including verification, of the information provided to the City of Cornwall as Service Manager for the City of Cornwall and the United Counties of Stormont, Dundas and Glengarry.