

Chatham-Kent Housing Services Division
AFFORDABLE HOMEOWNERSHIP PROGRAM
APPLICATION FORM

OVERVIEW

- The Investment in Affordable Housing (IAH 2014 Ext.), Homeownership Program is being delivered by Chatham-Kent Housing Services on behalf of the Federal and Provincial governments.
- The program provides qualified low to moderate-income households with interest-free down payment loans of **10% of the purchase price of the home to a maximum of \$25,000.**
- Recipients of the loan can purchase a new or resale home with a maximum purchase price of **\$342,252** located in Chatham-Kent.
- Funding will be in the form of a **20-year interest-free loan registered on title.**
- All homes must have a home inspection completed by a Registered Home Inspector or Associate/Applicant Member of the Canadian Association of Home and Property Inspectors. The cost of the inspection is at the purchaser's expense. Please see [the Ontario Association of Home Inspectors website.](#)

To apply, you must:

1. Be at least 18 years old and currently renting in Chatham-Kent
2. Not own or not partly own another home or property
3. Not owe money to a Social Housing landlord
4. Be a legal resident of Canada
5. Have a total gross household income of **\$80,100** or less
6. Qualify for a mortgage at a recognized financial institution
7. Intend to have this home as your one and only residence



REFER TO THE CHECKLIST TO ENSURE
YOU HAVE SUPPLIED ALL REQUIRED DOCUMENTATION.

Deliver or mail your completed application along with your supporting documents to:

Chatham-Kent Housing Services
Attn: Affordable Homeownership
435 Grand Avenue West, P. O. Box 1296
Chatham ON N7M 5R9

For detailed information about this program, please see the Chatham-Kent Affordable Home Ownership Fact Sheet at www.chatham-kent.ca or call us at **519.351.1228.**

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APPLICATION - Checklist

1. You must attach proof of all sources of income and assets to this application. We cannot process your Home Ownership Application if required documents are missing. Check the appropriate boxes below indicating if the documents are included with your application.
2. Only signed original applications in pen will be accepted. (Faxes are not permitted)
3. Completed applications are first come, first serve.

REQUIRED	DESCRIPTION OF ITEMS TO BE COPIED	APPLICANT	CO-APPLICANT	OTHER(S)
Status in Canada	Birth Certificate/Canadian Citizenship or Canadian Passport/Landed Immigrant/Refugee Claimant Papers/Permanent Resident Card for ALL			
Immigration	Application and Immigration Receipt of Payment for Landed Immigrant and/or Refugee Claimant Status			
Alimony/Child Support	Proof of spousal/child support payments			
Assets/Investments	Asset statements for ALL investments (i.e., RRSP, GIC, stocks, bonds, debentures, RESP, education/trust funds, mutual funds, annuities, etc.) and T-slips			
Banking	3 months of activity on all bank accounts for all household members (Statements and/or books)			
Bankruptcy	Bankruptcy paperwork (list of assets, liabilities, notice of discharge, etc.)			
Employment	At least 4 current consecutive pay stubs showing gross pay, year to date. Letter from employer (on company letterhead) stating monthly income and length of employment			
Employment Insurance (EI)	Current Employment Insurance (EI) statement showing gross amount			
Income Tax	Current Notice of Assessment(s) including T slips, unless in receipt of OW/ODSP			
Life Insurance	Life insurance policies showing value and cash surrender value			
ODSP or Ontario Works (OW)	Current cheque stub & drug card			
Other Income	Proof of any other income (i.e., WSIB, OSAP, etc.)			
Past Housing History	Two years residency history and copy of current rental receipt			
Pensions	Current statement of any pension income (i.e., CPP, OAS, Private or Company Pension, etc.) and most recent T-slips			
Photo Identification	For the Applicant(s), attach a photocopy of one piece of photo ID (i.e., driver's licence, passport)			
Self Employment	If self-employed less than one year: <ul style="list-style-type: none"> • Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths If self-employed more than one year: <ul style="list-style-type: none"> • Financial statements prepared by a public accountant • Certified income tax return and Notice of Assessment from previous year 			
School	Proof of enrolment in school for those 16 years of age or older			

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Main Applicant		Please print your FULL legal name (First, Middle, Last):		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male				
Address – Street # and Street Name		Unit/Apt #	City	Postal Code
Home Phone	Business Phone		Cell Phone	
E-mail	Date of Birth (MM/DD/YYYY)		SIN# (optional)	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>			
Your status in Canada: Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Native Canadian <input type="checkbox"/>				
Have you ever applied for a mortgage before?: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you owned a house before?: Yes <input type="checkbox"/> No <input type="checkbox"/>				

Co-Applicant (if applicable)		Please print your FULL legal name (First, Middle, Last):		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male				
Address – Street # and Street Name		Unit/Apt #	City	Postal Code
Home Phone	Business Phone		Cell Phone	
E-mail	Date of Birth (MM/DD/YYYY)		SIN# (optional)	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>			
Canadian Status: Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Native Canadian <input type="checkbox"/>				
Have you ever applied for a mortgage before?: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you owned a house before?: Yes <input type="checkbox"/> No <input type="checkbox"/>				

For Office Use Only	For Office Use Only
	Date & Time Stamp

Dependents: (Either living at home or away attending school full-time)

Last Name	First Name	Relationship to you	Gender	Student	Date of Birth (mm/dd/yyyy)
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: Attach proof of enrolment in school for those 16 years of age or older.

Program Eligibility

Questions	Applicant	Co-Applicant
1. Do you currently rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you own or have a vested interest in a house/land (in Canada or abroad)? If Yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you presently on the Social Housing Coordinated Access Waiting List?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever lived in Rent-Geared-to-Income Housing anywhere in Ontario? If Yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever declared personal bankruptcy? If Yes, has the bankruptcy been discharged? Discharge Date: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been convicted of misrepresenting income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you have any liens or judgements against you? If so please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: Attach bankruptcy paperwork including list of assets, liabilities, notice of discharge, etc.

Employment History

Please use the space below to provide us with information on your employment history.

Applicant	Start Date	End Date	Employer Name	Job Title
Current				
Previous Job 1				
Previous Job 2				

Co-Applicant	Start Date	End Date	Employer Name	Job Title
Current				
Previous Job 1				
Previous Job 2				

Income

Income amount is the total gross amount (before deductions) per month. **Please give us proof of all sources of income for all persons 16 years of age or older that are expecting to live with you.**

NOTE: Please see Checklist for acceptable supporting documentation.

Employment Income	Applicant	Co-Applicant	Other Household Member
Place of Employment - A			
Earnings: What is your hourly rate?			
How many hours do you work per week?			
Place of Employment - B			
Earnings: What is your hourly rate?			
How many hours do you work per week?			

Sources of Income	Type	Applicant (Gross Monthly Amount)	Co-Applicant (Gross Monthly Amount)	Other Household Member(s) (Gross Monthly Amount)
Pensions and Allowances (Attach copies of T-slips)	Old Age Security (OAS) & Federal Income Supplement (GIS)			
	Provincial Guaranteed Annual Income Supplement (GAINS)			
	Canada Pension Plan (CPP)			
	Other Country Pension			
	Other Pension(s), RRSP, RIF, etc.			
Employment Income (See Checklist)	Employment			
	Other Employment (ex. Self-employment)			
	Employment Ins. Benefits (EI)			
	Worker's Compensation (WSIB)			
Social Assistance (Attach copies of cheque stub and drug card)	Ontario Works (OW)			
	Ontario Disability Support (ODSP)			
Other (See Checklist)	Veteran's Affairs Allowance (DVA)			
	Alimony or Support Received <input type="checkbox"/> Paid <input type="checkbox"/>			
	Annuities			
	Investment Income			
	List Other Income (ex. OSAP)			
	Interest/Property/Assets			
	Other: _____			

Reminder: Attach proof for each source of income. (Refer to Checklist)

Assets and Investments

Examples of Possible Assets/Investments (including but not limited to):

Income Producing Assets

- Business interest which produces income
- Farm property which produces income
- Licence which produces income (ex. taxi licence)
- Real estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
- Savings accounts at bank, trust company, credit union, annuities; Guaranteed Investment Certificates; stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits

Non-income Producing Assets

- Business asset which does not produce income
- Collection of, or investments in, other valuable non-income producing assets
- Life Insurance (with a cash surrender value)
- Registered Education Savings Plans; other Savings plans
- Real Estate (house, condominium, summer cottage, farmland, commercial or vacant land) which does not produce income
- Registered Retirement Savings Plan

Chequing/Savings/Credit Union Accounts (Provide copies of 3 months of bank activity for every account that your name is on)	Applicant	Co-Applicant	Other Household Members (s)
Bank Name Account #			
Bank Name Account #			
Bank Name Account #			
Annuities/Rental Revenue			
Business Assets (Partnership, Franchise, Self-employment)			
Monies owed to you by others			
Other Assets (List)			
Assets transferred in last 3 years (i.e. monies, property, real estate, etc.) Date of Transfer: _____			
Do you have investments? (copies required) Total value of investments: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any life insurance policies? (copies required) Value of policy(s): _____ Cash surrender value: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Rental History

Please provide information on your two previous places of residence.

Applicant	Co-Applicant
Previous Address 1 (Address prior to address noted on page 1 of application)	Previous Address 1 (Address prior to address noted on page 1 of application)
<u>From Date</u> <u>To Date</u>	<u>From Date</u> <u>To Date</u>
Address	Address
Unit/Apt.	Unit/Apt.
Community	Community
Landlord Name	Landlord Name
Landlord Phone	Landlord Phone

Applicant	Co-Applicant
Previous Address 2 (Address prior to address above)	Previous Address 2 (Address prior to address above)
<u>From Date</u> <u>To Date</u>	<u>From Date</u> <u>To Date</u>
Address	Address
Unit/Apt.	Unit/Apt.
Community	Community
Landlord Name	Landlord Name
Landlord Phone	Landlord Phone

Reminder: Please provide a copy of your current rental receipt as proof you are renting.

Declaration, Release and Consent of Information

I/we hereby declare and certify that the above information is complete, accurate, and true. I/we understand that this is an application for a forgivable loan under the Investment in Affordable Housing for Ontario (IAH) Program: Homeownership Component, the purpose of which is to allow the Municipality of Chatham-Kent to determine if the undersigned is/are eligible for assistance. Final confirmation of eligibility may be required after completion of the home, if applicable, and prior to any forgivable loan being made.

Personal information contained in this form is collected by the Municipality of Chatham-Kent for the purpose of determining eligibility for assistance under the Investment in Affordable Housing for Ontario (IAH) Program: Homeownership Component.

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the applicant(s) gives consent and authorization to the Municipality of Chatham-Kent to share select information in the application form as required. Any questions regarding the collection or release of this information should be directed to the attention of Ray Harper, CMA, CPA, PMP -Director, Housing Services Division, Health and Family Services, Municipality of Chatham-Kent.

In the event of false or misleading information, the Municipality of Chatham-Kent has the right to disqualify the applicant(s) at any time.

Signatures (all persons aged 16 years of age or older)

Applicant Name (Print)	Signature	Date
Co-Applicant Name (Print)	Signature	Date
16 Years or Older (Print)	Signature	Date
16 Years or Older (Print)	Signature	Date

Only signed original applications in pen will be accepted.

Important:

Applications are not considered complete and will not be accepted until all required and supporting documentation has been provided. Please refer to Checklist.