

# CK Renovates Program

PLEASE CLEARLY PRINT ALL INFORMATION IN NON ERASABLE INK

## SECTION 1: Applicant(s) and Household Member(s)' Personal and Financial Information

Applicant # 1 – Homeowner: Last Name		First Name		Date of Birth (mm/dd/yyyy)	
Applicant # 2 - Homeowner: Last Name		First Name		Date of Birth	
Applicant # 1 – Address: Street/911 No. and Street Name			Unit/Apt. No.	City	Postal Code
Applicant # 1: Home Phone	Business Phone	Cell Phone	Email		

### Please List Every Owner of the Home and Every Person Residing in the Home If Not Already Listed Above

Last Name	First Name	Relationship to Applicant # 1	Date of Birth (MM/DD/YY)	Male	Female

### Total Income of Homeowner(s) and Member(s) of the Household 18 Years of Age and Older

**Total Gross Income of Homeowner(s) and Member(s) of the Household 18 Years of Age and Older and adult dependents.** (NOTE: Dollar figure before taxes and any other deduction). Income details are required from all property owner(s) even if he/she does not live in the home. Family must show that they fall at or **below \$50,000 total combined income.**

Income Sources	Employment/Self-Employment	Social Assistance (eg. OW, ODSP)	Pensions & Allowance (eg. CPP, OAS)	Income Producing Assets	Other (Specify):	ANNUAL INCOME
Applicant 1	\$ +	\$ +	\$ +	\$ +	\$ =	\$
Applicant 2	\$	\$	\$	\$	\$	\$
Member/Owner	\$	\$	\$	\$	\$	\$
Member/Owner	\$	\$	\$	\$	\$	\$
Member/Owner	\$	\$	\$	\$	\$	\$
<b>Examples of income provided on page 6.</b>					<b>TOTAL ANNUAL INCOME</b>	<b>\$</b>

*Other Income Details:*

### List Mortgage on the Property/Home

**Lender:**

**Balance Owing:**

**NOTE:** The max possible funding you can apply for is \$25,000. If requesting \$12,500 or more there can be no more than a first mortgage on title. You **DO NOT** qualify if you have additional mortgage(s)/loan(s) on title. The max possible funding you can apply for is \$25,000. The total amount of the mortgage plus the amount of the CK Renovates Forgivable Loan cannot exceed the market value of the property. **The market value of the property is the MPAC assessed value or if approved, the value determined by a qualified appraiser.** E.g. Market Value = \$100,000, Mortgage = \$90,000, the max funding you can apply for is \$10,000. You can obtain a copy of your MPAC statement by calling 1-866-296-6722.

### Assets

**Asset Limit:** Applicants must provide verification of all assets that they possess and current market value of these assets. Applicants must show that their families combined total liquid asset level is below the allowable asset limit for a family of the same size on ODSP. This excludes principal residence, primary vehicle, secondary vehicles that are used for employment, locked-in RRSP's, life insurance, RESP's and pre-paid funerals. **The maximum allowable asset limit is \$20,000.**

	Type	HOMEOWNER #1	HOMEOWNER #2	OTHER HOUSEHOLD MEMBER(S)
		Balance/Value	Balance/Value	Balance/Value
Liquid Assets: An asset that can be converted into cash quickly and with minimal impact to the price received. <b>Provide proof of all Assets with application</b>	Bank Account			
	Bank Account			
	Bank Account			
	RRSP's			
	RRIF's			
	GIC's			
	Stocks, Bonds, Securities			
	Canada Savings Bonds			
	Property (Vacant land, investment property, seasonal residence, business)			
	Transferred Assets			
	Trust Accounts			
	Secondary vehicles			
	Disposed assets in the last 12 months			
	Other			

**List Mortgage on the Property/Home**

<b>Mortgage</b>	Lender:	Balance Owing: \$
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Family:  Single/Couple:  Household Member Accessibility:   
 Senior:  Senior Accessibility:  Aboriginal Homeowner off Reserve:

**Check The Type Of House That Funding Is Being Applied For:**

Detached  Semi-detached  Duplex  Row  Other (Describe)

Number of bedrooms in the home.	The year the home was built or estimate the age of the home.	What is the market value of your home? Use MPAC assessment
		\$

If you or a member of your household has a disability, please describe the disability.

**NOTE:** Where it is not evident that the modifications are related to the disability, the Municipality of Chatham-Kent or its representatives may require confirmation from a qualified expert (such as a doctor or a physio-therapist)

If anyone provided assistance with filling out this application form or the worksheets, please check the box that describes the person who primarily provided assistance. Fill in their contact information (in case clarification is needed).

Medical Professional:  Social Worker:  Volunteer:  Family, Friend or Neighbour:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION 3: Description of Repair, Replacement and or Modification Being Requested – Check All That Apply**

Select from the list below the type of work being requested:

Structural  Heating  Plumbing  Electrical  Fire Safety  Overcrowding  Accessibility  Other

Select from the list below the rooms that repairs and/or modifications are to be completed in:

Back Room:  Basement:  Bathroom(s):  Bedroom(s):  Dining Room:

Entrance:  Family Room:  Kitchen:  Living Room:  Utility Room:

Other: \_\_\_\_\_

Select from list below the specific type of work being requested. Enter a number where asked for (e.g. Floor(s) #:)

Attic: <input type="checkbox"/>	Ceiling(s): <input type="checkbox"/>	Chair Lift: <input type="checkbox"/>	Door(s) Exterior #:	Door Interior #: <input type="checkbox"/>
Floor(s) #: <input type="checkbox"/>	External Building: <input type="checkbox"/>	External Grounds: <input type="checkbox"/>	Foundation:	Furnace: <input type="checkbox"/>
Handrail(s) #: <input type="checkbox"/>	Insulation: <input type="checkbox"/>	Mould: <input type="checkbox"/>	Porch Repair:	Ramp/Entrance: <input type="checkbox"/>
Roof: <input type="checkbox"/>	Septic System: <input type="checkbox"/>	Wall(s): <input type="checkbox"/>	Well Water:	Window(s) #: <input type="checkbox"/>

Please describe below any other repair(s) and/or modification(s) being requested, not already filled out above. If additional space is needed please attach a separate sheet of paper.

Please give details below if you previously received funding in the form of a grant and/or loan through the Municipality of Chatham-Kent (e.g. Ontario Renovates, CK Shelter Solutions, etc.). Also include any sources of funding expected to be received for the project you are currently requesting funding (e.g. grants, consumer rebates, etc.).

**SECTION 4: Estimated/Quoted Cost for Repair(s) and/or Modification(s) Being Requested**

**NOTE:** With your application you must supply a detailed estimate or quote from a professional contractor for the total cost of all repair(s), replacement(s) and /or modification(s) being requested.

A professional contractor has a minimum of: (1) \$2,000,000 liability insurance and (2) can provide a WSIB Clearance Certificate. When calling contractors for estimates or quotes we suggest that you ask if they are able to supply the two requirements noted above. You do not have to submit this proof with your application but it will let you know if the contractor will be accepted by the Program if your application is approved.

Line	Name, Address and Contact information of Contractor(s) or Other Service Provider(s)	Brief Description of Work Requested	Forgivable Loan Funds Requested
1			
2			
3			
4			
5			
6		Building Permit Fee(S):	
7		Other Fee(s) – Specify:	
8		<b>Sub-Total Excl. HST (add lines 1-7)</b>	\$
9		HST Costs at 13% (Line 11 multiplied by 0.13)	
10		<b>Sub-Total With HST (lines 8 &amp; 9)</b>	\$
11		Legal Fees (HST included):	
12		<b>Total Funds Requested: (add lines 10 &amp; 11)</b>	\$
13		<b>Grand Total: Including Grant Funds &amp; Forgivable Loan Funds</b>	\$

**FORGIVABLE LOAN REQUESTED:** Loans are available for \$12,500 or more and will require a registered loan agreement. The loan forgiveness is 10 years and is forgiven at 10% per year. Should you sell your home or cease to reside at the residence, the remaining balance of the forgivable loan must be repaid to the Municipality.

**MAXIMUM FUNDING** - The maximum amount of funding to any one property is \$25,000 (including legal fees).

**LEGAL FEES:** You will be required to obtain from your lawyer the cost to register the forgivable loan on title of your property. Legal fees may be eligible to be included in the loan.

**NOTE:** Ask your contractor if the fees noted on lines 5 through 7 are needed for the work you have requested. If so, your contractor should supply you with the amount to be included above.

## **SECTION 5: Declarations and Consent**

**The undersigned applicant(s), acknowledge, understand, agree and declare that:**

1. a) I/We agree that in order to be eligible for consideration for funds under this program I/we agree to adhere to all program eligibility criteria and timelines throughout the entire process
- b) Any work started prior to approval of my/our application is not eligible for program funding
- c) I/We will not rely on program funds to repair a home unless and until I/we receive a Letter of Final Approval advising that I/we are approved to receive program funds
- d) I/We have reported all income from every owner of the home and from every member of the household 18 years of age or older including adult dependents
- e) The market value of the home determined by Municipal Property Assessment Corporation (MPAC) or, if approved, by a licensed qualified appraiser, for which funds are being requested is at or below \$144,500
- f) The home is located in the Municipality of Chatham-Kent
- g) The home is more than 5 years old
- h) The existing balances of all mortgages and financing on the property/home plus the estimated program loan amount does not exceed 100% of the market value of the home
- i) Mortgage/charge and other home financing payments are up-to-date and not in arrears
- j) Homeowner insurance coverage is in place for the full value of the home and the premium is paid up- to-date
- k) Property tax account is paid up-to-date and there are no arrears
- l) There are no liens registered against the property
- m) Applicant(s) will own and occupy the home requiring the work as their sole and principal residence

***And if approved for program funds, the undersigned applicant(s) further acknowledge, understand, agree and declare that:***

- n) I/We must sign a forgivable Loan Agreement on title of the home and a Promissory Note
  - o) Work must commence within 90 days of final program eligibility approval and be completed within 120 days of commencement
  - p) The intended work must be eligible for program funds
  - q) A description of the intended work may need to be confirmed by a Building Official from CK's Building Development Department to verify the validity/scope of the intended work. If deemed necessary, other designated professionals may be requested to inspect the work and or property at the sole discretion of the Program Manager, Employment and Social Services. Unless otherwise stated.
  - r) I/We understand the results of the inspection may remain on the record of my home/property and if so work may still be required to be completed even if I/we withdraw our application in whole or part or if funding is not approved.
  - s) Quotes for the work must be from a qualified contractor and the relationship with the contractor must be at arms-length. "Arm's length" means a transaction in which the buyers and sellers of a product or service act independently and have no relationship to each other. The concept of an arm's length transaction is intended to facilitate a prudent use of public funds and ensure that the parties in the transaction are acting in their own self-interest and are not subject to any pressure or undue influence from the other party
  - t) I/We must retain and submit copies of all financial invoices for payment, reporting and audit purposes;
  - u) I/We must adhere to all program requirements, rules and timelines throughout the process and during the 10 year loan agreement/promissory note for funds received.
  - v) I/We are required, and hereby represent and warrant that we shall use and pay any funds received for the purpose it was intended and not for any other or improper purpose.
2. The undersigned consents to the use, disclosure, transfer and exchange of information contained in this form 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 for the CK Renovates Program in The Municipality of Chatham-Kent; to determine continuation of eligibility during the program period and may be used for other purposes allowed by law.

3. The personal information collected on this form is being collected pursuant to the authority under the Municipal Act, 2001, S.O. 2001, c.25, as amended. Inquiries relating to this collection of information should be directed to the Director by mail to Employment and Social Services 435 Grand Ave. W, P.O. Box 1230 Chatham Ontario N7M 5R9.
4. I give my consent and authorization to The Municipality of Chatham-Kent or its authorized representatives:
  - a) To disclose and make inquiries to verify the information given in this form and I/We authorize any person, corporation or any organization having knowledge of any such required information to release the information to The Corporation of Municipality of Chatham-Kent or their authorized representatives. I/We agree to provide any supporting material required to process the information for the purposes the information is collected;
  - b) To disclose the information given on this form to municipal, provincial and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me/us and persons listed on this form.
5. I/We hereby release The Corporation of The Municipality of Chatham-Kent, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected pursuant to this form.
6. I/We hereby certify and declare that the information contained on this form is true and accurate.
7. I/We acknowledge and understand that FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY OF MY/OUR INFORMATION will be cause for ineligibility under the program and/or repayment of any and all program funds and/or charges of fraud and other legal remedies and consequences.
8. The undersigned consents that we may contact the municipality in which the house is located and obtain information regarding the value of the home according to the MPAC Property Assessment Notice, verification that the property taxes are paid to date and obtain information from the building department.

**SIGNATURE(S) REQUIRED BY: APPLICANT(S) Owner(s) of the Property and HOUREHOLD MEMBER(S) 18 years of age or older. NOTE: Application will not be accepted if not signed properly**

PRINT NAME	SIGNATURE	DATE (mm/dd/yy)

**SECTION 6: Checklist**

**Not sure you have provided the required attachments?**

Final approval for funding is based on submitting the required information, documentation and verifications. The CK Renovates Application cannot be processed and you may lose your priority ranking if any required information, documentation, verification and attachments are missing, or incomplete.

**Use the following checklist to help ensure all required documentation is attached:**

1	Photocopy of 2 pieces of government issued photo identification from every owner of the property and from every member of the household 18 years of age or older, including adult dependents residing in the home.	<input type="checkbox"/>
2	Proof of Income from every owner of the home and every member of the household 18 years of age or older, including adult dependents residing in the home. Include their current Notice of Assessment from Revenue Canada and 3 months bank statements for each bank account.	<input type="checkbox"/>
3	A copy of the MPAC Notice of Assessment for the property listed on page one of this application.	<input type="checkbox"/>
4	A copy of the mortgage/charge and other home financing payment statements to verify all mortgage/charge and other home financing payments are up-to-date and to verify the balance owing.	<input type="checkbox"/>
5	A copy of the Homeowner insurance policy certificate to verify coverage is in place for the full value of the home and confirmation the premium is paid up-to-date and not in arrears (proof of payment).	<input type="checkbox"/>
6	A copy of the property tax statement to verify the property tax account is paid up-to-date and not in arrears.	<input type="checkbox"/>
7	Proof of all owned assets including present day value.	<input type="checkbox"/>

## **EXAMPLES OF INCOME FOR THE CK RENOVATES PROGRAM**

### **PROOF OF INCOME**

The following proof of Income from every owner of the home and from every member of the household 18 years of age or older, including adult dependents residing in the home **must be attached**:

- One month of recent pay stubs or supporting documentation from every current source(s) of income and;
- Copies of the 2018 Canadian Income Tax Notice of Assessment (if available). If 2018 Notice of Assessment is not available, attach 2018 T4 slip(s); T5 slip(s) AND copies of the 2017 Canadian Income Tax Notice of Assessment

### **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)

### **SELF-EMPLOYMENT INCOME (See also below)**

- Tutoring, Music Teaching, Child care, Babysitting, Taxi, Business, etc.

### **SOCIAL ASSISTANCE INCOME**

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

### **PENSIONS 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
- Training / Retraining Allowances License)
- 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

### **SELF EMPLOYMENT INCOME**

For the purposes of assessing self-employment income under the Chatham-Kent Shelter Solutions – Home Repair program self-employment income will be reduced by all deductions allowed by the Canada Custom and Revenue Agency, except for the following:

1. Capital Cost allowances for the depreciation of assets;
2. Rent paid by the individual, where the individual operates the business from the unit;
3. Childcare expenses.

### **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)

### **INCOME PRODUCING ASSETS**

- Farm property which produces income
- Real estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
- License which produces income (e.g. Taxi)
- Business interest which produces income