



2020 LAMBTON RENOVATES APPLICATION FORM

Section 1 - Homeowner Information

Name(s)		
Address		
City/Town	Province	Postal Code
Telephone Number <i>(incl. Area code)</i>		Cell Number <i>(incl. Area code)</i>
E-mail Address		Do you live in the home/unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Household Income as listed in Section 5 \$		Household's Total Assets as listed in Section 6 & 7 \$

Section 2 - Household Members (everyone that is living in the home)

Name - <i>List all members of the household</i> <i>e.g. Sally Smith</i>	Male/Female	Birthdate mmm/dd/yy	Social Insurance Number	Relationship
	<i>Female</i>	<i>Oct. 1, 1970</i>	<i>400-900-600</i>	<i>Spouse</i>
1.				
2.				
3.				
4.				
5.				
6.				

Section 3 - Property Information

<input type="checkbox"/> Apartment <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Detached <input type="checkbox"/> Townhouse/Row <input type="checkbox"/> Other:	
Age of House:	Approx. Value of House:
Unit Size (sq. ft.):	Number of Bedrooms:
Insurance Payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Taxes up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Roll Number:
Has anyone co-signed or guaranteed the mortgage but does not live in the home and is not named on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anyone that owns the home that does not live in the home and is not named on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide the name(s) of the co-signor(s), guarantor(s) and/or other owner(s):	

Section 4 - Scope of Work to be Completed

Check all that apply:

- | | | | |
|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Doors | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Safety |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Heating/Furnace | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Septic/Well Water | <input type="checkbox"/> Structural | <input type="checkbox"/> Windows | |
| <input type="checkbox"/> Other: Please specify _____ | | | |

Please indicate if you have previously received any government funding from the following:

- RRAP (Residential Rehabilitation Assistance Program)?** Yes No
If Yes, Year _____ and CMHC account number (if known) _____
- Lambton Renovates** Yes No
- Homeownership Down Payment Assistance Program** Yes No

Section 5 - Income Information

List all money received by all members of the household from all sources. This can include, but is not limited to, income such as:

- | | | |
|---|---|--|
| • Employment Income | • Ontario Works (OW) | • Guaranteed Income Supplement (GIS) |
| • Employment Insurance (EI) | • Ontario Disability Support Plan (ODSP) | • Guaranteed Annual Income Supplement (GAINS) |
| • Workplace Safety Insurance Board (WSIB) | • Canada Pension Plan (CPP) | • Other Pensions (company, private, foreign, military) |
| • Child Support Payments | • Ontario Student Assistance Program (OSAP) | • Investment Income |
| • Alimony or Spousal Support Payments | • Old Age Security (OAS) | |
| • Business that gives you income | | |

A copy of your most recent tax assessment from Revenue Canada and T1 Summary is required to verify. If you do not have the tax assessment, you can request a copy from Revenue Canada by calling 1-800-959-8281. Your T1 Summary can be obtained from the person that prepared your taxes.

If your tax assessment is not reflective of your current income, documentation to verify your income must be attached to your application. If you have employment income, you must provide copies of your last eight (8) weeks' pay stubs.

Name of Person Receiving Income	Type of Income	Gross Monthly Income (\$)

Section 6 - Asset Information

List all assets owned by all member of the household. Assets include, but are not limited to, things such as:

- Bank Accounts
- Registered Retirement Savings Plans (RRSP)
- Guaranteed Investment Certificates (GIC)
- Stocks
- Mutual Funds
- Savings Bonds
- Rent money from real estate you own
- Registered Education Savings Plans (RESP)
- Real Estate
- Business that gives you income

Documentation to verify your assets must be attached to your application. Please submit bank account statements for the past 30 days as well as a copy of each bank summary listing amounts of any assets (i.e. bank accounts, RRSP and income investment funds) for all accounts.

Person Who Owns the Asset	Details of Asset (type, account number, name of financial institution)	Value / Account Balance (\$)

Section 7 - Additional Asset Information

Does any household member on this application own property, in addition to principal home? Yes No

Type of Property	Location	Assessed Value (\$)
		Mortgage Owing (\$)
Type of Property	Location	Assessed Value (\$)
		Mortgage Owing (\$)

Does any household member on this application own additional assets such as vehicles, trailers, boats, etc.?

Yes No

Type of Asset	Model & Year	Fair Market Value (\$)
Type of Asset	Model & Year	Fair Market Value (\$)
Type of Asset	Model & Year	Fair Market Value (\$)

Section 8 - Applicant Declaration

I/we hereby confirm that I/we are the owners of the house and property and that no other person is an owner.

I/we hereby acknowledge that if my/our funding application is accepted I/we cannot claim the repairs for any Provincial tax rebate program.

I / we declare and certify that all information given in this application is correct and complete. I / we understand that falsifying information may result in the cancellation of my application. This application and any requested supporting documents become the property of the Corporation of the County of Lambton, Housing Services Department.

Personal information contained on this form or in attachments hereto is collected by the Corporation of the County of Lambton pursuant to the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c.M.56)* for the purpose of determining eligibility for Lambton Renovates Funding under the Investment in Affordable Housing Program. Inquiries relating to this collection should be directed to the Corporation of the County of Lambton, Housing Services Department, 150 N. Christina Street, Sarnia, ON N7T 8H3, 519-344-2057.

Pursuant to the *Municipal/Provincial Freedom of Information and Protection of Privacy Act*, I give my consent and authorization to the Corporation of the County of Lambton, Housing Services Department, to make enquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release information to the Corporation of the County of Lambton, Housing Services Department. I also give my consent and authorization to the Corporation of the County of Lambton, Housing Services Department, to disclose the information given on this form to any person, corporation, social agency and other municipal, provincial and federal department agencies providing assistance to me and persons listed on this application.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Section 9 - Supporting Documentation Checklist

Please submit the following required documents with this application:

- Government Issued Identification (ex. Driver's License, Ontario Photo Card, Birth Certificate, Passport) for every member of the household.
- Income Verification (See Section 5 of application form)
- Asset Verification Documentation (See Sections 6 & 7 of application form)
- Recent House Value Assessment (MPAC, property tax notice or appraisal)
- Proof Property Tax Payments are up-to-date (Receipt, Tax Summary or Bank Letter)
- Proof Mortgage Payments are up-to-date and Mortgage Balance (Statement or Bank Letter)
- Certificate or copy of insurance showing coverage is in place for the full value of the home

This document is available in an alternative format upon request, to accommodate individuals with a disability.