



**ONTARIO RENOVATES  
Application Form**

**THIS APPLICATION SHOULD BE COMPLETED BY THE OWNER OF THE PROPERTY.**

**CITY OF HAMILTON USE ONLY**

Homeowner Persons with Disabilities	Property ID #:	Account Number:	Related Account Number:
Core Need Income Threshold		House Value Threshold	

**1. ABOUT OWNER OF THE PROPERTY**

Client Type

Senior Citizen  
Family  
Non-elderly Single

**Property Owner(s)**

Last Name:	First Name:
Last Name:	First Name:
Last Name:	First Name:

**Mailing Address**

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

**2. ABOUT THE PROPERTY WHERE THE WORK IS REQUIRED**

Property address (if different than above)

Street No. Street Name/RR# (Include Lot, Concession, Township, if applicable)	Unit #:		
City/Municipality	Province	Postal Code	
Has this property previously received CMHC renovation program assistance?    Yes    No If yes, please specify the program, date or account number (if known)			
What is the age of this house?	Are the property taxes paid up to date?    Yes    No		
Check the type of house you live in:			
Single Family Home	Duplex	Row	Semi Detached
Other (specify)	Number of Bedrooms		



**3. ABOUT THE PROBLEMS WITH THE DWELLING**

**Homeowner ONTARIO RENOVATES**

From the list below, identify and describe problem areas that exist in the home

- Structural (describe)
- Systems (describe)
- Heating
- Plumbing
- Electrical
- Fire Safety
- Overcrowding (describe)

**ONTARIO RENOVATES for Persons with Disabilities**

**If you or a member of your household has a disability, describe the disability and special modifications required to your home to enable this person to continue to live independently in the home?**

**Note: Where it is evident that the modifications are related to the disability, the City of Hamilton may require confirmation from a qualified expert (such as a doctor or physio-therapist)**

**CITY OF HAMILTON USE ONLY**

<b>TYPE OF DISABILITY</b>	<b>Disability</b>	<b>Occupant(s)</b>
<b>Visual</b>		
<b>Hearing</b>		
<b>Cognition</b>		
<b>Mobility</b>		
<b>Allergy Related</b>		
<b>Other</b>		

**TERMS AND CONDITIONS**

I 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 Hamilton and/or its 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 written confirmation of loan approval from the City of Hamilton is not eligible for assistance.
- 3) The amount of the forgivable loan is based on the cost of the City of Hamilton approved mandatory repairs/modifications.
- 4) The entire amount of the forgivable loan, if approved, may only be used to finance the City of Hamilton approved home repairs/modifications in the dwelling identified on Page 1 of this application form.
- 5) The forgivable loan will be subject to the terms and conditions set out in the final loan commitment letter and any loan related documentation (e.g. mortgage, promissory note).
- 6) In the event that any terms and conditions of the loan are not met, or that false declaration is knowingly made, the City of Hamilton shall have the right to cancel the approval and recover any paid funds (plus interest).

**DECLARATION**

I/We hereby confirm that to the best of my/our knowledge the information provided is complete and accurate in every respect.

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

I hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by the City of Hamilton and/or its representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.

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

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

This application form will be considered valid for six months as of the last date indicated above.



**BEFORE MAILING, HAVE YOU INCLUDED:**

- **Completed application form with all the required signatures. Please note:**
  - **All persons registered on title to the property must sign both the application form.**
  - **Where there is one registered owner and the spouse of this owner has a matrimonial interest in the property, the owner and the spouse must sign the application form.**
- **Completed Income Worksheet**
- **Completed Household Composition Worksheet**
- **Proof of current year gross income (as identified in the Income Worksheet) for all household members 16 years and older (e.g. letter from employer and/or photocopy of pay stubs for the recent period of four consecutive weeks ; confirmation from all sources benefits or photocopy of benefit cheque stubs)**
- **Photocopy of House insurance Policy**
- **Verification that mortgage payments are up to date**
- **Photocopy of most recent Property Tax Assessment**



**INCOME WORKSHEET**

**How do I determine my total gross household income?**

Total household income is the current year's gross income (before taxes and other deductions) of all people living in the dwelling including the homeowner; the spouse or partner; child/dependents; and, any other persons who live in the same dwelling, aged 16 years and over.

Source of income	Homeowner	Homeowner/ Spouse/Partner	Children/ Dependents	Other Household Members
Yearly gross salary, wages, commissions, part-time earnings				
Canada Pension Plan, Old Age Pension, Guaranteed income Supplement, private pensions, annuities, provincial supplements, Veterans' Allowance, disability pensions				
Employment Insurance income				
Bank interest, investment and dividend income				
Child Tax Benefit (Provincial/Territorial/Federal/Supplementary)				
Alimony or child support income				
Self-employed or seasonally employed earning (include proof of income for past three years)				
Other income: e.g. net room and board from boarders (please specify)				
<b>Total Income from all sources</b>	(A)	(B)	(C)	(D)

Total gross household income (A+B+C+D) =

If applicable, for households with disabled members, deduct the applicable Canada Revenue Agency (CRA) tax credit for persons with disabilities, of the previous year - (E)

Total Gross Household Income (A + B + C + D – E) =

**NOTE: Proof of all income sources is required with this application**

**HOUSEHOLD COMPOSITION WORKSHEET**

**In the appropriate boxes below, please list all the people who live in your house permanently. (Do not include boarders and do not list anyone more than once)**

**STEP 1:** Total number of people living in your home

**STEP 2:** List any couples living in your home

FIRST NAME	LAST NAME

**STEP 3:** List the names of any singles **18 years of age or older** who are not married and do not live with a partner and any single parents regardless of their age. Include yourself if you are single, divorced, separated or widowed and do not live with a partner.

FIRST NAMES

**STEP 4:** List the names and ages of any **BOYS AND GIRLS** who are **younger** than 18 years of age and who are not single parents. If you require more space, please continue on back of the page.

BOYS		GIRLS	
NAMES	AGES	NAMES	AGES