



United Counties of Leeds and Grenville

Human Services Division Community & Social Services

Canada-Ontario Affordable Housing Program

Home Ownership – Application Form Second Wave

Before completing this Application, please read the following carefully.

1. Before you start completing the Application form, carefully read the "Home Ownership Fact Sheet" which describes the program, eligibility criteria and requirements.
2. You may attach additional pages if you need more space to answer the questions and provide the information requested in this Application.
3. Please review your completed Application thoroughly to ensure you have included all required documentation along with the completed application form. Note the shaded boxes at the end of each section which indicate the verification or documentation requirements to be included with your Application in order for it to be considered complete.
4. Applications will be accepted, reviewed and approved on a first come basis until all available units and/or funding has been allocated.

Important Information

1. The United Counties of Leeds and Grenville reserves the right to assess applications against other applications submitted.
2. Complete applications that have met all initial eligibility requirements will be ranked for approval according to the date and time at which the completed application was received. In the event the number of eligible applications received exceeds the amount of available funding, approvals will be granted based on first received basis.
3. Successful applicants will be notified of approval by phone. They will also receive an approval package with confirmation of approval to provide to their financial institution and lawyer and an overview of the steps and requirements of the Home Ownership Program.
4. All information submitted as part of an Application will be treated as confidential. Disclosure will only be in accordance with release of information signed by the applicant and/or in keeping with the *Municipal Freedom of Information and Privacy Act*.
5. Approved applicants must meet all subsequent eligibility requirements providing all documentation and successfully completing all required steps of the purchase process including submission of a fully completed Agreement of Purchase and Sale on or before March 16, 2009.

Completed Applications should be sent to:

Community & Social Services Division
United Counties of Leeds and Grenville
25 Central Avenue West, Suite 200
Brockville, Ontario K6V 4N6

Please mark the envelope "**Home Ownership Application**"

For more information or for assistance in completing your Application please call:

613-342-3840 ext. 2122 or 1-800-267-8146

25 Central Avenue West, Suite 200, Brockville, Ontario K6V 4N6. Tel: (613) 342-3840. Fax: (613) 342-8908
Confidential Fax: (613) 345-4102. Toll Free: 1-800-267-8146. TTY: 1-800-539-8685. www.uclg.ca

Integrated Program Delivery – Property and Financial Services – Program Planning and Integrity
Maple View Lodge – Long-Term Care



United Counties of Leeds and Grenville

Human Services Division Community & Social Services

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Section I – Applicant Information – Includes all who will be residing in the home

Applicant: the main contact for this Application

Co-Applicant(s): spouse, partner, other adult(s) that are part of the household

Last Name, First Name _____ Date of Birth (dd-mm-yyyy) _____
 Status in Canada: Canadian Citizen Landed Immigrant
 Refugee Refugee Claimant

Last Name, First Name _____ Date of Birth (dd-mm-yyyy) _____
 Status in Canada: Canadian Citizen Landed Immigrant
 Refugee Refugee Claimant

Current Address – Street Number and Street Name, Unit/Apt. # _____

City/Town _____ Postal Code _____

Mailing Address – if different from above _____

Home Phone _____

Work Phone _____

Cell Phone _____

Alternate Contact _____

Daytime Phone _____

Relationship _____

Dependents living in the home (Including dependent adults)

1. Name (first, last) _____	Date of Birth (dd-mm-yyyy) _____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

REQUIRED: Proof of Citizenship and Age – copy of birth certificate, passport, etc. for each member of the Household
 Copy of photo identification (Driver's License, Photo Health Care Card)

Section II – Accommodation Details and History

Do you or the co-applicant currently own a home, in part or in full, or have a financial/ownership interest in a home? YES NO

Are you currently in rental accommodation? YES NO

Landlord's Name: _____

Phone _____

Fax _____

Landlord's Mailing Address _____

Street Number and Street Name, Unit/Apt. # _____

City/Town _____

Postal Code _____

REQUIRED: Copy of current lease, rent receipts, or letter from Landlord would be acceptable as proof of residency and renter status.

Section II – Accommodation

Are you currently on the waiting list with the United Counties of Leeds & Grenville for rent-reared-to-income (RGI) assistance? YES NO

Have you ever lived in rent-gearred-to-income housing anywhere in Ontario? If yes, please provide details below. YES NO

Landlord's Name: _____ Phone _____ Fax _____

Former Rental Address _____ City/Town _____ Postal Code _____
Street Number and Street Name, Unit/Apt. #

Do you owe any arrears of rent or other charges associated with your RGI tenancy for which there is not an active payment agreement in place? When did you move out? YES NO
_____ dd-mm-yyyy

REQUIRED: If there are outstanding arrears associated with your time as an RGI tenant, copy of Repayment Agreement is required.

Section III – Employment Details/ Income Source

Applicant
Name of Present Employer/Income Source _____
How long with Present Employer/Income Source? _____

Co-Applicant
Name of Present Employer/Income Source _____
How long with present Employer/Income Source? _____

REQUIRED: Proof of Employment Status – Letter from Employer or copy of most recent paystub is acceptable.

Section IV – Financial Details

“Household” includes the Applicant, Co-applicant, spouse, partner, same sex partner, and any person over the age of 17 years and not in school who would normally be residing with the Applicant.
“Gross” income means all income before taxes and other deductions. Include income from all sources (employment, pension, WSIB, social assistance, investment or business income, etc.).

Gross Income – complete for all household members with income:

Household Member	Gross Annual Income (\$)	Verification Provided				Notice of Assessment Provided			
		2006		2007		2006		2007	
		Yes	No	Yes	No	Yes	No	Yes	No
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Gross Income:	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED: Proof of Income Source – benefit statement, cheque stub, investment statement, recent pay stub
 Notice of Assessment for 2006 and 2007 returns

Section IV – Financial Details (continued)

Assets:

Types of Assets include:

Property <ul style="list-style-type: none"> ▪ residential ▪ farmland ▪ commercial ▪ cottage ▪ mobile home ▪ vacant 	Household Goods <ul style="list-style-type: none"> ▪ jewellery ▪ art ▪ tools ▪ sports equipment, etc. 	Vehicles <ul style="list-style-type: none"> ▪ cars ▪ boats ▪ mobile homes ▪ motorcycles ▪ ATV's, etc. 	Savings and Investment <ul style="list-style-type: none"> ▪ bank accounts ▪ RRSPs ▪ RESPs ▪ bonds ▪ GICs ▪ securities ▪ pensions, etc.
Life and Disability <ul style="list-style-type: none"> ▪ life insurance policies ▪ disability policies ▪ prepaid funerals, etc. 	Business Interests <ul style="list-style-type: none"> ▪ taxi licenses ▪ ownership in a business 	Other <ul style="list-style-type: none"> ▪ any other assets owned 	

What is the total value of your household ASSETS? Please list below.

Household Member	Type and Description of Asset	Value of Asset (\$)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Asset Value:		\$

Continue list below if required

REQUIRED: Confirmation/verification of total assets i.e. bank statement

Have you secured pre-approval for a mortgage?

YES NO

If YES, please indicate the amount pre-approved: \$ _____
and name of Lender or Bank: _____

REQUIRED: Letter or documentation from lending institution confirming mortgage pre-approval or eligibility

Section V – Information Pertaining to the Home Purchase

****Complete this section only if you have an accepted offer on a home for purchase.***

Have you signed an Offer to purchase a home? If YES, please complete the section in as much detail as possible at this time. YES NO

Address of Property Street Number and Street Name, Unit/Apt. #	City/Town	Postal Code
Type of Building:		
<input type="checkbox"/> Detached	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Duplex
<input type="checkbox"/> Tri-Plex	<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Apartment
<input type="checkbox"/> Other: _____		
Is the home new and not previously occupied? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, has a home inspection been completed by a certified home inspector at the expense of yourself as Purchaser? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What is the listed price of the home?		\$ _____
What is the scheduled CLOSING date? (dd-mm-yyyy)		\$ _____

REQUIRED as available: <input type="checkbox"/> Copy of signed Agreement of Purchase and Sale <input type="checkbox"/> Copy of Home Inspection Report <input type="checkbox"/> Copy of Property Listing	<input type="checkbox"/> Notice of Fulfilment of Conditions <input type="checkbox"/> Amendments to "Agreement of Purchase and Sale"
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Section VI – Declaration and Acknowledgement

Initial(s) I/We hereby declare and certify that the information provided and in support of this Application is true and correct to the best of my/our knowledge. I/we understand that the purpose of this Application is to allow the United Counties of Leeds and Grenville to determine eligibility for down payment assistance under the Canada-Ontario Affordable Housing Home Ownership Program. Final confirmation of eligibility will be required after completion of the home inspection, if applicable, and prior to any down payment funds being provided.

Initial(s) I/We have attached copies of our 2006 and 2007 Notices of Assessment from the Canada Revenue Agency.

Initial(s) I/We are currently renting accommodations.

Initial(s) I/We will use the eligible home as our principal residence.

Initial(s) I/We have attached copies of photo identification and proof of residency in the United Counties of Leeds and Grenville or the separated municipalities of City of Brockville, Town of Gananoque, or Town of Prescott.

Initial(s) I/We have read the information about the program and understand the program rules and eligibility requirements.

Personal information contained in this Application or any attachments hereto is collected by the United Counties of Leeds and Grenville for the purpose of determining eligibility for Home Ownership funding under the Canada-Ontario Affordable Housing Program. Any questions regarding the collection or release of information should be directed to: Community & Social Services Division, United Counties of Leeds and Grenville, 25 Central Avenue West, Suite 200, Brockville, ON K6V 4N6 (613) 342-3840 or 1-800-267-8146, extension 2122.

Signature _____
Date

Signature _____
Date