

2019 Renovate Documents

Please find enclosed the application for the 2019 - 2020 Renovate Program. I have included a check list of the required documents that need to be attached to the application in order to process eligibility for the program.

- _____ Verification that Mortgage Payments are up to date
(Proof from Financial Institution of mortgage, or a self-declared affidavit stating there is no mortgage attached to the property)

- _____ Verification that House Insurance is up to date
(Proof from Insurance Provider)

- _____ Verification that Property Taxes are up to date
(Proof from Municipal Tax Bill)

- _____ Copy of MPAC statement
(If you have not received a notice call 1-866-296-6722)

- _____ 2017 or 2018 Notice of Assessment after completing income tax for all adults in the house. **(If you need to request a copy, call Canada Revenue Agency at 1-800-959-8281)**

- _____ Proof of Asset Value – Maximum value \$200,000.00 subject to Housing Services Act – Regulation 367 / 11 Section 35

- _____ 3 quotes for project

When application is being dropped off we require Photo ID that we can photocopy for all adults in the home.

You may drop your application at any of our offices in:

PERTH	SMITHS FALLS	CARLETON PLACE
99 Christie Lake Road	52 Abbott Street North Unit 4	33 Landsdowne Street

If you have any questions, do not hesitate to call me at (613) 267-4200 ext. 2404.

Sincerely,

Karen Smith
Lanark County Housing Services
52 Abbott Street North Unit 4
Smiths Falls, ON K7A 1W3
housingapplications@lanarkcounty.ca



Investment in Affordable Housing
Renovate Lanark 2018 – 2019



APPLICATIONS WILL ONLY BE ACCEPTED STARTING MONDAY APRIL 1ST, 2019
Homeowner Repair Application

A. PROJECT OWNER INFORMATION	
Owners Name:	
Address:	
City/Town/Province:	
Postal Code:	

***** PLEASE ATTACH PHOTO I.D. FOR HOUSEHOLD MEMBERS *****

Telephone # (incl. Area Code & Ext.)	Fax # (incl. Area Code)	Email Address
Signature for Consent to use e-mail:		
Annual Household Income:	Household Type: <input type="checkbox"/> Single <input type="checkbox"/> # of Family Members	

***** ATTACH 2017 or 2018 INCOME TAX NOTICE OF ASSESSMENT *****

Source of Income:	
Target Group:	
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Persons with Disabilities
<input type="checkbox"/> Working Poor	<input type="checkbox"/> Victim of Domestic Violence
<input type="checkbox"/> Other (Please Specify):	
<input type="checkbox"/> New Immigrant	<input type="checkbox"/> Senior
<input type="checkbox"/> Person with Mental Illness	

B. PROJECT INFORMATION

Has this project received previous Government funding? (i.e. IAH/RRAP/AHP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which program was utilized and describe work completed.		

C. PROPERTY DESCRIPTION

<input type="checkbox"/> Apartment	<input type="checkbox"/> Semi – Detached	<input type="checkbox"/> Detached	<input type="checkbox"/> Townhouse/ Rowhouse	<input type="checkbox"/> Other
Age of House:	Approx. value of House: \$			
Number of Bedrooms:				

D. DOCUMENTATION REQUIRED WITH APPLICATION

Insurance Payments up to date? (** Attach Verification of Policy **)	<input type="checkbox"/> Included
Property Taxes up to date? (** Attach Recent Tax Bill **)	<input type="checkbox"/> Included
Mortgage Payments up to date? (** Attach Mortgage Information **)	<input type="checkbox"/> Included
House Value under \$305,372.00? (**Attach MPAC Statement**)	<input type="checkbox"/> Included
2017-2018 Notice of Assessment	<input type="checkbox"/> Included

E. DECLARATION OF ASSETS	Applicant's Value	Co-Applicant's Value
Bank, Trust Company, Credit Union (savings and chequing accounts)		
Stocks, Bonds, Term Deposits Etc.		
RRSP's, Annuities		
Other Assets		

F. SCOPE OF WORK

Please provide **3 price quotes** from qualified contractors, including a detailed description of the work to be done and the materials to be supplied.

QUOTE #1

Contractor's Name:	
Contractor's Phone #:	
Contractor's Address:	
Description of Work and Materials Being Used:	

Will there be apprentices on the job? Yes No If Yes, # of Apprentices :

QUOTE #2

Contractor's Name:	
Contractor's Phone #:	
Contractor's Address:	
Description of Work and Materials Being Used:	

Will there be apprentices on the job? Yes No If Yes, # of Apprentices :

QUOTE #3

Contractor's Name:

Contractor's Phone #

Contractor's Address:

Description of Work and
Materials Being Used:Will there be apprentices on the job? Yes No If Yes, # of Apprentices :**G. FUNDING FROM OTHER SOURCES**

Have you applied for, or received funding from any other source for the project in this application? Please Note: Individuals who have already participated in an IAH program (Renovate or Homeownership) do not qualify for this program.

 Yes No**If yes, please provide details:**

H. APPLICANT DECLARATION

I / we hereby confirm that I / we are the owners of the house and property located at:

ADDRESS:	

and that no other person is an owner.

- I / we hereby grant permission to Lanark County Social Service to make any necessary inquiries to verify my / our income, assets, liabilities, and credit information.
- I / we acknowledge that if my / our funding is accepted it will not apply to work completed prior to issuance of a confirmation letter.
- I / we hereby certify that all information contained in this application, including income, is true and complete in every aspect.
- I / we acknowledge that in the event that a false declaration is knowingly made, the County of Lanark shall have the right to cancel the approval and recover paid funds.

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Please submit application and all required document to:

Lanark County Housing Services
52 Abbott Street North
Smiths Falls, ON K7A 1W3
Phone: 613-267-4200 ext. 2404
Toll Free: 1-888-952-6275
Email: housingapplications@lanarkcounty.ca