



# INSULATE LANARK APPLICATION

**Applications are to be returned to:**  
Lanark County Housing Services  
52 Abbott Street, Unit 4  
Smiths Falls, ON K7A 1W3

**Contact Information:**  
Phone: 613-267-4200 x. 2404  
Toll Free: 1-888-952-6275 x 2404  
Fax: 613-283-6045  
Email: housingapplications@lanarkcounty.ca

## Criteria for INSULATE LANARK Program

- Repair must be an improvement to the existing insulation in the home. For example, increasing or replacing insulation in the areas of the home where such would be beneficial to improving the energy efficiency of the home, such as attic, basement, etc.
- Total project costs must not exceed **\$2,500**
- Household income must not exceed **\$70,000**
- House value must not exceed **\$305,372**
- Total household assets must not exceed **\$200,000**

## Applicant Information

Owner's Name(s):	_____	Phone :	_____
Owner's DOB:	_____	# People in household:	_____
Address:	_____	Income Source:	OW      ODSP      EI OAS/CPP
Total Assets:	\$ _____	Annual Income:	Employment      Other \$ _____

## Property Description and Expenses

Monthly Mortgage:	\$ _____	Property Taxes:	\$ _____
Hydro:	\$ _____	Water:	\$ _____
Heat:	\$ _____	Insurance:	\$ _____
Approx. Value of House:	\$ _____	# of Bedrooms:	_____
Description:	Condo      Detached      Row House      Semi-Detached      Other Mobile	Age of House:	_____

**INSULATE LANARK APPLICATION**

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**Insulate Request Details**

Description of the work to be done:

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**Quotes/Estimates**

Please provide 2 price quotes from 2 different qualified contractors, including their registration/HST number and a detailed description of the work to be done and the materials to be supplied. **\*\*\*Attach both quotes\*\*\***

1.	Contractor : _____  Cost: _____	Contractor Phone: _____ Description of Work: _____
2.	Contractor : _____  Cost: _____	Contractor Phone: _____ Description of Work: _____

**Applicant Declaration and Consent**

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

Address: \_\_\_\_\_

I/We hereby grant permission to Lanark County Housing Services to contact any person, agency, business or organization and exchange information regarding this request. I am aware that information will be collected and provided in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the administration of this program.

I/We hereby grant permission to Lanark County to enter and store my personal information in the HIFIS database; I understand that this information will be provided to HRSDC for the purposes of policy analysis, research and evaluation of policies and programs respecting homelessness in Canada.

I/We hereby acknowledge that if my/our funding application 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 is true and complete in every respect.

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I/We acknowledge that in the event a false declaration is knowingly made Lanark County shall have the right to cancel the approval and recover paid funds.

Applicant Name	Applicant Signature	Date
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Applicant Name	Applicant Signature	Date
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**Required Documentation - Attach**

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|---|---|
| <input type="checkbox"/> 2 quotes (from 2 different contractors)<br><input type="checkbox"/> Verification of Assets (3 month bank statements)<br><input type="checkbox"/> Verification of Mortgage (up-to-date)<br><input type="checkbox"/> Verification of House Insurance | <input type="checkbox"/> Verification of Income (Notices of Assessment)<br><input type="checkbox"/> Property Tax Bill (verification payments are up-to-date)<br><input type="checkbox"/> Proof of Property Value (MPAC statement)<br><input type="checkbox"/> Photo ID for all adults in home |
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**FOR OFFICE USE ONLY**

Caseworker Approval	Date
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Supervisor Approval	Date
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Manager Approval	Date
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