



**APPLICATION SUBMISSION CONFIRMATION**

DATE:	APPLICANTS SIGNATURE:
TIME:	DISTRICT OF MUSKOKA SIGNATURE:

**APPLICATION FORM - HOME REPAIR FORGIVABLE LOANS/ACCESSIBILITY GRANTS  
 THIS APPLICATION MUST BE COMPLETED BY ALL HOME OWNERS**

**ONTARIO RENOVATES PROGRAM FOR HOMEOWNERS**

Type of project     Home Repairs     Accessibility Modifications

**1. ABOUT THE APPLICANT (S)**

I/We own the property    Yes <input type="checkbox"/> No <input type="checkbox"/>	The owner resides at the property    Yes <input type="checkbox"/> No <input type="checkbox"/>
Client type <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Family <input type="checkbox"/> Non-Elderly Single	Is anyone in this household Aboriginal? (Métis, Inuit, Status Indian or Non-status Indian) <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT**

Full Legal Name \_\_\_\_\_

Spousal Status

Married     Single     Divorced     Common Law     Legally Separated     Separated

Widowed     Other \_\_\_\_\_

**CO-APPLICANT**

Full Legal Name \_\_\_\_\_

Spousal Status

Married     Single     Divorced     Common Law     Legally Separated     Separated

Widowed     Other \_\_\_\_\_

Daytime Telephone Number (   )	Alternate Telephone Number (   )
Email Address	
Mailing address if different from property address below:	

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

**ADDRESS OF THE PROPERTY**

Street No. Street Name (Include Lot, Concession, Township, if applicable)			Apt.
City/Municipality	Province	Postal Code	PIN #

Has this property previously received any renovation program assistance (RRAP, Ontario Renovates, AHP, IAH, IAH-E) or been purchased with a Home Ownership down payment assistance loan from The District Municipality of Muskoka (“the District”)?

Don’t know    Yes\*    No

\* If yes, please specify the program and date \_\_\_\_\_

What is the age of the house? _____ years	Are the property taxes paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dwelling on a Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Based on your most recent property tax assessment, what is the value of your property? \$ _____
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What is the approximate size of house: _____ (sq. ft.)	Number of Bedrooms: _____	Are Insurance payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all Mortgage payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check the type of house you live in

Single Family Home    Semi-Detached    Duplex    Row  
 Mobile Home   Serial no. \_\_\_\_\_    Other (Specify): \_\_\_\_\_

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

**HOMEOWNER ONTARIO RENOVATES**

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

- Accessibility \_\_\_\_\_
- Structural \_\_\_\_\_
- Heating \_\_\_\_\_
- Plumbing \_\_\_\_\_
- Electrical \_\_\_\_\_
- Fire Safety \_\_\_\_\_
- Septic/Well Water/Well Drilling \_\_\_\_\_
- Other (describe) \_\_\_\_\_

**DETAILS OF THE WORK REQUIRED MAY BE INCLUDED ON PAGE 8.**

**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 continued independent living in the home.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: The District will require confirmation from a licensed medical professional. Please submit a completed Accessibility Project Form with this application.**

**4. ABOUT COMPLETING THIS APPLICATION**

Did anyone provide assistance filling out this application form or the worksheets?  Yes  No

If yes, please check the box that describes the person who provided assistance.

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Professional   | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Volunteer              | <input type="checkbox"/> Family, friend or neighbour |
| <input type="checkbox"/> Other (describe) _____ |  |

Contact information for person who provided assistance (in case clarification is needed).

Name

Telephone Number

Email Address

**5. ABOUT FUNDING FROM OTHER SOURCES**

Funding from other sources, in any form (e.g. grants, consumer rebates, etc.) received or expected to be received (including any funding applied for) for work that may be covered through an Ontario Renovates forgivable loan must be disclosed.

I will be seeking funding from other sources for repairs/renovations (e.g. grants, consumer rebates, etc.). Describe: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND INCOME WORKSHEET**

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

Typically, household income is the total of all incomes shown on Line 15000 of the most recent tax years' Notice of Assessment, for all people living in the home, including the homeowner(s), spouse or partner, child/dependents, and any other persons who live in the same home, aged 16 and over.

Household Income		
Household Member Name	Income from Line 15000 of most recent Notice of Assessment (for members 16 and over)	<b>OR</b> Current income, if substantially different than Line 15000 of most recent Notice of Assessment** (for members 16 and over)
Sub-total	<b>A - \$</b>	<b>B - \$</b>
Total Household Income	<b>A + B \$</b> _____	

\* If you have not yet received your current year Notice of Assessment, please include a copy of your previous Notice of Assessment form and your T4(s).

\*\* If you have a substantially different income from the amount that appears on Line 15000 of your most recent Notice of Assessment, please provide details of the changes here: \_\_\_\_\_

**Total Household Assets**

- Total Household Asset level must be less than \$50,000 for individuals and \$75,000 for households. Asset level includes property other than this location (commercial, residential or vacant), savings, GIC's, and other financial assets (not including RRSP's or RESP's)
- Total Household Assets do not include items such as personal vehicles.
- Total Household Asset limit applies to all members of the household ages 16 and over:  
\$ \_\_\_\_\_

**Household Composition**

Do you live in the home?  Yes  No

Total number of people living in your home: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Household type:  Single  Family  Congregate

**Sample Notice of Assessment**



Page 1

SUBJECT ON FSA 921

**Notice details**

Social insurance number	XXX-XXX-000
Tax year	2017
Date issued	Apr 23, 2018

Most Recent Tax Year

FIRST NAME LAST NAME  
STREET NUMBER & STREET NAME  
CITY, PROVINCE, POSTAL CODE

Add lines 14400, 14500, and 14600. (See line 25000 in Step 4.)	=	▶14700	+	
Add lines 10100, 10400 to 11400, 11500 to 11700, 11900, 12000, 12100 to 12500, 12600, 12700, 12800, 12900 to 13010, 13500, 13700, 13900, 14100, 14300, and 14700.				
This is your total income.		15000	=	Line 15000

**TERMS AND CONDITIONS**

I/We acknowledge and understand that the following terms and conditions shall apply to this application and, if assistance is approved, to any subsequent loan:

1. Any work carried out before written confirmation of approval from the District is not eligible for assistance.
2. Any labour charges from the applicant or members of the applicant’s family are not eligible for payment.
3. The amount of the forgivable loan is based on the cost of the District approved mandatory repairs/modifications.
4. The entire amount of the forgivable loan, if approved, may only be used to finance the approved home repairs/modifications in the dwelling identified on Page 2 of this application form.
5. The forgivable loan will be subject to the terms and conditions set out in the final loan commitment agreement and mortgage.
6. Once the applicant(s) are in receipt of a conditional letter of acceptance into the Ontario Renovates program and up until the project is complete and the forgivable loan is registered on title; the applicant(s) may not change any terms or refinance their mortgage.
7. In the event that any terms and conditions of the forgivable loan are not met, or that a false declaration is knowingly made, the District 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/We hereby confirm that the District and/or its authorized representatives or agents may carry out the necessary enquiries for the purpose of confirming the information provided in this application form, including conducting a title search on the property.

I/We acknowledge that personal information submitted on and with this Application, is collected by the District to be used only to: contact the applicant(s) about the Program; determine eligibility; and to make application under this program.

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

I/We hereby acknowledge that when funding is granted, we cannot claim the repairs for any Provincial Tax Rebate programs.

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

Name (please print)	Signature	Date
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Name (please print)	Signature	Date
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**This application form will be considered valid for six months as of the last date indicated above.**  
**Consent of applicant(s) for the district to contact person who provided assistance with application:**

I/We, the applicant(s), hereby authorize the District and/or its authorized representatives to contact the person (identified in Section 4) who provided assistance in completing this form should clarification be necessary.

Please initial \_\_\_\_\_  
Yes    No

If you have any questions about the program or this application, please contact:

Affordable Housing Project Coordinator

Email: [affordablehousing@muskoka.on.ca](mailto:affordablehousing@muskoka.on.ca)

Or call the office at:

(705) 645-2412, extension 4410

Fax 705-645-4272

**NOTE: YOU MUST INCLUDE THE FOLLOWING WITH YOUR APPLICATION:**

- Completed application form with all of the required signatures: Please note:
  - All persons registered on title to the property must sign the application form.
  - Where there is one registered owner and the spouse of this owner has a matrimonial interest in the Property, both the owner and the spouse must sign the application form.
- Photo ID for all persons who have signed the application.
- Proof of current year *gross* income (as identified in the Income Worksheet on page 3) for all household members 16 years of age and older (copies of most recent Revenue Canada Notice of Assessment, or if income has changed significantly, confirmation from all current sources of revenue that shows revenue).
- Proof of total household assets (copies of bank statement, GIC statement, MPAC assessment for other land or other properties owned, etc.).
- Photocopy of most recent Property Tax Assessment (MPAC assessment).
- Proof of mortgage in good standing (letter/statement from Mortgagor(s)).
- Proof of property taxes in good standing (letter/statement from Town or Municipality).
- Copy of current Home Insurance Certificate.
- Photographs of the project(s) you wish to have funded (see Eligible Repair Project Parameters document).
- Completed Accessibility Project Form (for Accessibility Projects only).
- Proof of leasehold (for leased land only).
- Serial or registration number (for mobile homes only).

**\*\* Complete applications are date and time stamped. Applicants will be considered in order of receipt. Incomplete applications will not be considered until they are deemed complete. If your application is deemed incomplete (missing any of the above signatures or documentation) you will be contacted in the following order:**

- 1) By email, if you have provided a valid email address or**
- 2) By phone if a phone number has been provided – we will leave a message if you do not answer the phone directly or**
- 3) By letter, if you have not provided a phone number and/or an email address**

**DETAILS OF WORK REQUIRED, OR ANY OTHER INFORMATION YOU WOULD LIKE TO INCLUDE:**

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The information on this form or any attachments hereto will be used to determine initial and ongoing eligibility for the Ontario Renovates program and is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. 56 (“MFFIPA”). Questions about the collection or release of this information should be directed to: The District Municipality of Muskoka, 70 Pine Street, Bracebridge, P1L 1N3 or by telephone at 705-645-2412.