



City of Kawartha Lakes
Human Services
Box 2600, 68 Lindsay Street North
Lindsay, ON K9V 4S7
705-324-9870
cklhumanservices@kawarthalakes.ca

Application for Kawartha-Haliburton Renovates

Application Deadline: April 24, 2025

Program Summary:

The Kawartha-Haliburton Renovates Program is a program funded through the Ontario Priorities Housing Initiative (OPHI). The program is open to people in the City of Kawartha Lakes and the County of Haliburton.

Kawartha-Haliburton Renovates provides a forgivable loan up to \$20,000 for home repairs like roofs, plumbing, heating, foundations, wells and septic systems. Up to \$5,000 is also available for upgrades to reduce physical barriers such as ramps, handrails, chair and bath lifts and countertop height changes.

Applications will be reviewed on a priority basis based on income and the type of repair.

Visit the Kawartha-Haliburton Renovates webpage or call 705-324-9870 x3109 or 1-877-324-9870 x3109.

Application Submission Options:

Complete the application online

Mail the application with copies of all needed documents to:

City of Kawartha Lakes – Human Services
PO Box 2600
68 Lindsay Street North
Lindsay, Ontario K9V 4S7

Applications can be dropped off to:

City of Kawartha Lakes – Human Services
68 Lindsay Street North
Lindsay, Ontario K9V 4S7

Or

City of Kawartha Lakes – Human Services
Unit 8 – 49 Maple Avenue
Haliburton, Ontario K0M 1S0

If you need help completing the application, please call our office at 705-324-9870 x 3109 or 1-877-324-9870 x 3109. Applications mailed must have a postage mark with a date before April 24, 2025.

The required documents include:

- Income Verification - 2023 Notice of Income Tax Assessment
- Proof that mortgage is in good standing
- Copy of your current housing insurance policy
- Pictures of the item(s) that require repair or areas of the home that require the accessible modifications (not mandatory, but preferred).

Your application is not completed until you complete the following:

- Fill in your personal information
- Answer the project information
- Tell us about the needed repairs or modifications
- Read and sign the Declaration, Release & Acknowledgement
- Complete the Accessibility Project Form, if applying for accessibility funding
- Submit the application through one of the ways listed on the first page
- Please note: if you receive Ontario Works (OW) or Ontario Disability Support (ODSP) you do not need to include income verification

Applicant Information:

Total number of people that live in the household *

Total income of all household members 16 years of age or older, excluding dependent full-time students (including rental, boarder and lodging income) *

First name *

Last name *

Birth date (MM/DD/YYYY) *

Gross monthly income *

Relationship

Co-applicants information:

(other household members who are not under the age of 21)

Co-applicant last name

Co-applicant first name

Birth date (MM/DD/YYYY)

Gross monthly income (include all forms of income)

Relationship

Are you and the co-owner (if applicable) Canadian Citizen, a landed immigrant or have applied for permanent residency or refugee claimant status? *

- Yes
 No

Mailing address (street, PO box, city, province, postal code) *

Telephone number *

Cell phone number

Email address

Alternate contact information:

Alternate contact name (first and last name):

Alternate contact phone number

Project Information:

Has this project received previous government funding? Residential Rehabilitation Assistance Program (RRAP) or Homeownership downpayment assistance funding (HO) *

- Yes
 No

Are property insurance payments up to date? *

- Yes
 No

Are all mortgage payments up to date? *

- Yes (you must provide confirmation)
 No
 Not applicable (mortgage paid in full)

Based on your most recent property tax assessment, what is the value of your property? (Home must be valued at \$671,145 or less) *

Are the property tax payments up to date? *

- Yes
- No

Do you have assets and investments, if so must be \$20,000 or less? (RRSP excluded)(TFSA are considered investments) *

- Yes
- No

Do you own or have a vested interest in any other property? *

- Yes
- No

Are you applying for bankruptcy or have an active bankruptcy file? *

- Yes
- No

Is the home at the address listed above your sole and principal residence? *

- Yes
- No

Description of the home, scope of work and housing affordability:

Type *

- Semi-detached
- Detached
- Townhouse/row house
- Mobile home

Number of storeys

Age of house *

Number of bedrooms *

Square footage

Monthly mortgage payment *

Monthly property taxes *

Monthly home insurance

Utilities-average monthly costs *

Work required

- Accessibility
- Electrical
- Fire safety

Check all that apply:

- Foundation
- Heating
- Over crowding

- Plumbing
- Roof/ceilings
- Septic/well water/well drilling

- Windows
- Other

Accessibility Modifications:

If you are applying for assistance for an accessibility modification, the Kawartha-Haliburton Renovates Accessibility Project form (found at the end of this document) will be required - please submit this document with your application.

For eligible repairs project parameters please visit our website or call (705) 324-9870 extension 3109 or 1-877-324-9870 extension 3109

For repair funding, list and describe the requested repairs/renovations to your home. For accessibility modifications, describe the disability and special modifications required.

Declaration, Release & Acknowledgement:

I/we hereby confirm that I/we are the owners of the house and property, and that no other person is an owner of:

Mailing address (street, PO box, city, province, postal code)

- I/we declare and certify that all information contained in this application, including income, is true and complete in every respect.
- I/we understand that this is an application for financial assistance under the Kawartha-Haliburton Renovates Component–Ontario Priorities Housing Initiative (OPHI), the purpose of which is to allow the City of Kawartha Lakes to determine if the applicant and the home are eligible.
- I/we acknowledge that in the event that any false information is knowingly made the City shall have the right to cancel the approval and recover any paid funds.
- I/we hereby acknowledge that if my/our funding application is accepted it will not apply to work completed prior to issuance of final approval letter.
- I/we hereby acknowledge that if my/our funding application is accepted I/we cannot claim the repairs for any Provincial tax rebate programs.
- I/we hereby grant permission to the City of Kawartha Lakes to make any necessary inquiries to verify my/our income, assets, property tax account status, MPAC value, liabilities, and credit information including Ontario Works and the Ontario Disability Support Program.
- I/we consent to the use, disclosure, transfer and exchange of information contained in this application and associated documents to provide information to the municipal, provincial or federal governments to satisfy Program reporting requests and requirements, to determine eligibility during the Program period and to be used for other purposes allowed by law.

Personal information contained in this form or any attachments hereto is collected by the City of Kawartha Lakes for the purpose of determining eligibility for the Kawartha-Haliburton Renovates–Ontario Priorities Housing Initiative (OPHI), in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, Chapter M.56. Any questions regarding the collection or release of this information should be directed to:

Arlene Smit, Affordable Housing Programs Coordinator
The Corporation of the City of Kawartha Lakes, Housing Services Division
Box 2600, 68 Lindsay Street North, Lindsay, ON K9V 4S7
Tel: (705) 324-9870, Ext. 3109 • 1 877-324-9870 • Fax: (705) 328-2875
asmit@kawarthalakes.ca • www.kawarthalakes.ca

Signature

Date (MM/DD/YYYY)

Co-applicant signature

Date (MM/DD/YYYY)

Accessibility Project Form:

Household member's name who requires the accessible modifications:

The Kawartha-Haliburton Renovates program provides funding for permanent modifications to improve accessibility for persons with a disability or physical limitations. Examples include, but are not limited to:

- Ramps
- Handrails
- Cues for doorbells/fire alarms
- Chair and bath lifts
- Bathroom modifications
- Height adjustments to countertops

This form is to be completed and signed by a licensed medical professional who has responsibility and care for the patient.

Please describe in the box below, the nature of the condition, which is requiring you to need accessible modifications.

Is this condition disabling? Please explain?

Please identify the proposed modifications and how it will improve your quality of life