



City of Kawartha Lakes
Housing Help division
Unit A - 37 Lindsay Street South
Lindsay, ON K9V 2L9
Phone No.: 705-878-9367
Toll Free: 1-844-878-9367
housinghelp@kawarthalakes.ca

CKL-H Affordable Housing Framework 2018 Secondary Suites Program

Application Deadline: May 31, 2018

City of Kawartha Lakes Use Only:

Applicant Information:

Last Name:

First Name:

Co-Applicant Last
Name:

Co-Applicant First
Name:

Mailing Information:

Street No./Street Name:

Apt:

City:

Province:

Postal Code:

Phone Number:

Alt. Phone Number:

Email:

Income Verification:

Income verification will be needed for each household member 16 years of age or older, excluding dependent full-time students. Attach a copy of your 2017 Notice of Assessment from the Canada Revenue Agency, or the most recent 8 weeks of income (bank statements, paystubs etc.)

This is not required for those in receipt of Ontario Works or Ontario Disability Support Plan.

Property Information:

Building Type

- Single Detached
- Semi-Detached
- Townhouse/Row House
- Linked House

Mailing Address (Street, PO Box, City, Province, Postal Code)

What is the age of the home?

What is the approx. sq footage of the home?

How many bedrooms does the home currently have?

Based on your most recent property tax assessment, what is the value of your property? [(Home can be valued at or below \$363,127) (Provide copy of your MPAC assessment)]

Are the property taxes paid up to date (Provide Proof of Payment)

- Yes
- No

Are insurance payments up to date? (Provide proof of payment - See Appendix A)

- Yes
- No

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

- No
- Yes

Do you have assets and investments over \$20,000? (RRSP excluded) (TSFA are considered investments) *

- No
- Yes

Property Information Continued:

Are all mortgage payments up to date? (Provide proof of payment - See Appendix B)

Yes

No

Have you already spoken to your municipality building or planning department about creating a Secondary Suite?

Yes

No

Have any regulatory approvals already been approved? (Provide proof of each approval)

Building Code

Fire Code

Environmental

Zoning

If no regulatory approvals have been granted, indicate the stage the project is at in terms of the planning approvals process, and attach supporting documentation.

Please note: It is not mandatory to already have these approvals to be considered for this funding, however applications with approvals will be considered first. Conditional funds approval will allow a period of time to secure the necessary approvals.

Description of New Secondary Suite

Please use this section to describe your proposed unit (see below). A secondary suite is a private, self-contained unit within an existing dwelling. A secondary suite has its own bathroom, kitchen, living and sleeping areas, but can share a number of facilities including a yard, parking area, laundry and storage area.

All approved units shall include the following and **not be occupied by the owner(s)**.

- Full kitchen
- Full bath facilities
- Separate entrance

The unit created must be rented at or below 80% of the Canada Mortgage and Housing Corporation (CMHC) average market rent for the area.

For 2018

One Bedroom - \$697

Two Bedroom - \$860

The Rent must stay at 80% CMHC average market rent for fifteen (15) years or longer. During the funding period, the gross household income of the occupant(s) of the unit, at the time of move in, will be at or below maximum household incomes.

For 2018

One Bedroom - \$31,000

Two Bedroom - \$38,000

Income verification will be completed at time of move in only. Funding under this program will have a maximum of \$10,000 per unit.

Provide a detailed description of your proposed project, including information about site details and readiness, project concept (building, unit size and type, energy provisions, accessibility features, etc.), development schedule (proposed implementation plan and schedule), additional financial details, etc.

Provide a detailed description of your proposed project

Provide an estimated completion date:

Provide pictures of the area where you will be creating the Secondary Suite.

Estimated Project Cost Details:

Total estimated construction cost including tax:

Cost

Estimated other costs (e.g. legal fees, permits & inspections)

Cost:

Name of Qualified Designer (if used):

Cost:

(A) Estimated total cost (construction plus all other costs)

(B) Housing Initiatives Funding Amount:

(C) Other Financing (ie. loan, owner contribution)

(C) Cost

Total of funding & other finances (must be equal to estimated total costs) (B+C=A):

Funding From Other Sources

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

- I will be seeking/have sought funding from other sources for repairs/renovations (e.g. grants, consumer rebates, etc.). Please provide a detailed explanation and supporting documentation (i.e. letters of participation, funding commitment letters, etc.)

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 City of Kawartha Lakes 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 funding is based on the estimated project costs as, completed on page 5 of this application and as approved by CKL.
4. The entire amount of funding, if approved, may only be used to finance the City of Kawartha Lakes approved construction of new secondary suites as identified on Page one (1) of this application form.
5. The funding will be subject to the terms and conditions set out in the final funding commitment agreement and any funding related documentation (e.g. mortgage). Appropriate security will be registered on title and discharged when all requirements have been met. Fees for registrations are deducted from the funding approved.
6. If the information provided in the application is incorrect or false, the City of Kawartha Lakes may cancel the application.
7. If any terms and conditions of funding agreement are not met, the City of Kawartha Lakes shall have the right to seek recovery of any funds disbursed.
8. All work must be done in accordance with all applicable local, municipal, and/or provincial legislation (i.e. zoning, building & fire codes, etc.)
9. Funds will not be disbursed until such time as all applicable occupancy permits for the project have been issued and copies provided to the City of Kawartha Lakes. If the owner is using a qualified designer to obtain a Building Permit the City will advance up to \$500 to cover these costs.
10. Construction shall commence within 90 days of signing the funding approval agreement unless otherwise agreed to by the City of Kawartha Lakes. All work must be completed within one (1) year of signing the loan agreement.

Declaration and Consent:

1. I/We hereby confirm that to the best of my/our knowledge the information provided herein is complete and accurate in every respect.
2. I/We hereby confirm that I am/we are the owner(s) of the property and no other person is an owner.
3. I/We hereby confirm that the City of Kawartha Lakes 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. I/We give the City of Kawartha Lakes permission to check the information that I/We have given them with the person or agency who can confirm the information and to provide such further information and/or documents as the City of Kawartha Lakes may request in this regard.
4. I/We acknowledge that personal information submitted on and with this application, is collected by the City of Kawartha Lakes to be used only to: contact the applicant(s) about the Program; determine eligibility; and to make an application under this program.
5. I/We hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by the City of Kawartha Lakes 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.
6. I/We hereby acknowledge that when funding is granted, we cannot claim the cost of work covered by the funding for any Provincial Tax Rebate programs. The City of Kawartha Lakes reserves the right to reject or decline any or all applications submitted or to request additional information.
7. I/We have read, understood and agree to the terms and conditions listed above.

Name:

Applicant's Signature:

Date:

Name:

Co - Applicant's Signature:

Date:

The information on this form or any attachments hereto will be used to determine initial and ongoing eligibility for City of Kawartha Lakes Affordable Housing Initiative funding 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:

City of Kawartha Lakes
Housing Help division
Unit A - 37 Lindsay Street South
Lindsay, ON K9V 2L9
Phone No.:705-878-9367 Toll Free: 1-844-878-9367
housinghelp@kawarthalakes.ca

Completed application forms will be kept on file until December 31, 2018. If your application is not complete or documents missing, you will be contacted by phone or email. If you have any questions about this application, please contact: Housing Help at 705-878-9367 or toll free at 1-844-878-9367.

Checklist

- Completed application form with all of the required signatures (1. All persons registered on the title of the property must sign the application form. 2. Where there is one registered owner and the spouse of this owner has a matrimonial interest in the property, the owner and the spouse must sign the application form)
- Photo ID for all persons who have signed the application form
- Photocopy of most recent Property Tax Assessment
- Proof of mortgage in good standing [statement from lender(s)]
- Proof of Mortgage is paid off/no mortgage on property (if applicable)
- Proof of property taxes in good standing (statement from municipality)
- Proof of insurance is in good standing (Appendix A) and current insurance policy
- Copy of regulatory approvals (e.g. Environmental, Building Code, Fire Code, etc.) If already obtained.
- Documentation of funding from other sources (if applicable)
- Project Plan, Schedule and Picture of Structure (for renovations/conversion projects)
- Income verification

Appendix A - Insurance Letter
Must be on Company Letterhead
Example Only

Company Name/Logo

Date

Applicant/Co-Applicant Name
Address
City, Province
Postal Code

Re: Confirmation of Property Insurance Coverage - Policy Number:

To Whom It May Concern:

Please accept this letter as confirmation of property insurance for the above name insured at the above listed address. This policy effective date is _____, 20XX and it is good through the year until _____, 20XX (automatic renewal). This policy includes Guaranteed Replacement Cost (GRC).

- Dwelling Coverage: \$ XXX,XXX
- Dwelling Ext: \$ XX,XXX
- Liability: \$ X,XXX.XXX
- Medical Payments: \$ X,XXX

If the described policy is to be cancelled prior to the expiration date, (Insurance Company Name) will mail written notice to the certificate holder(s) 15 days before cancellation.

Yours truly,

Name of Issuer

Appendix B - Mortgage Letter
Must be on Company Letterhead
Example Only

Company Name/Logo

Date

Applicant/Co-Applicant Name
Address
City, Province
Postal Code

Re: Confirmation of Mortgage - Mortgage Number:

To Whom It May Concern:

(Bank/Mortgage Broker) is pleased to confirm that the above mortgage held by (name of applicant) is up to date and in good standing. The mortgage payments have been paid as agreed in the last 12 months. The principal balance of the mortgage as of the most recent payment on (date of payment) is \$XXX,XXX.

Should you have any questions, do not hesitate to contact the undersigned or any of our Authorized Representatives by email at email@email.com or by phone at 1-877-XXX-XXXX and we will be pleased to assist you.

We value you your business and look forward to continuing to serve you.

Regards,

Name of Issuer
Authorized Representative