



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

Application for Kawartha-Haliburton Renovates

Application Deadline: April 30, 2019

Program Summary:

The Kawartha-Haliburton Renovates Program is a financial assistance program, which is funded through the Investment in Affordable Housing Ontario – 2014 Extension. The program offers financial assistance to eligible applicants in the City of Kawartha Lakes or the County of Haliburton.

Kawartha-Haliburton Renovates provides a forgivable loan to a maximum of \$10,000 for repairs such as roofs, plumbing, heating, foundations, wells and septic systems. A grant to a maximum of \$5,000 is also available for modifications to reduce physical barriers such as ramps, handrails, chair and bath lifts and countertop height adjustments.

Once your application is submitted, it will be assessed for eligibility. Eligible applications will be considered for funding on a priority basis considering both income and the type of repair/modification.

To see if your household meets the program requirements, please visit our website at www.kawarthakes.ca or call (705)-878-9367 ext. 3109

The required documents include:

- Photo ID
- Income Verification
- Citizenship Verification
- Asset & Investment Verification
- MPAC Statement
- Proof of Insurance in Good Standing
- Proof of Mortgage Payments in Good Standing
- Proof of Property Tax Payments in Good Standing
- Quotes (If already obtained)
- Completed Accessibility Project Form (must be completed by Medical Professional)

Six easy steps

- Fill in your personal information
- Answer the project information
- Tell us about the needed repairs or modifications
- Read & Sign the Declaration, Release & Acknowledgement
- When applying for accessibility funding have a medical professional complete the medical information
- Send or bring the application to Unit: A 37 Lindsay Street, South, Lindsay, Ontario with copies of the required documents as outlined below.
- Please note: If you receive Ontario Works (OW) or Ontario Disability Support (ODSP) you do not need to include Photo ID, Income Verification or Citizenship Verification.

Personal Information:

Last Name *

First 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

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), Homeownership(HO), Community Homelessness Initiative (CHPI), Housing Help Centre(HHC) *

Yes

No

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

Yes

No

Are all mortgage payments up to date? (Provide proof of payment or proof of mortgage paid in full - See Appendix B) *

Yes

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 \$409,250 or less) (Provide copy of your MPAC assessment)] *

**Are the property tax payments up to date?
(Provide proof of payment) ***

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

Apartment

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

Check all that Apply:

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Accessibility

Foundation

Plumbing

Windows

Electrical

Heating

Roof/Ceilings

Other

Fire Safety

Over Crowding

Septic/Well
Water/Well Drilling

Accessibility Modifications:

If you are applying for assistance for an accessibility modification the Kawartha-Haliburton Renovates Accessibility Project form on page 7 will be required and must be completed by a medical professional - please submit this document with your application. Applicants will be given time to have this completed once they receive conditional approval if they are not able to submit with their application.

For eligible repairs project parameters please visit our website or call 705-878-9367 Ext. 3109

For repair funding list and describe the requested repairs/renovations to your home or for accessibility modifications describe the disability and special modifications required to enable the person to continue to live independently.

Declaration, Release & Acknowledgement:

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

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

and that no other person is an owner.

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– Investment in Affordable Housing Ontario – 2014 Extension, 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, and 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 – Investment in Affordable Housing Ontario -2014 Extension 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 Help Division
Unit A – 37 Lindsay Street South, Lindsay, Ontario K9V 2L9
Tel: (705) 878-9367, Ext. 3109 • 1 844-878-9367 • Fax: (705) 324-6002
asmith@kawarthalakes.ca • www.klhhousinghelp.ca

Signature

Date (MM/DD/YYYY)

Co-Applicant Signature

Date (MM/DD/YYYY)

Accessibility Project Form:

Homeowner's Name

Patient's Name (if different)

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

Is this condition disabling? Please explain?

Please identify the proposed modifications and how it will improve the patient's quality of life

Signature (medical professional)

Date (MM/DD/YYYY)

Phone

Medical Professional's Name (please print)

Office Address

Homeowner's Signature

Date (MM/DD/YYYY)

Eligibility Documentation Checklist:

Requirement [Acceptable documentation]

- Kawartha-Haliburton Renovates application [Please fill in all applicable spaces and sign the application.]
- Photo Identification *Not required for those in receipt of Ontario Works or Ontario Disability Support Plan* Advise. [For each homeowner, attach a copy of one piece of photo identification (ie Driver's License, Passport, Health Card).]
- Status in Canada *Not required for those in receipt of Ontario Works or Ontario Disability Support Plan* Advise. [For each homeowner, attach copies of Birth Certificate or Citizenship documentation (a copy of your passport can be used for both photo ID and citizenship documentation)]
- Proof of Income (needed for each household member 16 years of age or older, excluding dependent full- time students)
- Not required for those in receipt of OW or ODSP [Attach copy of 2018 Notice of Assessment from CRA. We will also accept the most recent 8 weeks' of income verification (bank statements, pay stubs etc.)]
- Asset/Investment Verification (if applicable) [Attach a statement copy of any income producing or non-income producing assets. Please see the Household Eligibility Criteria document on the website for details www.kawarthalakes.ca]
- Proof of Mortgage in good standing and balance (if applicable) [Please contact your bank/mortgage company for a letter stating that your mortgage payments are up-to-date AND current balance owing.] See Appendix B.
- Proof of Property Value [Attach a copy of your Municipal Property Assessment Corporation (MPAC) Notice of Assessment. If you do not have your Assessment, contact 1-866-296-6722, or go to www.mpac.ca to request a copy.]
- Proof Property taxes are paid up-to-date [Provide a receipt showing your property taxes are paid, or alternatively provide a statement indicating the same.]
- Proof of Property Insurance coverage [Attach a copy of your Property Insurance policy showing dwelling replacement coverage.]
- Proof that Property Insurance is in force and paid up-to-date [Provide a letter from your insurance company stating that your insurance coverage is in force AND that your policy is paid up-to-date.] See Appendix A
- Accessibility Project Form (if applicable) [Please have the Accessibility Project Form (page 7 of the application) completed by a health care professional if accessibility modifications are being requested.]

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