

2024-2025

NIAGARA RENOVATES PROGRAM

APPLICATION PACKAGE – HOMEOWNER REPAIRS

Submit application to:

Chris.rosettani@niagararegion.ca

Chris Rosettani, Capital Project Advisor
Niagara Region Housing Services, P. O. Box 344
1815 Sir Isaac Brock Way, Thorold ON L2V 3Z3

FAX: 905-687-4844

Phone: 905-980-6000 x 3954

Households are allowed one application under the Niagara Renovates Program

Applications must be complete with all supporting documentation attached

If you require this material in an alternate format, please contact 905-980-6000 ext. 3956

NIAGARA RENOVATES PROGRAM

Application Form - Homeowner

1. ABOUT THE OWNER OF THE PROPERTY

Last Name	First Name
Marital Status	Name of any other person on title to this property
Client Type: <i>Please check the appropriate box:</i>	
<input type="checkbox"/> Senior Citizen (55 & over) <input type="checkbox"/> Family <input type="checkbox"/> Individuals 18-54 <input type="checkbox"/> Aboriginal	
Are you a:	
<input type="checkbox"/> Person with Disabilities	

2. ADDRESS

Street Number, Street Name		
City		Postal Code
Home Telephone Number	Work Telephone Number & Extension	Cell Phone Number
Email address:		

3. ABOUT THE PROPERTY

1. Has your property received CMHC Renovation Program or Niagara Renovates Program assistance within the last 10 years? Yes* No Don't know *If yes, please specify below program, date or account number and work done, if known.

Specify: _____

2. Have you owned your home for a minimum of five (5) years? Yes No

3. Have you received funding under Niagara Region Housing Services Homeownership Program? Yes
 No

Note: You are not eligible for funding under the Niagara Renovates Program if you have received Homeownership Funding.

Please Note: Maximum Home Value Must Not Exceed MLS resale price. (value fluctuates quarterly)

What is the Age of your house? _____ years	Are property taxes paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Based on your most recent Property Assessment, What is the value of your property? \$_____ (attach copy of MPAC statement)
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Click in the appropriate box to indicate the type of house you live in

Detached Semi-detached Townhouse Other

Number of Bedrooms 1 bedroom 2 bedroom 3 bedroom 4+ bedroom

Max. Household Income \$46,000 \$55,000 \$63,800 \$83,000

Asset Limit: If your financial assets are over \$30,000, you do not qualify for funding through the Niagara Renovates Program. Assets below \$30,000 Yes _____

4. ABOUT THE REPAIRS NEEDED

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

1. Structural: _____

(Note: Garages and unattached dwellings on your property do not qualify)

2. Heating: _____

3. Plumbing: _____

4. Electrical: _____

5. Utilities: Water, gas, and/or hydro have been shut off or shut off is imminent. (*Attach correspondence from utility company*).

6. Fire Safety or Hazard: _____

7. Accessibility modifications: _____

8. Other: _____

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 this person to continue to live independently in the home.

Note: Where it is not evident that the modifications are related to the disability, Niagara Region Housing Services may require confirmation from a qualified professional (such as a doctor or physiotherapist).

5. INCOME WORKSHEET

TOTAL MONTHLY HOUSEHOLD INCOME (Total amount before taxes and deductions)

You must state all sources of income and assets for each member of your household, 16 years of age or older. Proof of income is required (i.e. photocopies of the last 8 weeks of pay stubs; copy of benefit cheques **and** 3 months bank statements or current bank books showing last 3 months of direct deposits). If any household members 16 years of age and over are attending school full-time, please attach proof of attendance at school.

Asset Limit:

Note: If your total assets are over \$30,000, you do not qualify for the Niagara Renovates Program.

Please Note Maximum Household Income: 1 Bedroom = \$46,000; 2 Bedrooms = \$55,000; 3 Bedrooms = \$63,800; 4+ bedrooms = \$83,000				
Source of Income	(A) Homeowner	(B) Spouse/ Partner	(C) Children/ Dependents	(D) Other Household Members
GROSS MONTHLY INCOME	MONTHLY	MONTHLY	MONTHLY	MONTHLY
Employment: Gross salary, wages, commissions, part time earnings, self-employment, overtime, bonuses, tips and gratuities.				
Ontario Works/Ontario Disability Support Program (ODSP)				
Canada Pension (CPP); Old Age Security (OAS); Guaranteed Income Supplement (GIS); Guaranteed Annual Income Supplement (GAINS)				
Employment Insurance (EI) Worker's Compensation (WSIB)				
Child Support/Alimony/Spousal Support/Sponsorship Income				
Bank Interest/Investment and Dividend Income				
Pension/Disability Pension/ Private Pension/Other Country Pension				
Other Income (please specify)				
TOTAL FROM ALL INCOME SOURCES	\$	\$	\$	\$
TOTAL GROSS MONTHLY HOUSEHOLD INCOME (A+B+C+D)				\$
TOTAL ASSETS (RRSP's, Investments, Savings, etc.)				\$
Note: Proof of all income sources is required with this application, together with a copy of your previous year's Notice of Assessment from Canada Revenue Agency.				
As noted in the Terms and Conditions, if false declaration is knowingly made, Niagara Region Housing Services shall have the right to cancel the approval and recover any paid funds (plus interest).				

6. 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 primarily provided assistance.

Medical Professional Volunteer Social Worker Family Friend or Neighbour

Other - Describe:

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

Name:

Telephone No:

Email address:

7. 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) must be disclosed.

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

8. HOUSEHOLD COMPOSITION

In the appropriate boxes below, please list all the people who live in your house permanently and state their status in Canada.

Total number of people living in your home: _____.

HOMEOWNER(S) – Print Names <i>Note: Everyone living in the home must be listed in this section and all homeowners must sign the Section 10 of the Application (see page 6).</i>		*Status in Canada (e.g., Canadian Citizen, Permanent Resident, etc.)
CHILDREN/DEPENDENTS – Print Names (List the names and ages of all children/dependents living in the home)	Ages	Status in Canada*
OTHER HOUSEHOLD MEMBERS – Print Names (List the names of other household members living in the home)		Status in Canada*

***Status in Canada: Please state if you are a Canadian Citizen, Permanent Resident, Refugee/Claimant, Landed Immigrant, Aboriginal Status.**

9. 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 forgivable loan:

1. Niagara Region Housing Services (NRHS) and/or its authorized representatives or agents may carry out the necessary inquiries for the purpose of confirming the information provided in this application form, including conducting a title search of the property. *(The costs of the title search will be included in the total approved funding amount).*
2. Any work carried out before receiving Final Approval from NRHS is not eligible for assistance.
3. The amount of funding is based on the actual costs of the repairs/modifications approved by NRHS.
4. The entire amount of the forgivable loan, if approved, may only be used to finance the NRHS approved home repairs/modifications for the property identified on Page 1 of this application form.
5. The forgivable loan will be subject to the terms and conditions set out in the final Letter of Agreement and related documentation (mortgage/charge). The total amount of the loan will be written off at an equal rate over a 10 year period. The loan is not repaid if the homeowner(s) remain as owner(s) and live in the home during the 10 year forgivable period.
6. The mortgage/charge will be registered on title by NRHS. *(The associated costs will be included in the total approved funding amount).*
7. The homeowner will not receive Final Approval to proceed with the work until all the mortgage/charge has been registered on title.
8. In the event that any terms and conditions of the forgivable loan are not met or that a false declaration is knowingly made, NRHS shall have the right to cancel the approval and recover all paid funds (plus interest).
9. If the application is approved for Niagara Renovates funding, the homeowner(s) will not be eligible to reapply for the Niagara Renovates Program until the 10 year forgivable loan period has expired.

10. HOUSEHOLD DECLARATION

1. I/We hereby confirm that to the best of my/our knowledge the information provided is complete and accurate in every respect, and I/we have included all sources of income.
2. I/We hereby confirm that I am/we are the owner(s) of the dwelling and no other person is the owner. Attached is a copy of my/our driver's license(s), or passport(s) or other picture ID as verification.
3. I/We acknowledge that a title search of the property will be conducted.
4. I/We hereby acknowledge that the mortgage/charge will be registered on title by NRHS.
5. I/We acknowledge that Final Approval from Niagara Region Housing Services to proceed with the work will not be received until the mortgage/charge has been registered on title.
6. I/We hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by NRHS and/or its authorized representatives are for internal administrative purposes only and that such an inspection is not a guarantee that construction or renovation complies within the Building Codes and Standards. As owner(s), I/we are responsible to ensure that the quality of workmanship and materials meet contract and agreement specifications, and all Building Codes and Standards.
7. I/We hereby confirm that my/our mortgage and property tax payments are up-to-date and not in default, and the property is not under foreclosure proceedings.
8. I/We hereby confirm that my/our property insurance is current (copy of insurance policy attached).
9. I/We hereby confirm that the value of my/our property meets the program eligibility criteria (copy of recent MPAC Property Assessment or Property Tax Bill is attached).
10. I/We hereby confirm that program funds cannot be used for deposits to contractors.
11. I/We have read, understood and agree to the terms and conditions listed above.

ALL HOMEOWNERS MUST SIGN THE APPLICATION

Name (please print)	Signature	Date
Name (please print)	Signature	Date
Name (please print)	Signature	Date

11. CONSENT OF APPLICANT(S) (if applicable)

I/We, the applicant(s), hereby authorize NRHS and/or its authorized representatives to contact the person (identified in Section 6) who provided assistance in completing this form should clarification be necessary.

Signature(s) _____

CHECKLIST: YOUR COMPLETED APPLICATION MUST INCLUDE:

1. APPLICATION FORM

- Completed application form; to be signed and dated by all homeowners.
 - Where there is one registered owner and the spouse/common law partner of this owner has an interest in the property, the owner and the spouse/common law partner must sign the application form.

2. PROOF OF INCOME

- Proof of current gross monthly income (as identified in Section #5) for all household members (e.g. photocopy of pay stubs for a most recent period of eight consecutive weeks; photocopy of benefit cheque stubs)
- 3 month's most recent bank statements for all bank accounts
- Copy of your previous years' Notice of Assessment from the Canada Revenue Agency.
- For household members 16 years of age and older and attending school full-time, attach proof of attendance at school.

3. OTHER VERIFICATION REQUIRED

- Photocopy of driver's license(s), or passport(s) or other photo identification
- Photocopy of your most recent MPAC Assessment **or** Property Tax Bill (showing the value of your home)
- Photocopy of Current Insurance Coverage

If you require this or any other material in an alternate format please contact 905-682-9201 x 3956

All personal information provided on this form will be protected according to the requirements of the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act, 2004.