

**ONTARIO PRIORITIES HOUSING INITIATIVE**

**★ ELIGIBILITY CRITERIA:** Ensure that you meet the following guidelines before proceeding:

- Have NOT participated in any previous IAH/OPHI (Renovate or Homeownership) programs
- Income (Household):           Less than \$70,000
- Home Value:                    Less than \$305,372 (Amount under review by Province)
- Assets (excluding home):   Less than \$200,000

<b>HOMEOWNER INFORMATION</b>
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<b>Homeowner Name(s)</b>			
<b>Street Address</b>			
<b>Town/City &amp; Province</b>		<b>Postal Code</b>	
<b>Phone Number(s)</b>			
<b>Email Address</b>			
<b>Signature For Consent To Use Email</b>	X		
<b>Total Annual Household Income</b>	\$ _____		
<b>Household Type</b>	<input type="checkbox"/> Single <input type="checkbox"/> Family (1+ Members)		
<b>Target Group</b>	<input type="checkbox"/> Homeless <input type="checkbox"/> Indigenous Peoples <input type="checkbox"/> Mental Health/Addiction <input type="checkbox"/> Disabilities <input type="checkbox"/> Racialized Groups <input type="checkbox"/> Recent Immigrants <input type="checkbox"/> Seniors <input type="checkbox"/> Survivors Domestic Violence/Human Trafficking <input type="checkbox"/> Veterans <input type="checkbox"/> Young Adults <input type="checkbox"/> Other _____ <span style="float: right;">(eg "Modest Income")</span>		

<b>PROPERTY DESCRIPTION</b>
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<b>Type of House</b>	<input type="checkbox"/> Detached <input type="checkbox"/> Townhouse/Rowhouse <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other _____	
<b>House Details</b>	<b>Approximate Value of House</b> \$ _____	<b>Number of Bedrooms in House</b> _____
<b>Funding from Other Sources</b>	<b>Have you applied for or received any other funding for this project?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>If yes, please provide details:</b> _____ _____ _____

## SCOPE OF WORK

Description of Work and Required Materials:

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**PLEASE PROVIDE THREE QUOTES FROM QUALIFIED CONTRACTORS AND  
ATTACH THE FULL QUOTES TO THIS APPLICATION.**

### QUOTE #1

Contractor Name

Contractor Address

Contractor Phone

Contractor Price     \$

Will there be apprentices on the job?      NO      YES     If YES, # of Apprentices: \_\_\_\_\_

### QUOTE #2

Contractor Name

Contractor Address

Contractor Phone

Contractor Price     \$

Will there be apprentices on the job?      NO      YES     If YES, # of Apprentices: \_\_\_\_\_

### QUOTE #3

Contractor Name

Contractor Address

Contractor Phone

Contractor Price     \$

Will there be apprentices on the job?      NO      YES     If YES, # of Apprentices: \_\_\_\_\_

**REQUIRED DOCUMENTATION – MUST be attached for application to be assessed**

**X** Mark all attachments:

	<b>Photo Identification</b> - all household members
	<b>2019 or 2020 Notice(s) of Assessment</b> - all household members with income
	<b>Mortgage Verification</b> - attach verification of mortgage information or proof that house is owned
	<b>MPAC Statement</b> - house value under \$305,372.00
	<b>Property Taxes</b> - attach recent tax bill or verification from municipal tax office
	<b>Home Insurance</b> - attach verification of current policy
	<b>Bank Information</b> - 90 days bank statement/history for all accounts, up to current date
	<b>Asset Verification</b> - proof of other assets, such as RRSPs or investment statements
	<b>Three (3) project quotations</b>

**APPLICANT DECLARATION**

**I / We hereby confirm that I / we are the owners of the house and property located at the following address and that no other person is an owner:**

**Address** \_\_\_\_\_

- **I / We hereby grant permission to Lanark County Housing Services to make any necessary inquiries to verify my / our income, assets, liabilities, and credit information.**
- **I / We acknowledge that if my/our funding application is approved, it will not apply to work completed prior to the issuance of a confirmation letter.**
- **I / We hereby certify that all information contained in this application, including income and assets, is true and complete in every aspect.**
- **I / We acknowledge that in the event a false declaration is knowingly made, the County of Lanark shall have the right to cancel the approval and recover paid funds.**

Applicant Print Name:	Applicant Signature: <b>X</b>	Date:
Co- Applicant Print Name:	Co- Applicant Signature: <b>X</b>	Date:

**PLEASE SUBMIT APPLICATION AND ALL REQUIRED DOCUMENTATION TO:**

- ★ 52 Abbott Street North, Unit 4, Smiths Falls ON K7A 1W3 **OR**
- ★ 99 Christie Lake Road, Perth ON K7H 3C6 **OR**
- ★ 33 Lansdowne Avenue, Unit 43C, Carleton Place ON – **drop box only**

**ATTENTION: Lanark County Housing Services**

Email: [critchie@lanarkcounty.ca](mailto:critchie@lanarkcounty.ca)

Phone: 613-267-4200, Ext 2404 or Toll Free: 1-888-952-6275, Ext 2404