

SCOPE OF WORK

Description of the disability and special modifications required to the home to enable the household member to continue to live independently:

Description of work and required materials:



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 documentation as attached - please submit copies, originals will not be returned:

	Medical documentation – from doctor, etc - description of disability and need for modification
	Photo Identification – for all household members
	2021 or 2022 Notice(s) of Assessment – for all household members with income
	Mortgage Verification - attach verification of mortgage information or proof that house is owned
	MPAC Statement - house value under \$468,243.00
	Property Taxes - attach recent tax bill or verification from municipal tax office
	Home Insurance - attach verification of current policy
	Bank Information - 90 days bank statement/history for all accounts, up to current date
	Asset Verification - proof of other assets, such as RRSPs or investment statements
	Three (3) project quotations

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: X	Date:
Co- Applicant Print Name:	Co- Applicant Signature: X	Date:

PLEASE SUBMIT APPLICATION AND ALL REQUIRED DOCUMENTATION TO:

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

ATTENTION: Lanark County Housing Services

Email: critchie@lanarkcounty.ca

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