

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 \$114,900
- Home Value (MPAC): Less than \$468,243 (Amount is under review)
- Assets (excluding home): Less than \$200,000

HOMEOWNER INFORMATION

Homeowner Name(s)			
Street Address			
Town/City & Province		Postal Code	
Phone Number(s)			
Email Address			
Signature For Consent To Use Email	X		
Total Annual Household Income	\$ _____		
Household Type	<input type="checkbox"/> Single <input type="checkbox"/> Family (1+ Members)		
Target Group	<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 _____ (eg "Modest Income")		

PROPERTY DESCRIPTION

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

SCOPE OF WORK – ONE PRIMARY PROJECT ONLY

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 attachments as included – please submit copies, originals will not be returned:

	Photo Identification - all household members
	2021 or 2022 Notice(s) of Assessment - 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 (Amount is under review)
	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 PAPER COPIES OF APPLICATION AND ALL REQUIRED DOCUMENTATION TO:

- ★ 99 Christie Lake Road, Perth ON K7H 3C6 **OR**
- ★ 52 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

Phone: 613-267-4200, Ext 2404 or 2402 **or** Toll Free: 1-888-952-6275, Ext 2404 or 2402