

# Housing Programs Housing and Social Services Department Kingston–Frontenac Renovates 2023 Application Form

## Part A – Service Manager Information

Service Manager Name: City of Kingston

Department Name: Housing and Social Services Department

Telephone Number: 613-546-2695 ext. 4949 Fax Number: 613-546-2623

E-Mail Address: housing@cityofkingston.ca

## **Part B – Project Description**

Homeowner(s) address and contact information (if any homeowner(s) is not at this address, attach additional page(s))

| Number:  | Street:                     |   |  |  |  |
|--|-----------------------------|---|--|--|--|
| City or Town:  |                             | Province: Postal Code:                            |  |  |  |
| Homeowner Information (                                    | (Primary owner)             |   |  |  |  |
| Last Name:   | First Name:                 | Date of Birth:                                    |  |  |  |
| Phone Number:  | Email:                      | Email:  |  |  |  |
| Citizenship/residency Stat                                 | us (Verification required): |   |  |  |  |
| Homeowner Information                                      | (Secondary owner)           |   |  |  |  |
| Last Name:   | First Name:                 | Date of Birth:                                    |  |  |  |
| Phone Number:  | Email:                      |   |  |  |  |
| Citizenship/residency Stat                                 | us (Verification required): |   |  |  |  |
| Homeowner Information                                      | (Third owner)               |   |  |  |  |
| Last Name:   | First Name:                 | Date of Birth:                                    |  |  |  |
| Phone Number:  | Email:                      |   |  |  |  |
| Citizenship/residency Stat                                 | us (Verification required): |   |  |  |  |
| <b>Household Composition</b><br>Please add an additional բ | • •                         | ng at this address but not listed above) equired. |  |  |  |
| Name:  |                             | Age: Date of Birth:                               |  |  |  |
|  | Age:                        |   |  |  |  |
| Name:  |                             | Relationship:                                     |  |  |  |
|  | Δαe.                        | Date of Rirth:                                    |  |  |  |

# **Project Information**

| Previous Loan Assistance Has this project received previous Government funding?                              |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Example: Kingston-Frontenac Renovates Program (KFRP)/Renovation and Repair Assistance Program (RRAP), other. |  |  |  |  |  |  |
| If yes, name the Program Type, date it was approved and funding amount:                                      |  |  |  |  |  |  |
| Name: Date Approved:   |  |  |  |  |  |  |
| Funding Amount:  |  |  |  |  |  |  |
| Property Description:  |  |  |  |  |  |  |
| Semi-Detached Detached Townhouse or Row House  |  |  |  |  |  |  |
| Other (Please describe):   |  |  |  |  |  |  |
| Age of House: Approximate Value of House:  |  |  |  |  |  |  |
| House Size:  |  |  |  |  |  |  |
| Number of Bedrooms:  |  |  |  |  |  |  |
| Is there a Lien on the house?  |  |  |  |  |  |  |
| Are Property Taxes current?  |  |  |  |  |  |  |
| Is there a Mortgage on the home?   |  |  |  |  |  |  |
| Are mortgage payments current? Yes No (Verification Required)  |  |  |  |  |  |  |
| Is there House insurance on home?  |  |  |  |  |  |  |
| Are insurance payments current? Yes No (Verification Required)   |  |  |  |  |  |  |
| Type of Work Required: (Select all that apply)   |  |  |  |  |  |  |
| ☐ Electrical ☐ Fire Safety ☐ Heating ☐ Plumbing  |  |  |  |  |  |  |
| Septic/Well Water drilling Structural Overcrowded Accessibility  |  |  |  |  |  |  |
| Other – Please Specify:  |  |  |  |  |  |  |

| ncome Form   |                           |
|--|---------------------------|
| Personal information is collected in order to determine your eligibil  | ity for financial assista |
| nformation collected is considered confidential and will only be sh  |                           |
| ther agencies or individuals to determine your eligibility for financ  | ial assistance.           |
| lote: Your application cannot be processed unless you inclu  | de all required           |
| ocuments.  |                           |
| Total Household Income   | Gross Amount per year     |
| lomeowner (#1) - Attach a copy of your 'most recent' Notice of   |                           |
| Assessment from the Canada Revenue Agency. (Other forms of a normal recome verification may be requested)                          | \$                        |
| lomeowner (#2) – Attach a copy of your 'most recent' Notice of   |                           |
| Assessment from the Canada Revenue Agency. (Other forms of   |                           |
| ncome verification may be requested)   | \$                        |
| <b>lomeowner (#3)</b> – Attach a copy of your 'most recent' Notice of  |                           |
| Assessment from the Canada Revenue Agency. (Other forms of noome verification may be requested)                                    | \$                        |
| oo any of the homeowner(s) listed above have any <b>non-registere</b> nd TFSA accounts, etc.?                                      |                           |
| Yes No If Yes, how much? \$  |                           |
| oo any of the homeowners listed above currently own or have a veroperty/assets? (i.e. cottage, another home, recreational vehicles | •                         |
| ☐ Yes ☐ No If Yes, what do you own?  |                           |
| Approximate total value \$   |                           |
| s the Homeowner or are the Homeowners currently applying for b<br>n active bankruptcy file?  | ankruptcy or currently    |
| ☐ Yes ☐ No   |                           |

### **Applicant Declaration**

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

and that no other person is an owner.

I/we hereby grant permission to City of Kingston, Housing Department to make any necessary inquiries to verify my/our income, assets, liabilities and credit information.

I/we hereby acknowledge that if my/our funding application is accepted I/we cannot claim the repairs costs for any Provincial tax rebate programs.

I/we hereby certify that all information contained in this application, including income, is true and complete in every respect.

I/we acknowledge that in the event that a false declaration is knowingly made, the City of Kingston shall have the right to cancel the approval and recover any paid-out funds.

All information submitted as part of the application will be treated as confidential. Disclosure will be as required for the administration of this Kingston-Frontenac Renovates Program and/or in accordance with release of information signed by the applicant(s) and/or in keeping with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), the *Freedom of Information and Protection of Privacy Act* (FIPPA), as well as the *Personal Information Protection and Electronic Documents Act* (PIPEDA), and all other applicable privacy law.

I/We hereby release The City of Kingston and any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected.

I/We hereby consent to the release of information to an authorized representative of The Corporation of the City of Kingston for the purpose of determining initial and ongoing eligibility for the Kingston-Frontenac Renovates Program.

I/We hereby consent to an authorized representative of The Corporation of the City of Kingston **disclosing**, personal information about me, my spouse or partner, and any dependents included in my/our household for the purpose of determining initial and ongoing eligibility for the Kingston-Frontenac Renovates Program.

I/we have read the Kingston-Frontenac Renovates Program Guidelines and understand the program rules and eligibility requirements.

| Primary Homeowner (Print Name):   |     |          |                |                |  |  |  |  |
|---|-----|----------|----------------|----------------|--|--|--|--|
| Signature: D  |     |          |                |                |  |  |  |  |
| Secondary Homeowner (Print Name):   |     |          |                |                |  |  |  |  |
| Signature: Date:  |     |          |                |                |  |  |  |  |
| Third Homeowner (Print Name):   |     |          |                |                |  |  |  |  |
| Signature: Date:  |     |          |                |                |  |  |  |  |
| Checklist The following list is documents required to be attached for each member of the household as required. |     |          |                |                |  |  |  |  |
| Document  |     | Attached | Not            | Not            |  |  |  |  |
|   |     |          | Attached       | Applicable     |  |  |  |  |
| Homeowner (#1) – Copy of current Notice of Assessment (NOA)  Homeowner (#2) – Copy of current NOA               |     |          |                |                |  |  |  |  |
|   |     | Yes      | No             | Not Applicable |  |  |  |  |
|   |     |          |                |                |  |  |  |  |
|   |     | Yes      | No             | Not Applicable |  |  |  |  |
| Homeowner (#3) – Copy of current NOA  |     |          |                |                |  |  |  |  |
|   | Yes | No       | Not Applicable |                |  |  |  |  |
| Copy of current Municipal Property Assessment Corporation (MPAC) statement                                      |     |          |                |                |  |  |  |  |
|   |     | Yes      | No             | Not Applicable |  |  |  |  |
| Copy of mortgage document and proof that payment is current   |     |          |                |                |  |  |  |  |
|   |     | Yes      | No             | Not Applicable |  |  |  |  |
| Copy of house insurance policy and proof that payment is current  |     |          |                |                |  |  |  |  |
| payment is current  |     | Yes      | No             | Not Applicable |  |  |  |  |
| Copy of property tax statement and proof that payment is current  |     |          |                |                |  |  |  |  |
| payment is current  |     | Yes      | No             | Not Applicable |  |  |  |  |
| Copy of Citizenship for all Homeowner(s) - See List of Acceptable Citizenship Documentation                     |     |          |                |                |  |  |  |  |
|   |     | Yes      | No             | Not Applicable |  |  |  |  |

Copy of two (2) months bank statements from all bank accounts including investments and TFSA

No

Yes

Not Applicable

**NOTE:** If for some specific reason you are not able to provide one of the documents listed above **OR** if you have any questions about the application form and/or process, please contact the Housing Department at the address or phone number listed at the end of the document.

#### **List of Acceptable Citizenship Documentation**

A photocopy of ONE of the following ACCEPTABLE Personal Identification Documents must be attached to your application for each member of your household over 18 years of age or older. Both sides of documentation are required.

Please provide the appropriate documentation as outlined below according to each household member's citizenship/residency status.

#### Canadian Citizens

- Canadian Birth Certificate
- Certificate of Indian Status
- Hospital birth records
- Canadian Passport
- Confirmation by Registrar General of Notice of Registration of Birth

#### **Permanent Residents**

- Permanent Resident Card
- Record of Landing

- Returning Resident Permit
- Canadian Travel Document The status must indicate "Landed"
- Canada Certificate of Identity

### **Refugee Claimants**

 Letter of acknowledgement of the claim issued by Citizenship and Immigration Canada (CIC)

## Please submit completed application and all required documentation to:

Housing and Social Services, 362 Montreal Street, Kingston, ON K7K 3H5

Inquiries can be directed to:

Phone: 613-546-2695 extension 4949

Fax: 613-546-2623

Email: housing@cityofkingston.ca