

2019 Accessibility Renovate Documents

Please find enclosed the new application for the 2019 - 2020 Renovate Program. I have included a check list of the required documents that need to be attached to the application in order to process eligibility for the program.

- _____ Documentation from Health Care Professional as to need for modifications
- _____ Verification that Mortgage Payments are up to Date
(Proof from Financial Institution of mortgage, or a self-declared affidavit stating there is no mortgage attached to the property)
- _____ Verification that House Insurance is up to date
(Proof from Insurance Provider)
- _____ Verification that Property Taxes are up to date
(Proof from Municipal Tax Bill)
- _____ Copy of MPAC statement
(If you have not received a notice call 1-866-296-6722)
- _____ 2017 or 2018 Notice of Assessment after completing income tax for all adults in the house. **(If you need to request a copy, call Canada Revenue Agency at 1-800-959-8281)**
- _____ Proof of Asset Value – Maximum value \$200,000.00 subject to Housing Services Act – Regulation 367 / 11 Section 35
- _____ 3 quotes for project

When application is being dropped off we require Photo ID that we can photocopy for all adults in the home.

You may drop your application at any of our offices in:

PERTH
99 Christie Lake Road

SMITHS FALLS
52 Abbott Street North Unit 4

CARLETON PLACE
33 Landsdowne Street

If you have any questions, do not hesitate to call me at (613) 267-4200 ext. 2404.

Sincerely,
Karen Smith
Lanark County Housing Services
52 Abbott Street North Unit 4
Smiths Falls, ON K7A 1W3
housingapplications@lanarkcounty.ca

APPLICATIONS WILL BE ACCEPTED STARTING APRIL 1st, 2019
HOMEOWNER - Accessibility Modification Application Form

A. HOMEOWNER INFORMATION				
Homeowner(s) Name(s):				
Address:				
PLEASE ATTACH PHOTO I.D.				
Telephone # <small>(Incl. Area Code & Ext.)</small>	Fax # <small>(incl. Area Code)</small>	Email Address		
Annual Household Income		Household Type		
\$	<input type="checkbox"/> Single <input type="checkbox"/> Family # of Members ____			
Household Information				
How many persons live in the unit?				
Are there persons living in the unit who are considered a couple? If yes, how many couples?				
B. PROJECT INFORMATION				
Has this project received previous Government funding? (i.e., IAH/RRAP/AHP)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what work was completed on your home?				
Have you received funding from any other source for the requested project?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:				
Property Description				
<input type="checkbox"/> Apartment	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Detached	<input type="checkbox"/> Townhouse/ Row House	<input type="checkbox"/> Other
Age of House:		Approx Value of House: \$		

REQUIRED DOCUMENTS			
Insurance payments up-to-date? (**Attach Verification**)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Property taxes up-to-date? (**Attach Verification**)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
House value under \$305,372.00? (**Attach MPAC Statement**)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mortgage payments up to date? (**Attach Verification**)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Income tax filing up to date? (**Attach 2016 or 2017 Notice of Assessment for all adults in the home)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C. DECLARATION OF ASSETS	APPLICANT'S VALUE	CO-APPLICANT'S VALUE	
Bank, Trust Company, Credit Union (savings and chequing accounts)			
Stocks, Bonds, Term Deposits Etc.			
RRSP's, Annuities			
Other Assets			
D. ACCESIBILITY INFORMATION			
Describe the disability and special modifications required to the home to enable the household member to continue to live independently.			

E. SCOPE OF WORK

Please provide **3 price quotes** from qualified contractors, including a detailed description of the work to be done and the materials to be supplied. **** Attach price quote ****

Quote #1:

Contractor's Name:

Contractor's Phone #:

Contractor's Address:

Description of Work and
Materials Required:

Will there be apprentices on the job? ___ No ___ If Yes, # of apprentices _____

QUOTE #2

Contractor's Name:

Contractor's Phone #:

Contractor's Address:

Description of Work and
Materials Required:

Will there be apprentices on the job? ___ No ___ If Yes, # of apprentices _____

QUOTE #3

Contractor's Name:

Contractor's Phone #:

Contractor's Address:

Description of Work and
Materials Required:

Will there be apprentices on the job? ___ No ___ If Yes, # of apprentices _____

F. APPLICANT DECLARATION

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

Address:

and that no other person is an owner.

- I / we hereby grant permission to Lanark County Social Services 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 it will not apply to work completed prior to issuance of confirmation letter.
- I / we hereby acknowledge that if my / our funding is accepted I / we cannot claim the repairs for any Provincial tax rebate program.
- 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 County of Lanark shall have the right to cancel the approval and recover paid funds.

Print Name

Signature

Date

Print Name

Signature

Date

Please submit application and all required document to:

Lanark County Social Housing
99 Christie Lake Road
Perth, ON, K7H 3C6