



LAMBTON RENOVATES APPLICATION FORM

HOMEOWNER INFORMATION					
First Name		Last Name		Preferred Name	
Date of Birth (dd/mm/yyyy)		Do you live in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, please explain	
Telephone Number (xxx-xxx-xxxx)			Cell Number (xxx-xxx-xxxx)		
Unit Number	Street Number	Street Name			
City/Town		Province		Postal Code	
Email Address			I prefer correspondence to be <input type="checkbox"/> Emailed <input type="checkbox"/> Mailed		
Gross Household Income \$ Notice of Assessment Line 15000			Household's Total Assets \$		

OTHER HOUSEHOLD MEMBERS: Please list all other members who live in the home			
First Name	Last Name	Date of Birth (dd/mm/yyyy)	Relationship to Applicant
<i>e.g. Sally</i>	<i>Smith</i>	<i>25/10/1979</i>	<i>Spouse</i>
<i>Please provide proof of Canadian Citizenship for all household members. Examples include Passport, Birth Certificate, or Permanent Resident Card</i>			

PROPERTY INFORMATION	
<input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse/Row <input type="checkbox"/> Other:	
Approx. Value of Home:	Year Built:
Number of Bedrooms:	Home Size (sq. ft.):
Insurance Payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Taxes up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Payments up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mortgage Paid Off	Property Roll Number:

ADDITIONAL INFORMATION	
Is there anyone that owns the home that does not live in the home and is not named on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, please provide the name(s) of the co-owner(s):	
Has anyone co-signed or guaranteed the mortgage but does not live in the home and is not named on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, please provide the name(s) of the co-signer(s), guarantor(s):	
If you answered yes to either of the above, are the individuals listed aware that this application is being submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If there are any co-signers, guarantors or co-owners, they may need to provide additional information or signatures on this application</i>	

SCOPE OF WORK TO BE COMPLETED: Check all that apply	
<input type="checkbox"/> Accessibility	<input type="checkbox"/> Doors
<input type="checkbox"/> Foundation	<input type="checkbox"/> Heating/Furnace
<input type="checkbox"/> Septic/Well Water	<input type="checkbox"/> Structural
<input type="checkbox"/> Other (Please specify):	<input type="checkbox"/> Electrical
	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Windows
	<input type="checkbox"/> Fire Safety
	<input type="checkbox"/> Roof
Please indicate if you have previously received any government funding from the following:	
1. Lambton Renovates	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Homeownership Down Payment Assistance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. RRAP (Residential Rehabilitation Assistance Program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Year _____ and CMHC account number (if known) _____	
Please describe any work done through RRAP	

ADDITIONAL COMMENTS

Is there any other information you would like to include in this application.

NOTICE

For the purposes of this application, an owner includes all individuals 18 years of age or older who reside in the household, whether or not their name appears on the property's legal title or deed. All adult household members are required to provide income and asset information for the purpose of determining eligibility for the Lambton Renovates Program.

DECLARATION

I/we hereby confirm that I/we are the owners of the house and property and that no other person is an owner.

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

I/ we declare and certify that all information given in this application is correct and complete. I / we understand that falsifying information may result in the cancellation of my application. This application and any requested supporting documents become the property of the Corporation of the County of Lambton, Housing Services Department.

Personal information contained on this form or in attachments hereto is collected by the Corporation of the County of Lambton pursuant to the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c.M.56)* for the purpose of determining eligibility for Lambton Renovates Funding under the Investment in Affordable Housing Program. Inquiries relating to this collection should be directed to the Corporation of the County of Lambton, Housing Services Department, 162 Lochiel Street – Suite 100, Sarnia, ON N7T 7W5, 519-344-2062.

Pursuant to the *Municipal/Provincial Freedom of Information and Protection of Privacy Act*, I give my consent and authorization to the Corporation of the County of Lambton, Housing Services Department, to make enquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release information to the Corporation of the County of Lambton, Housing Services Department. I also give my consent and authorization to the Corporation of the County of Lambton, Housing Services Department, to disclose the information given on this form to any person, corporation, social agency and other municipal, provincial and federal department agencies providing assistance to me and persons listed on this application.

Name (Please Print Name)	Signature	Date Signed

