



## 2024 ADDITIONAL DWELLING UNIT INCENTIVE APPLICATION FORM

### Section 1 - Homeowner Information

Name(s)		
Address		
City/Town	Province	Postal Code
Telephone Number (incl. Area code)		Cell Number (incl. Area code)
E-mail Address		Do you live in the home/unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Section 2 - Household Members (everyone that is living in the home)

Name - List all members of the household <i>e.g. Sally Smith</i>	Male/Female	Birthdate mmm/dd/yyyy	Social Insurance Number	Relationship
	<i>Female</i>	<i>Oct. 1, 1970</i>	<i>400-900-600</i>	<i>Spouse</i>
1.				
2.				
3.				
4.				
5.				
6.				

### Section 3 - Property Information

<input type="checkbox"/> Apartment <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Detached <input type="checkbox"/> Townhouse/Row <input type="checkbox"/> Other:	
Age of House:	Approx. Value of House:
Unit Size (sq. ft.):	Number of Bedrooms:
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	Property Roll Number:
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 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 Yes, please provide the name(s) of the co-signor(s), guarantor(s) and/or other owner(s):	

## Section 4 - Income Information

A copy of your most recent Notice of Assessment Revenue Canada is required. If you do not have the tax assessment, you can request a copy from Revenue Canada by calling 1-800-959-8281.

If your tax assessment is not reflective of your current income, documentation to verify your income must be attached to your application. If you have employment income, you must provide copies of your last eight (8) weeks' pay stubs.

Name of Person Receiving Income	Type of Income	Gross Annual Income (\$)

## Section 5 - Additional Dwelling Unit Work to be Completed

I/We acknowledge and agree that it is my/our responsibility to obtain all approvals/permits related to the creation of an additional dwelling unit, including Municipal Building Permits, Municipal Building Department approval of drawings, Electrical Safety Authority (ESA) permits and inspections, plumbing permits, and all other related approvals/permits. I/We also acknowledge and agree to comply with all relevant Fire Code requirements and provisions under the Construction Lien Act.

Yes

Total cost of the Project? \$

Funding amount requested (maximum \$25,000 or 75% of the total project costs)? \$

Total square footage of the Additional Dwelling Unit?

Number of bedrooms in the Additional Dwelling Unit?

Attached appropriate building permit(s)  Yes  No

Attached Drawings and approval from the municipal Building Department for the Additional Dwelling Unit  Yes  No

Attached quote from chosen contractor or itemized list of materials and costs associated with the project  Yes  No

Attached detailed project plan with timelines and associated cost projections toward completion of the additional unit  Yes  No

Please indicate if you have previously received any government funding from the following:

1. **Lambton Renovates**  Yes  No

2. **Homeownership Down Payment Assistance Program**  Yes  No

## Section 6 - Maximum Rents & Tenant Income

\*As adjusted by the Ministry of Municipal Affairs and Housing annually and updated by the County of Lambton.

I/We agree to charge rent at or below 80% of the Average Market Rents as set annually by Canada Mortgage and Housing Corporation and to rent the unit to an eligible household only as determined by the County of Lambton. The maximum rent that can be charged is:

Bachelor	1 Bedroom	2 Bedroom	3 Bedroom
\$698	\$809	\$977	\$1243

I/We agree that the incoming tenant(s) of the rental unit shall have a maximum gross household income of **not** more than **\$99,000** at the time of initial rental as provided in the Ontario Renovates Component of the COCHI-OPHI Program Guidelines

Yes

## Section 7 - Applicant 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 Additional Dwelling Unit Incentive Funding under the COCHI/OPHI Program Guidelines. 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.

I/We have read, understood and agree to the terms and conditions listed above.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 8 - Supporting Documentation Checklist

**Please submit the following required documents with this application:**

- Government Issued Identification (ex. Driver's License, Ontario Photo Card, Birth Certificate, Passport) for every member of the household.
- Copies of Canadian Citizenship for all household members
- Copies of most recent Notice of Assessment for all household members
- Recent House Value Assessment (MPAC, property tax notice or appraisal)
- Proof Property Tax Payments are up-to-date (Receipt, Tax Summary or Bank Letter)
- Proof Mortgage Payments are up-to-date and Mortgage Balance (Statement or Bank Letter)
- Certificate or copy of insurance showing coverage is in place for the full value of the home
- Copy of drawings and approval from Municipal Building Departments, if available
- Copy of Building Permit, if available
- Quote from chosen contractor qualified contractor or itemized list of materials and costs associated, if available
- Detailed project plan with timelines and associated cost projections toward completion of the Additional Dwelling Unit, if available
- Written confirmation of the lawyer (name, address, and phone) you have chosen to oversee the registration of the loan agreement on title, if available

This document is available in an alternative format upon request, to accommodate individuals with a disability.