



## **NIAGARA RENOVATES PROGRAM**

### **APPLICATION PACKAGE – SECONDARY SUITE 2015/16**

**Submit application to:**

Paula Silta, Program Support Coordinator  
Niagara Regional Housing, P. O. Box 344  
2201 St. David's Road, Thorold ON L2V 3Z3

**FAX: 905-687-4844**

**Phone: 905-682-9201 x 3917**

***Owners are allowed one application under the Niagara Renovates Program***

Applications must be complete with all supporting documentation attached

If you require this material in an alternate format, please contact 905-682-9201 ext. 3956



# NIAGARA RENOVATES PROGRAM

## Application Form – Secondary Suite

### 1. ABOUT THE OWNER(S) OF THE PROPERTY

Last Name	First Name
Last Name	First Name
Last Name	First Name

### 2. MAIN CONTACT

Name:	Home Telephone Number:
Cell Number:	Email Address:

### 3. PROPERTY ADDRESS (FOR SECONDARY SUITE)

Street Number, Street Name	
City	Postal Code
Client Type for Proposed Secondary Suite: <input type="checkbox"/> No Specific Client Type <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Family <input type="checkbox"/> Individuals 18-54 <input type="checkbox"/> Person with Disabilities	
Secondary Suite will create an additional <input type="checkbox"/> Bachelor <input type="checkbox"/> 1 bedroom <input type="checkbox"/> Bachelor/Accessible <input type="checkbox"/> 1 bedroom/Accessible	
Describe modifications to accessible unit ( <i>if applicable</i> ):	

### 4. MAILING ADDRESS (if different from above)

Street Number, Street Name:
City, Postal Code:

### 5. ABOUT THE PROPERTY

Is your property a designated heritage property?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your property previously received <b>CMHC or Niagara Renovates Program</b> funding? <input type="checkbox"/> Yes* <input type="checkbox"/> No    *If yes, please specify below program, date or account number, if known. Specify: _____		
Have you received funding under <b>Niagara Regional Housing's Homeownership Program</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the Age of your house? _____ years	Are property taxes paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Based on your most recent Property Assessment, what is the value of your property \$ _____
Click in the appropriate box to indicate the type of house you live in: <input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Other		

## 6. MAXIMUM RENT AND HOUSEHOLD INCOME

### MAXIMUM RENT:

The rent on the secondary suite cannot exceed the established maximum rents (issued annually). For 2015, the maximum rents are as follows:

Area	Bachelor	1 Bedroom
St. Catharines	\$584	\$812
Niagara Falls	\$584	\$856
Welland	\$584	\$777
Remaining areas in Niagara	\$584	\$744

### HOUSEHOLD INCOME LIMITS (MAXIMUM INCOME):

The Maximum Household Income Limits are issued annually. For 2015, the maximum income for the secondary suite tenant(s) cannot exceed the following:

	Bachelor	1 Bedroom
Maximum Household Income	\$25,500	\$31,500

## 7. OWNER RESPONSIBILITIES

As the Owner(s) of the property, I/We acknowledge and agree that it is my/our responsibility to obtain all approvals/permits related to the creation of the secondary suite, 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.

I/We agree to the following:

1. Prior to completing a Niagara Renovates - Secondary Suite application, I/We will contact the municipal Building/Planning Department to obtain written confirmation that my/our property is properly zoned for secondary suites.
2. I/We have attached all required supporting documentation to my/our application.
3. When Conditional Approval is received from NRH, I/We will:
  - a) Obtain drawings for the secondary suite, obtain approval from the municipal Building/Planning Department and Fire Department, and forward all documents to NRH for review;
  - b) Obtain 3 quotes for the construction of the secondary suite, including contractor WSIB and insurance coverage, and forward to NRH for review;
4. When Final Approval is received from NRH, I/We am/are required to sign a Letter of Agreement and related documentation (mortgage/charge), outlining the scope of work, funding amount, roles and responsibilities. All documents will be registered on title by NRH.
5. I/We agree to start work within 45 days of receiving final approval.
6. I/We agree that program funds cannot be used for deposit to contractor.
7. I/We agree to allow inspections by NRH at any time during the work.

## 8. ABOUT COMPLETING THIS APPLICATION

Did anyone provide assistance filling out this application form or the worksheets?  Yes  No

If yes, please check the box that describes the person who primarily provided assistance.

Medical Professional    Volunteer    Social Worker    Family    Friend or Neighbour

Other - Describe:

Contact information for the person who provided assistance (in case clarification is needed).

Name:

Telephone No:

Email address:

## 9. ABOUT FUNDING FROM OTHER SOURCES

Funding from other sources, in any form (e.g. grants, consumer rebates, etc.,) received or expected to be received (including any funding applied for) must be disclosed.

I will be seeking or have received funding from other sources for repairs/renovations (e.g. grants, consumer rebates, etc.). Describe:

## 10. SECONDARY SUITE REQUIREMENTS

- a) Prior to move-in and lease signing, the tenant is required to complete an Income Verification Form (*Appendix A*) with supporting income documentation, (*i.e: photocopies of the last 8 weeks of pay stubs and/or current bank books showing last two months of direct deposits, plus the **latest Notice of Assessment from the Canada Revenue Agency***), and provide it to Niagara Regional Housing to assess initial eligibility.
- b) The tenant must be determined eligible by NRH before signing the lease.
- c) If the tenant fails to provide the required income verification, the Owner will not be able to rent the unit to the tenant.
- d) If the Owner rents the unit to a tenant that has not provided NRH with their income verification, the Owner will be in default of their Letter of Agreement and the forgivable loan will be due and payable to NRH.
- e) On an annual basis, NRH will confirm the market rent of the secondary suite unit.

I/We acknowledge that if the tenant fails to provide initial income verification to NRH, I/We will be in default of my/our Letter of Agreement and the forgivable loan will be due and payable to NRH.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## 11. TERMS AND CONDITIONS

I/We acknowledge and understand that the following terms and conditions shall apply to this application and if

assistance is approved, to any subsequent forgivable loan:

1. NRH and/or its authorized representatives or agents may carry out the necessary inquiries for the purpose of confirming the information provided in this application form, including a title search on the property. *(The costs of the title search will be included in the total approved funding amount).*
2. Any work carried out before Final Approval from NRH is not eligible for assistance.
3. The amount of the forgivable loan is based on the actual costs for the creation of the secondary suite, up to the maximum allowed.
4. The entire amount of the forgivable loan, if approved, may only be used to finance the NRH approved costs for the creation of the secondary suite for the property identified on Page 1 of this application form.
5. The forgivable loan will be subject to the terms and conditions set out in the final Letter of Agreement and related documentation (mortgage/charge).
6. The total amount of the loan is forgivable and will be written off at an equal rate over a 15 year period.
7. The Letter of Agreement and mortgage/charge will be registered on title by NRH. *(The associated costs will be included in the total approved funding amount).*
8. The homeowner will receive Final Approval to proceed with the work when the documents have been registered on title.
9. In the event that any terms and conditions of the forgivable loan are not met or that a false declaration is knowingly made, NRH shall have the right to cancel the approval and recover all paid funds (plus interest).
10. If the application is approved for Niagara Renovates funding, the homeowner(s) will not be eligible to reapply for the Niagara Renovates funding until the 15 year forgivable loan period has expired.

## **12. HOUSEHOLD DECLARATION**

1. I/We hereby confirm that to the best of my knowledge the information provided is complete and accurate in every respect.
2. I/We hereby confirm that I am/we are the owner(s) of the dwelling and no other person is the owner. Attached is a copy of my/our driver's license(s), or passport(s) or other picture ID as verification. I acknowledge that a title search of the property will be conducted.
3. I/We hereby acknowledge that the Letter of Agreement and mortgage/charge will be registered on title by NRH. I/We acknowledge that payments to contractors will be processed when all documents have been registered on title.
4. I/We hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by NRH and/or its authorized representatives are for internal administrative purposes only and that such an inspection is not a guarantee that construction or renovation complies within the Building Codes and Standards. As owner(s), I/we are responsible to ensure that the quality of workmanship and materials meet contract and agreement specifications, and all Building Codes and Standards.
5. I/We hereby confirm that my/our mortgage and property tax payments are up-to-date and not in default, and the property is not under foreclosure proceedings.
6. I/We hereby confirm that my/our property insurance is current (copy of insurance policy attached).
7. I/We hereby confirm that the rent charged for the secondary suite will not exceed the maximum rents, issued annually, and that NRH will confirm the actual market rents on an annual basis.
8. I/We have read, understood and agree to the terms and conditions listed above.

***All homeowners must sign the Application***

Name (please print)	Signature	Date
Name (please print)	Signature	Date
Name (please print)	Signature	Date

### 13. CONSENT OF APPLICANT(S)

I/We, the applicant(s), hereby authorize NRH and/or its authorized representatives to contact the person (identified in Section 8) who provided assistance in completing this application, if clarification is needed.

Signature(s) \_\_\_\_\_

### CHECKLIST- YOUR COMPLETED APPLICATION MUST INCLUDE:

#### 1. APPLICATION FORM

- Completed application form with all homeowners' signatures included.
  - o Where there is one registered owner and the spouse/common law partner of this owner has an interest in the property, the owner and the spouse/common law partner must sign the application form.

#### 2. OTHER VERIFICATION REQUIRED

- Photocopy of driver's license(s), or passport(s), or other photo identification
- Copy of latest MPAC statement or Property Tax Bill
- Photocopy of Current Insurance Coverage

If you require this or any other material in an alternate format, please contact 905-682-9201 x 3948.

*All personal information provided on this form will be protected according to the requirements of the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act, 2004.*