

TO BE COMPLETED BY HOME PURCHASERS (Use legal name that will be used to sign mortgage)

Salutation Last Name First Name

Date of Birth (MM/DD/YYYY) S.I.N.

Your status in Canada (attach proof to the application) Birth Certificate Canadian Citizen Other Status (provide)

Salutation Last Name First Name

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Address Town

Postal Code E-mail

Home Phone Business Phone Cell Phone

LIST ALL OTHER HOUSEHOLD MEMBERS

Last Name	First Name	Relationship to you	Date of Birth (MM/DD/YYYY)	Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F	<input type="checkbox"/> M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F	<input type="checkbox"/> M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F	<input type="checkbox"/> M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F	<input type="checkbox"/> M

Are you currently on Huron County's waiting list for rent-geared-to-income-housing? Yes No

What is your total yearly gross household income?

A household includes i) the individual, ii) any person with whom the individual is living in a spousal relationship (including same sex spousal relationships) and iii) any person over the age of 16, expected to be normally present with the individual at the time of first occupancy of the home.

What are your household's total assets? (include bank account, investments & properties)

Do you currently own a home or an interest in a home? Yes No (* see note below)

Are you currently in a rental accommodation? Yes No

If yes, please provide the following information for your current Landlord:

Landlord's Name

Address Town

Postal Code Phone/Contact #

Present Employer # of Years

Have you ever lived in rent-geared-to-income housing anywhere in Ontario? Yes No

If yes, please give details below. Use extra paper if necessary:

Landlord's Name

Former Rental Address Town

Arrears Owing \$ Move in Date Move Out Date

* Personal assets, including any gifted amounts from friends or family, savings, RRSPs, etc must not exceed \$20,000.00

INFORMATION PERTAINING TO NEW HOME PURCHASE

Have you or will you be signing an offer to purchase a home? Yes No

If Yes, please complete below

Location:

Street Number & Name Unit #

City/Town Postal Code

Building Type:

Detached Semi-Detached Townhouse Duplex Tri-Plex Rowhouse Condominium

Is the Home:

A new home, not previously occupied? Yes No A resale home? Yes No

of Bedrooms

Affordability:

What is the listed price of the home? \$

What is the scheduled closing date?

ACKNOWLEDGEMENT

I/We hereby declare and certify that the above information is correct. I/We understand that this is an application for down payment assistance under the Homeownership component of the Affordable Housing Program, the purpose of which is to allow the County of Huron to determine if the purchaser and the home are eligible. Final confirmation of eligibility will be required after completion of the home inspection if applicable, and prior to any down payment being made.

I/We further declare that I/we:

- are vacating a residential tenancy
- do not own a home or have an ownership interest in a home
- do not live in a spousal relationship with a home owner or anyone who has an ownership interest in a home
- agree to not lease the eligible property for the duration of the mortgage
- will use the home as my/our sole and principal residence

Personal information contained in this form or any attachments hereto is collected by the County of Huron for the purpose of determining eligibility for the Homeownership Funding - Affordable Housing Program. The applicant acknowledges that the information in the application form and attachments to it may become available to the public and consents to the release of that information. Any questions regarding the collection or release of this information should be directed to: Mrs. Jayme Koskamp, Housing Programs Coordinator, County of Huron, 77722D London Road, R.R. 5, Clinton, ON N0M 1 L0. Telephone: 519.482.8505 ext. 4255.

Signature

Print Name: Date:

Signature

Print Name: Date:

For office use Only

This applicant is **ELIGIBLE** for the program This applicant is **NOT ELIGIBLE** for the program

Signature Date:

Comments



LIST ALL INCOME & ASSETS FOR MEMBERS OF THE HOUSEHOLD 16 YEARS OF AGE AND OLDER

SOURCES OF INCOME	TYPE Attach proof for each source of income	APPLICANT Gross Monthly Amount	CO-APPLICANT Gross Monthly Amount	OTHER HOUSEHOLD MEMBER Gross Monthly Amount
Pensions & Allowances (attach most recent copy or copy of bank book)	Old Age Security (OAS) Supplement			
	GAINS 'A'			
	Canada Pension Plan (CPP)			
	Other country pensions			
	Other pensions, RRSP, RIF, etc.			
Employment Income (attach Employment Verification Form)	Employment (All Sources)			
	Other Employment (e.g. self- employment)			
	Employment Insurance (EI)			
	Workers Safety Insurance Board (WSIB)			
Social Assistance (Attach cheque stub & drug card)	Ontario Works (OW)			
	Ontario Disability Support Plan (ODSP)			
Other	Support Payments Received			
	Debentures, Mortgages, Loans			
	Licenses, Business Interest			



Income Source	Type	Tenant 1			Tenant 2		
		Balance	Interest earned in past 12 mos	Interest Rate	Balance	Interest earned in past 12 mos	Interest Rate
Assets that give you income or interest	Bank Account						
	Bank Account						
	Bank Account						
	Type	Value	Interest earned in past 12 mos	Interest Rate	Value	Interest earned in past 12 mos	Interest Rate
	RRSP Reg #						
	GIC, Term Deposits Maturity Date						
	CS Bonds						
	Other						
Other income or assets that do NOT earn interest	Type	Address		Assessed Value	Address		Assessed Value
	Property						
	Other						

Personal assets, including any gifted amounts from friends or family, savings, RRSPs, etc must not exceed \$20,000.00

BANK VERIFICATION OF INCOME AND ASSETS

It is the responsibility of the applicant to have this form completed by a bank, trust company or credit union and to ensure that it is returned to the County of Huron. One form must be completed by each financial institution. If more than one form is required, please photocopy this blank form, or contact the County of Huron.

This form is for verification of income producing assets listed below. If you have other types of income producing or non-income producing assets, please contact the County of Huron regarding proper verification.

I and I

residing at hereby authorize that the information requested

below be given to the County of Huron as required under the terms of my homeownership application.

Applicant Signature Date

Applicant Signature Date

To Whom it May Concern:

Eligibility for the County of Huron's Affordable Homeownership program is based on the applicant's gross household income. Please provide all available information as requested for the applicant(s) named above. All information will be treated as 'Confidential'.

Saving/Chequing Accounts			
Account Number	Balance	Current Interest Rate (%)	Interest Earned in the Past 12 Months (\$)
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Direct Deposit (i.e. Pension Cheques) made to above account(s)		
Source	Amount	Monthly/Weekly
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Term Deposits, Investment Certificates, Canada Savings Bonds, etc.				
Security	Value (\$)	Current Interest Rate (%)	Interest Earned in past 12 months	Maturity Date mm/dd/yyyy
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Registered Retirement Savings Plans (RRSP's)				
Registration Number	Value (\$)	Interest Rate	Type of RRSP	Valuation Date mm/dd/yyyy
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Financial Institution Seal or Stamp:

Name of Financial Institution	<input style="width: 95%; height: 20px;" type="text"/>
Address	<input style="width: 95%; height: 20px;" type="text"/>
Authorized Signature	<input style="width: 95%; height: 20px;" type="text"/>
Position	<input style="width: 95%; height: 20px;" type="text"/>
Phone #	<input style="width: 95%; height: 20px;" type="text"/>
Date	<input style="width: 95%; height: 20px;" type="text"/>

EMPLOYMENT VERIFICATION FORM

Please complete a separate form for all household members with employment income. All information will be treated as confidential.

TO BE COMPLETED BY EMPLOYEE

Salutation Last Name First Name
 Address Town
 Employee Signature Phone #

TO BE COMPLETED BY EMPLOYER

Eligibility for the County of Huron's Affordable Homeownership Program is based on the applicant's gross household income. By signing above, the employee has authorized you to release any and all information regarding their employment and income from your organization. Please provide and/or verify the information requested below.

Company Name Phone #
 Employer Address Town
 Employee's Position Postal Code
 Rate of Pay Per
 Seasonal Employment? Yes No If hourly, average hours/week
 Date Started Date of Most Recent pay increase

Income Breakdown	Gross Earnings in Past 8 Weeks		Gross Earnings in Past Year	
	From	To	From	To
Basic Salary	<input type="text"/>		<input type="text"/>	
Overtime and Premium, Shift Bonus	<input type="text"/>		<input type="text"/>	
Cost of Living Allowance	<input type="text"/>		<input type="text"/>	
Commissions, Gratuities, Tips, Annual Bonus	<input type="text"/>		<input type="text"/>	
Vacation Pay	<input type="text"/>		<input type="text"/>	
Other Benefits	<input type="text"/>		<input type="text"/>	
Total Gross Earnings	<input type="text"/>		<input type="text"/>	

Form Completed by (Print name) Position
 Signature Date

This document is also available in alternate formats upon request.

Print Form