

# Ontario Renovates Program – Accessibility

## Accessibility Upgrade Program in Huron County

### Application Form Part A

<b>A.1 – HOMEOWNER’S INFORMATION</b>		
Name		
Number	Street	Unit/Apt./P.O. Box
City/Town	Province	Postal Code
Telephone	Email	
<b>A.2 – PROJECT INFORMATION</b>		
Property Description:		
<input type="checkbox"/> Apartment <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Detached <input type="checkbox"/> Town/Row house <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 *Please attach verification of insurance policy	Property tax up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No *Please attach verification of property tax statement	
Mortgage payments up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No *Please attach most recent mortgage statement	Property Roll Number: *Please attach a copy of your most recent Property Tax bill.	
<b>A.3 – PROJECT OWNER INFORMATION</b>		
Gross Household income: \$  (attach most recent Tax Notice of Assessment)	Do you live in the home or unit?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you self-employed?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own any rental properties?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>A.4 – SCOPE OF WORK TO BE COMPLETED</b>		
Check all that apply:		
<input type="checkbox"/> Accessibility <input type="checkbox"/> Other		
Please specify details for each repair requirement:		

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If you or a member of your household is a senior or has a disability, describe the disability and special modifications required to the property to enable this person to live independently:

*Note: Please have the attached medical form completed by a medical professional and submit with your application.*

**APPLICANT DECLARATION**

I/we hereby confirm that I/we are the owners of the house and property located at \_\_\_\_\_ and that no other person is an owner.  
(address)

I/we hereby declare that I/we have not received any previous government funding for the purchase of my/our home or repairs made to my/our home (including Homeownership, Ontario Renovates, RRAP)

I/we hereby grant permission to the County of Huron to make any necessary inquiries to verify my/our income and assets.

I/we hereby confirm I/we do not owe arrears to any Social Housing provider in the Province of Ontario.

I/we hereby acknowledge that if my/our funding application is accepted it will not apply to work completed prior to the approval of the Letter of Agreement.

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

I/we hereby certify that all information contained in this application, including income and assets, is true and complete in every respect.

I/we acknowledge that in the event that a false declaration is knowingly made, the County of Huron shall have the right to cancel the approval and recover any paid funds.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please attach all supporting documents to this application including (1) completed medical form, (2) income verification (Notice of Assessment), (3) recent house value assessment (MPAC or property tax notice), (4) confirmation of up to date property taxes, (5) confirmation of up to date mortgage payments, (6) copy of current homeowner's insurance policy and (7) photo identification.*

*\*For further instructions on the process of applying for the Ontario Renovates Program – Accessibility in Huron County please refer to the attached guide "[Steps for Home Repair](#)"*

*\*Funding is strictly limited. Please contact Colby Middleton, Housing Programs Coordinator, 519-482-8505 ext. 4255 to confirm funding is available, prior to submitting your application*

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### Medical Form for Seniors or Persons with Disabilities

To: Medical Professional (Physician, Physiotherapist, Occupational Therapist):

The information requested for the senior or person with disability will be used in connection with the homeowner's application for funding under the Ontario Renovates Program – Accessibility, to carry out remedial modifications to their property.

Name of patient:
How long has the patient been under your care?
Please describe the nature of the condition:
Is the patient's condition disabling? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:
Please confirm what modifications to the patient's property are required to accommodate his/her disability: <i>(Please attach further details, if necessary)</i>

Medical Professional's Signature	Date:
Specialization:	
Address and telephone number (please use stamp if available):	

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## Supporting Documentation Checklist

- Completed Application Form
- Photo identification
- Most recent years Notice of Assessment for all household members
- Recent home value assessment (MPAC or property tax notice)
- Confirmation of up-to-date property taxes
- Confirmation of up-to-date mortgage payments
- Copy of current homeowner’s insurance policy
- Two (2) written quotations for the requested work
  - Each requested repair must have two (2) written quotations
- Medical note if the renovation is for accessibility (please request our Medical Form to be completed by your health care provider)

For further instructions on the process of applying for the Ontario Renovates Program in Huron County please refer to the attached guide “Steps for Home Repair”.

**Please send your completed application and all supporting documentation to:**

Housing Programs Coordinator  
County of Huron, Social and Property Services  
Jacob Memorial Building  
77722D London Road, RR5  
Clinton, ON N0M 1L0

Or email: [contacthousing@huroncounty.ca](mailto:contacthousing@huroncounty.ca)