



## Affordable Homeownership Application

All sections of the application must be completed, we are unable to evaluate incomplete applications. If any section is not applicable, please enter N/A into that section to indicate that it has been considered. To be deemed complete, each package must include:

- Application Form
- Photo Identification for all household members (18 years of age or older)
- Proof of current rental situation
- Proof of gross monthly income for all household members (over the age of 18 not in school)
- Proof of all asset value – *see Appendix B*
- Proof of legal status for all household members including dependents- *see Appendix C*
- Bank Verification of Income and Assets

Please see attached fact sheet for additional information\*

### **Please direct inquires to:**

Social Services Department - Housing Division

City of Stratford

82 Erie Street, Stratford, Ontario N5A 2M4

Phone: (519) 271-3773 ext. 250

Toll Free: 1-800-669-2948

Email: [socialsrv@stratford.ca](mailto:socialsrv@stratford.ca)

Please return complete applications to the address above. Please note, we are not accepting emailed applications in order to protect the safety and security of your personal information.



**Office Use Only**

Applicant PWAD Check Arrears	Co-applicant PWAD Check Arrears	Date Received Stamp
Yes	Yes	
No	No	

## Section One: Applicant Information

! Please attach proof of status in Canada, and photo identification showing date of birth for Applicant and Co-Applicant.

<b>Last Name</b>	
<b>First Name</b>	
<b>Date of Birth</b>	
<b>Gender Identity</b>	
<b>Social Insurance Number</b>	
<b>P.O. Box</b>	
<b>Unit/Apt</b>	
<b>Address</b>	
<b>City</b>	
<b>Postal Code</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Work Phone</b>	
<b>Email</b>	

### Co-Applicant Information

<b>Last Name</b>	
<b>First Name</b>	
<b>Date of Birth</b>	
<b>Gender Identity</b>	
<b>Social Insurance Number</b>	
<b>P.O. Box</b>	
<b>Unit/Apt</b>	
<b>Address</b>	
<b>City</b>	
<b>Postal Code</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Work Phone</b>	
<b>Email</b>	



## Section Two: Other Household Members Information

! Please provide information about any other household members. This includes other adults, children and/or dependents. Please attach a copy of photo identification showing date of birth for all adult household members

Last Name	First Name	Relationship	Date of Birth	Gender Identity	SIN Number

## Section Three: Program Eligibility

! Attach recent rent receipts, a current lease, or a letter from the landlord. Please note rent receipts must contain details for the landlord.

To be eligible for this program, the applicant and co-applicant must answer **yes** to all questions **except** number 3:

1. Age you 18 years of age or older?
2. Are you a Canadian Citizen, Landed Immigrant/Permanent Resident, Refugee or Refugee Claimant?
3. Do you own or have an interest in a property (home or business) in Canada or in another country?
4. Do you currently rent in the City of Stratford, Town of St. Marys, or County of Perth?
5. Do you intend on buying a sole and principle residence in the City of Stratford, Town of St. Marys, or County of Perth?
6. Do you qualify for a mortgage?

If you have answered no to any of these questions, please provide an explanation:



## Section Four: Gross Household Income/Assets

! Please include all income from all members of your household who are 18 years of age or older. For the purposes of assessing eligibility, income means all gross income (before taxes and deductions), benefits and gains of every kind and every source. Please see Appendix A for a guideline of what supporting documentation you need to provide to verify all income and assets reported on this form.

<b>Source of Income (per Month)</b>	<b>Applicant's Gross Monthly Income</b>	<b>Co-Applicant's Gross Monthly Income</b>	<b>Other Household Member's Gross Monthly Income</b>
<b>Employment (all sources)</b>			
<b>Self-Employment</b>			
<b>Employment Insurance (EI)</b>			
<b>Workers Compensation (WSIB)</b>			
<b>Ontario Works (OW)</b>			
<b>Ontario Disability Support Program (ODSP)</b>			
<b>Old Age Security Pension (OAS)</b>			
<b>Federal Guaranteed Income Supplement (GIS)</b>			
<b>Canada Pension Plan (CPP)</b>			
<b>Quebec Pension Plan</b>			
<b>Company Pensions</b>			
<b>Widow's Pension</b>			
<b>Private Pension</b>			
<b>Child Support</b>			
<b>Spousal Support/Alimony</b>			
<b>Annuity</b>			
<b>Social Security (other countries)</b>			



<b>Payments from Children's Aid Society</b>			
<b>Other:</b>			

<b>Source of Assets (per month)</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Other Applicant</b>
<b>Real Estate/property</b>			
<b>Bank Account(s) – Chequing</b>			
<b>Bank Account(s) – Saving</b>			
<b>Stocks, Shares, Bonds</b>			
<b>Taxi or Business License</b>			
<b>Guaranteed Income Certificate (GIC)</b>			
<b>Mutual Funds</b>			
<b>Disposal of Assets within the past 36 months</b>			
<b>Life Insurance with a cash surrender value</b>			
<b>Other:</b>			



## Section Five: Mortgage Pre-Approval

! It is the responsibility of the applicant to have this page completed by the bank, trust company or credit union that will provide the first mortgage on the qualifying unit.

The Corporation of the City of Stratford Homeownership Program will provide down payment assistance of up to 5 percent of the maximum purchase price as outlined annually by the Service Manager to eligible purchases at the time of closing of purchase and sale of a resale home.

If you require further assistance, please do not hesitate to contact the Social Services Financial Officer at 519-271-3773 extension 250.

Client Name:

Current Address:

Maximum Mortgage Pre-Approval: \$

Household total annual gross income: \$

Household total assets (bank accounts, RRSP's, Investments): \$

Do the applicants have a co-signer:    Yes            No

Do the applicants have a guarantor:    Yes            No

I/we hereby declare and certify that the above information is correct. I/we understand that this is an application for a forgivable loan under the Affordable Homeownership Program, the purpose of which is to allow The Corporation of the City of Stratford Service Manager to determine if the purchaser and the home are eligible.

Name of Financial Institution:

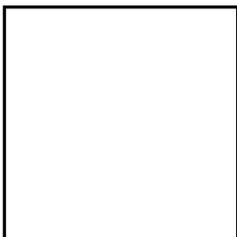
Address:

Authorized Signature:

Position:

Phone Number:

Date:



Financial Institution Seal or Stamp



## Section Six: Declaration, Release and Consent

### Notice of Collection & Release of Personal Information:

- Personal information contained in this form is collected by The Corporation of the City of Stratford for the purpose of determining eligibility for assistance under the Affordable Homeownership Loan Program
- The personal information collected on this Application for and all schedules and attachments is collected by The Corporation of the City of Stratford under the Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990 c. M. 56. (referred to as "MFIPPA").
- Pursuant to the MFIPPA, the applicant gives consent and authorization to The Corporation of the City of Stratford to share select information in the application as required.
- Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario N5A 6W1 or by telephoning 519-271-0250 Ext. 5329 during office hours of Monday-Friday 8:30am to 4:30pm.
- If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or clerks@stratford.ca.

### Declaration

- I/we confirm that all the information on this form is complete, accurate and true and that I/we have not left out any information relating to eligibility.
- I/we understand that this form is an application for a down payment loan under the Homeownership Loan Program and does not constitute an agreement or promise of assistance
- I/we understand that this application will be used for the purposes of verifying eligibility for assistance under the Homeownership Loan Program, and that final confirmation of eligibility may be required prior to the loan being made
- I/we understand that any inquiries with respect to my/our personal information may take the form of electronic data exchanges and I/we agree to receive notices and documents by email addresses included in my/our application
- In the event of false or misleading information, The Corporation of the City of Stratford has the right to disqualify the applicant(s) at any time.

### Consent

I/we have read or had read to me and understand the consent set out above:

Yes

No

### Signatures - all household members over the age of 18 years

Name: Signature:

Date:

Name: Signature:

Date: