



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

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.

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

Co-Applicant Information

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



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.

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



Payments from Children's Aid Society			
Other:			

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



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:

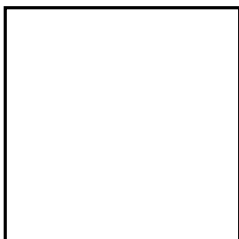
Address:

Authorized Signature:

Position:

Phone Number:

Date:



Financial Institution Seal or Stamp

