



Algoma District Services Administration Board
Conseil d'administration des services du district d'Algoma

**Canada – Ontario Affordable Housing Program
Northern Homeowner Repair Program Application**

The Canada – Ontario Affordable Housing Program (AHP) provides financial assistance to low and moderate-income households to ensure that Ontarians have access to safe and affordable housing. The Northern Homeowner Repair Program component of the AHP is aimed at low-income homeowners, whose homes require repairs, to keep monthly operating costs affordable and to make homes safer and healthier to live in.

This program application has two steps. The first step is this homeowner application, which is required to establish your eligibility. The second step is a technical assessment of your home to establish eligibility and needs of your home. The amount of funding for home repairs will depend on the technical assessment of your home and the availability of funding.

Tips on filling out your application:

- Please print and fill out all sections of the application form. If your application is incomplete, it will be returned to you. You will have 30 days to submit the requested information. Please note your name will not be placed on the wait list until your application is complete.
- Within seven business days after your application is received, it will be reviewed. You will receive written notice informing you whether your application is complete or not.

IMPORTANT: Your completed application can be submitted by:

Mail: Algoma District Services Administration Board
RR #1, 1 Colver Road
Thessalon, ON
P0R 1L0

Fax: 705-842-3747

Or: drop off at your nearest Algoma District Services Administration Board office

If you require assistance throughout this process call the Algoma District Services Administration Board office at

1-888-326-3133 Ext 225 or 705-842-3370 Ext 225
between 8:30am-4:45 pm Monday to Friday for assistance.

APPLICANT INFORMATION

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	SIN Number:	
Last Name:	First Name:	Middle Name:
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee		
Preferred Language? <input type="checkbox"/> English <input type="checkbox"/> French		
Date of Birth (D/M/Y):		
Client Type: <input type="checkbox"/> Senior <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> With Children – How Many _____		

ADDRESS / CONTACT INFORMATION

Home Street Address:		
Town:	Province:	Postal Code:
Mailing Address (RR/Box)		
<input type="checkbox"/> I am the homeowner of the above residence; it my sole / principal residence.		
Phone Number:	Message #:	

CO-APPLICANT (if applicable)

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	SIN Number:	
Last Name:	First Name:	Middle Name:
Date of Birth: (D/M/Y):	Relationship to Applicant:	

INCOME INFORMATION

Applicant Gross Income (from Income Tax return):
Co Applicant Gross Income (from Income Tax Return):
Does any other resident of the home have income from any source? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: _____
Please document any additional income earned that is not included on income tax form, from any resident of the home (ie: WSIB Income, Veterans' Pension, Roomer/Boarder Income, Self employment income, etc): _____ _____ _____

SUPPORTING DOCUMENTATION

The following Supporting Documents must be Attached:

- Copy of property tax certificate (paid to current status)
- Mortgage payments paid up to date (verification from mortgage holder)
- Copy of Birth Certificates of all homeowners
- Copy of Photo ID
- Income Tax Notice of Assessment for all income earners in the home.

HOME INFORMATION

All repairs to the home should be to improve the health and/or safety of the residents of the home. Please indicate the type of improvement being requested

- Structural Repair Electrical Plumbing Heating
- Fire Safety Septic Systems Window Replacement
- Roofing Job Ramp for Disabled Adaptation for Disabled

Details: _____

Have you ever received funding for home repairs from the Homeowner Residential Rehabilitation Assistance Program (RRAP)? Yes No

What is the approximate age of your home?: _____

Is your home financed by Rural & Native Housing? Yes No

What is the approximate value of your home? \$ _____

Please check the type of house you live in:

Single Semi-Detached Duplex Row House Mobile Home Other

Number of Bedrooms: _____

Approx Size: _____

DECLARATION, RELEASE, CONSENT and WAIVER

This is your legal application with us, please read it carefully and sign below

1. I understand that any information on this form and any attachment given to Algoma District Services Administration Board (ADSAB) are confidential, and will be used only for the purposes of the Canada-Ontario Affordable Housing Program.
2. I declare everything I have written on this application form is correct and complete. If something on this Application Form is incorrect or not true, ADSAB may at its sole discretion: request additional information and or serve a notice in writing that I have ceased to be eligible and pursue any other avenues available under Ontario Law.
3. I hereby confirm that I am the owner(s) of the house and no other person is an owner.
4. I hereby grant permission to the ADSAB to carry out any necessary inquiries for the purpose of determining my income, confirming assets, liabilities and credit information.
5. I hereby authorize an inspection of my property, and to prepare any necessary documentation to support my application, i.e. photos and testing.
6. I acknowledge that any work carried out before I receive written confirmation of the loan approval is not eligible.
7. I acknowledge that the ADSAB's initial home inspection is not a guarantee of approval of eligibility for this program; I acknowledge that the ADSAB's inspections are not to be considered as compliant to the building codes or standards.
8. I acknowledge that the ADSAB's inspection is not a conclusive review of all items; also the ADSAB staff are not certified home inspectors.

ALL PERSONS WHO ARE LIVING IN THE HOME MUST SIGN THIS FORM.

Date: _____ Applicant: _____

Date: _____ Applicant: _____