



# Ontario Renovates Programme Accessibility Grant Application Form

County of Wellington  
Social Services Department  
Housing Services

## GENERAL APPLICANT INFORMATION

Name

Street Name  Unit/Apt. /P.O. Box

City/Town  Province  Postal Code

Telephone  Cell Phone  E-mail

## INCOME INFORMATION

(Include all members of the household)

Gross Household Income

Most recent Notice of Assessment attached  Yes  No

## HOUSEHOLD INFORMATION

Number of household members

Household member requiring accessibility modification

## HOME INFORMATION

Property Description:  Apartment  Semi-Detached  Detached  Town/Row House

Age of House  Most recent MPAC property Tax Assessment Value:

Mortgage payments up to date?  Yes  No  N/A

Valid House Insurance Policy?  Yes  No \*Please attach verification of insurance policy

Applicants sole and principal residence  Yes  No

## SCOPE OF ACCESSIBILITY WORK TO BE COMPLETED

Check all modifications that apply:

Ramp  Handrail  Cues for door bells/ fire alarms  Chair or bath lift  Other

Please include details of modifications below:

(Please submit copies of any modification drawings, Specifications and a minimum of 2 quotes)

**Ontario Renovates Programme**  
Accessibility Grant Application Form

**APPLICANT DECLARATION**

I/we hereby confirm that I/we are the owners of the house and property located at

(address)

, and that no other person is an owner.

I/we hereby declare that I/we have not received any previous government funding for repairs to my/our home.

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

I/we hereby acknowledge that if my/our funding application is accepted it will not apply to work carried out prior to receiving my/our Letter of Commitment from the County of Wellington, Housing Services.

**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 authorize the County of Wellington, Housing Services to release or obtain information from my Occupational Therapist

(Occupational Therapist Full Name)

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

Name:

(Signature)

(Date)

Name:

(Signature)

(Date)

**Instructions:** (A copy of the Ontario Renovates Programme, application process check list has been provided)

Please attach the following required supporting documents submitted with this application:

- (1) Photo identification**
- (2) Income verification** (most recent Revenue Canada, Notice of Assessment for all household members)
- (3) Occupational Therapist Assessment for this Modification**
- (4) Recent house value assessment** (MPAC property assessment).
- (5) Verification of a valid and up to date house insurance policy**
- (6) Modification documentation** (specifications, minimum of two quotes, drawings, etc.)

Completed applications may be sent to:

COUNTY OF WELLINGTON  
SOCIAL SERVICES DEPARTMENT - HOUSING SERVICES  
138 Wyndham St. N.  
Guelph ON, N1H 4E8  
P. 519.824.7822 Ext. 4710  
F. 519.824.3752