



Ontario Renovates Programme Urgent Repair Application Form

County of Wellington
Social Services Department
Housing Services

GENERAL APPLICANT INFORMATION

Application Date

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/Tax payments up to date? Yes No

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:

Roof Plumbing Fire Safety Heating Systems Other

Please include details of modifications below

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

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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 Conditional 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 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) **Recent house value assessment** (MPAC property assessment).
- (4) **Verification of a valid and up to date insurance policy**
- (5) **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. 4090
F. 519.824.3752