



## 2024 HOMEOWNERSHIP DOWN PAYMENT ASSISTANCE APPLICATION FORM

### Section 1 - Homeowner Information

Name(s)

Address

City/Town

Province

Postal Code

Telephone Number (*incl. Area code and Ext.*)

Cell Number (*incl. Area code*)

E-mail Address

Are you a first-time home buyer?

Yes

No

Gross Household Income  
as listed in Section 4

\$ \_\_\_\_\_

Household's Total Assets  
as listed in Section 5 & 6

\$ \_\_\_\_\_

### Section 2 - Household Members (everyone that will be living in the purchased home)

Name - <i>List all members of the household</i>	Male/Female	Birthdate	Relationship	Social Insurance Number
<i>e.g. Sally Smith</i>	<i>Female</i>	<i>Oct. 1, 1970</i>	<i>Spouse</i>	<i>400-900-600</i>
1.				
2.				
3.				
4.				
5.				
6.				

### Section 3 - Rental Information

Are you currently on the waiting list for rent geared-to-income assisted housing?  Yes  No

Do you currently own a home or an interest in a home?  Yes  No

Are you currently in rental accommodations?  Yes  No

If yes, please provide the following information for your current Landlord.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Have you ever lived in rent geared-to-income housing anywhere in Ontario?  Yes  No

If yes, please give details below. Use extra paper if necessary.

Name of Landlord \_\_\_\_\_

Former Rental Address \_\_\_\_\_

Move in date \_\_\_\_\_ Move out date \_\_\_\_\_ Arrears Owing \$ \_\_\_\_\_

### Section 4 - Income Information

List all money received by all members of the household from all sources. This can include, but is not limited to, income such as:

- Employment Income
- Employment Insurance (EI)
- Workplace Safety Insurance Board (WSIB)
- Child Support Payments
- Alimony or Spousal Support Payments
- Business that gives you income
- Ontario Works (OW)
- Ontario Disability Support Plan (ODSP)
- Canada Pension Plan (CPP)
- Ontario Student Assistance Program (OSAP)
- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Other Pensions (company, private, foreign, military)
- Investment Income

**A copy of your most recent tax assessment from Revenue Canada and T1 Summary is required to verify. If you do not have the tax assessment, you can request a copy from Revenue Canada by calling 1-800-959-8281. Your T1 Summary can be obtained from the person that prepared your taxes.**

**If your tax assessment is not reflective of your current income, documentation to verify your income must be attached to your application. If you have employment income, you must provide copies of your last eight (8) weeks' pay stubs.**

Name of Person Receiving Income	Type of Income	Gross Monthly Income (\$)

## Section 5 - Asset Information

List all assets owned by all member of the household. Assets include, but are not limited to, things such as:

- Bank Accounts
- Registered Retirement Savings Plans (RRSP)
- Guaranteed Investment Certificates (GIC)
- Stocks
- Mutual Funds
- Savings Bonds
- Rent money from real estate you own
- Registered Education Savings Plans (RESP)
- Real Estate
- Business that gives you income

**Documentation to verify your assets must be attached to your application. Please submit bank account statements for the past 30 days as well as a copy of each bank summary listing amounts of any assets (i.e. bank accounts, RRSP and income investment funds) for all accounts.**

Person Who Owns the Asset	Details of Asset (type, account number, name of financial institution)	Value / Account Balance (\$)

## Section 6 - Additional Asset Information

Does any household member on this application own property?  Yes  No

Type of Property	Location	Assessed Value (\$)
		Mortgage Owing (\$)
Type of Property	Location	Assessed Value (\$)
		Mortgage Owing (\$)

Does any household member on this application own additional assets such as vehicles, trailers, boats, etc.?

Yes  No

Type of Asset	Model & Year	Fair Market Value (\$)
Type of Asset	Model & Year	Fair Market Value (\$)
Type of Asset	Model & Year	Fair Market Value (\$)

## Section 7 - Applicant Declaration

I/we hereby confirm that everyone listed on this application will be moving into the home that will be purchased through the Homeownership Down Payment Assistance Program and that everyone moving into the home is listed on this application.

I/ we declare and certify that all information given in this application is correct and complete. I / we understand that falsifying information may result in the cancellation of my application. This application and any requested supporting documents become the property of the Corporation of the County of Lambton, Housing Services Department.

Personal information contained on this form or in attachments hereto is collected by the Corporation of the County of Lambton pursuant to the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c.M.56)* for the purpose of determining eligibility for Homeownership Funding under the Investment in Affordable Housing Program. Inquiries relating to this collection should be directed to the Corporation of the County of Lambton, Housing Services Department, 162 Lochiel Street – Suite 100, Sarnia, ON N7T 7W5, 519-344-2062.

Pursuant to the *Municipal/Provincial Freedom of Information and Protection of Privacy Act*, I give my consent and authorization to the Corporation of the County of Lambton, Housing Services Department, to make enquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release information to the Corporation of the County of Lambton, Housing Services Department. I also give my consent and authorization to the Corporation of the County of Lambton, Housing Services Department, to disclose the information given on this form to any person, corporation, social agency, and other municipal, provincial and federal department agencies providing assistance to me and persons listed on this application.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 8 - Supporting Documentation Checklist

**Please ensure the following required documents is submitted with this application:**

- Two pieces of original photo identification (ex. Driver's License, Ontario Photo Card, Passport) for every member of the household.
- Proof of Canadian Citizenship or Status in Canada (ex. Birth Certificate, Passport) for every member of the household.
- Income Verification (See Section 4 of application form)
- Asset Verification Documentation (See Sections 5 & 6 of application form)
- Rental Receipt (copy of lease or rent receipt plus 3 months proof of payment of rent)
- Mortgage Pre-Approval

This document is available in an alternative format upon request, to accommodate individuals with a disability.