

ACCESSIBILITY MODIFICATIONS

ONTARIO PRIORITIES HOUSING INITIATIVE

ELIGIBILITY CRITERIA: Ensure that you meet the following guidelines before proceeding:

- Have NOT participated in any previous IAH/OPHI (Renovate/Homeownership) programs
- Income (Household): Less than \$104,000 Gross Income (subject to change)
- Home Value (MPAC): Less than \$468,243 (subject to change)
- Assets (excluding home): Less than \$200,000

HOMEOWNER INFORMATION

Homeowner Name(s)			
Street Address			
Town & Province		Postal Code	
Phone Number(s)			
Email		Signature-Consent To Use Email	X
Alternate Contact Name & Phone #			
Total Annual Household Income	\$ _____		
Household Type	<input type="checkbox"/> Single <input type="checkbox"/> Family (1+ Members)		
Target Group	<input type="checkbox"/> Homeless <input type="checkbox"/> Indigenous Peoples <input type="checkbox"/> Mental Health/Addiction <input type="checkbox"/> Disabilities <input type="checkbox"/> Racialized Groups <input type="checkbox"/> Recent Immigrants <input type="checkbox"/> Seniors <input type="checkbox"/> Survivors Domestic Violence/Human Trafficking <input type="checkbox"/> Veterans <input type="checkbox"/> Young Adults <input type="checkbox"/> Other _____ (eg "Modest Income")		


PROPERTY DESCRIPTION

Type of House	<input type="checkbox"/> Detached <input type="checkbox"/> Townhouse/Rowhouse <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other _____	
House Details	Value of House (MPAC) \$ _____	Number of Bedrooms in House _____

Funding from Other Sources	Have you applied for or received any other funding for this project, such as IAH/OPHI/RRAP/AHP? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, please provide details: <hr/> <hr/>
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Description of the disability and special modifications required to the home to enable the household member to continue to live independently:

Description of work and required materials:


PLEASE PROVIDE TWO OR THREE QUOTES FROM QUALIFIED CONTRACTORS AND ATTACH THEM TO THIS APPLICATION.

PREFERRED CONTRACTOR

Contractor Name	
Contractor Address	
Contractor Phone	
Contractor Price	\$

Will there be apprentices on the job? NO YES **If YES, # of Apprentices:** _____

REQUIRED DOCUMENTATION – MUST be attached for application to be assessed

X Mark all documentation as attached - please submit copies, originals will not be returned:

	Medical documentation –from doctor, etc - description of disability and need for modification
	Photo Identification – for all household members
	2022 or 2023 Notice(s) of Assessment – for all household members with income
	Mortgage Verification - attach verification of mortgage information or proof that house is owned
	MPAC Statement - house value under \$468,243.00
	Property Taxes - attach recent tax bill or verification from municipal tax office
	Home Insurance - attach verification of current policy
	Bank Information - 90 days bank statement/history for all accounts, up to current date
	Asset Verification - proof of other assets, such as RRSPs or investment statements
	Three (3) project quotations

APPLICANT DECLARATION

I / We hereby confirm that I / we are the owners of the house and property located at the following address and that no other person is an owner:

Address _____

- I / We hereby grant permission to Lanark County Housing Services to make any necessary inquiries to verify my / our income, assets, liabilities, and credit information.
- I / We acknowledge that if my/our funding application is approved, it will not apply to work completed prior to the issuance of a confirmation letter.
- I / We hereby certify that all information contained in this application, including income and assets, is true and complete in every aspect.
- I / We acknowledge that in the event a false declaration is knowingly made, the County of Lanark shall have the right to cancel the approval and recover paid funds.

Applicant Print Name:	Applicant Signature: X	Date:
Co- Applicant Print Name:	Co- Applicant Signature: X	Date:

PLEASE SUBMIT ORIGINAL APPLICATION AND ALL REQUIRED DOCUMENTATION MARKED "ATTENTION HOUSING SERVICES" TO:

- ★ 99 Christie Lake Road, Perth ON K7H 3C6 **OR**
- ★ 52 Abbott Street North, Unit 4, Smiths Falls ON K7A 1W3 **OR**
- ★ 33 Lansdowne Avenue, Unit 43C, Carleton Place ON

ATTENTION: Lanark County Housing Services

Information: Phone: 613-267-4200, Ext 2404 or Toll Free: 1-888-952-6275, Ext 2404

Email: critchie@lanarkcounty.ca

NOTE: APPLICATIONS WILL NOT BE ACCEPTED BY EMAIL