

For Department of Municipal Affairs and Housing (DMAH) Use Only	
Date Received: _____	Case ID: _____

APPLICANT INFORMATION		
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Last Name	First Name	Middle Name
Date of Birth	Social Insurance Number (SIN)	<i>DMAH requires SIN to operate its programs and services.</i>
Home Phone	Cell Phone	Email
Relationship to Tenant (if any)		

CO-APPLICANT INFORMATION		
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Last Name	First Name	Middle Name
Date of Birth	Social Insurance Number (SIN)	<i>DMAH require SIN to operate its programs and services</i>
Home Phone	Cell Phone	Email
Relationship to Tenant (if any)		Relationship to Applicant

APPLICANT ADDRESS (Must be the same location as the planned Secondary or Backyard Suite)		
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Number	Street	Unit/Suite/ P.O. Box
City/Town/Community	Province	Postal Code

ABOUT THE PROPOSED SECONDARY OR BACKYARD SUITE

What type of suite are you building? Secondary Suite

Backyard Suite

Do municipal bylaws in your area allow for the creation of the proposed Secondary or Backyard Suite?

Yes

No

I don't know

How many bedrooms will be included in your suite?

Bachelor

1-bedroom

2-bedroom

3-bedroom

Other:

ABOUT YOUR PRIMARY RESIDENCE

What type of house do you live in (select one)?

Detached house

Semi-detached house

Duplex

Townhouse

Is your municipal tax account paid up to date? (Please provide verification)

Yes

No

HOW DO YOU PLAN TO FUND THE SUITE CONSTRUCTION?

Please provide information on the source of funds that will be used to finance your portion of the Secondary or Backyard Suite (including equity, debt financing, savings). The program finances up to 50% of the total costs to a maximum of \$40,000 upon completion of the suite and receipt of Occupancy Permit from the Municipality. Please provide verification.

ABOUT YOUR TENANT

Refer to the program guide for more information. Select one from the three situations identified below.

I will be renting to a tenant who is a family member and:

is 65 years of age or older AND/OR is a person living with a disability (supportive housing)

I am 65 years of age or older AND/OR a person living with a disability (supportive housing)

Or I am renting to:

an individual or household whose income is below income limits and to whom the unit will be rented below average market rates (affordability stream)

If you are renting to a tenant under the affordability stream, a lease agreement is required between the homeowner (landlord) and the tenant which identifies the rental rate (as set out in the Secondary and Backyard Suite Incentive Program Guide). A lease agreement is not required, but recommended, if you are renting to a family member.

Proposed rental rate under the affordability stream \$ _____ per month

Services included in rental rate (select all that apply):

Heating Electricity Water Hot Water

The unit will be a fully self-contained unit: Yes No

APPLICANT (HOMEOWNER) RESPONSIBILITIES AND DECLARATION

As the applicant and homeowner(s) of the property, I/we acknowledge and agree to the following:

1. Prior to completing the program application, I/we will contact the Municipal Building Department to verify the property is properly zoned for a Secondary and/or Backyard Suite. I understand that if I/we are unable to obtain an occupancy permit after construction is complete, I will be ineligible to receive the loan.
2. I/We am/are responsible for hiring and managing all contractors and are required to submit all receipts and invoices to the Department of Municipal Affairs and Housing (DMAH).
3. I/We will obtain all approvals/permits related to the creation of the Secondary and/or Backyard Suite, including Municipal Building Permits, Municipal Building Department approval of drawings, Electrical Safety Authority (ESA) permits and inspections, plumbing permits, and all other related approvals/permits. I/We also acknowledge and agree to comply with all relevant Fire Code requirements.
4. When approval is received from DMAH, I/we am/are required to sign an Operating Agreement and a Promissory Note, outlining the scope of work, funding amount(s), roles, and responsibilities.

5. I/We agree to start work within 90 days of receiving final approval in writing.
6. I/We agree to pay for or arrange for financing for any costs not funded under the Program.
7. I/We agree to keep the rent within the AMR and HILs for the program as updated from time to time by DMAH, unless the suite is rented by a family member under the supportive housing stream.
8. I/We hereby confirm that I am/we are the owner(s) of the dwelling, and no other person is an owner.
9. I/We hereby confirm that I am/we are occupying the primary residence where the secondary and/or Backyard Suite will be created and will continue to occupy the residence during the five (5) year forgivable loan period. I/We understand that if we sell the property or move to another property the remaining loan will be due in full.
10. I/We have attached all required supporting documentation to my/our application.
11. I/We hereby confirm that, to the best of my/our knowledge, the information provided is complete and accurate in every respect.
12. I/We agree to adhere to all the Program requirements, rules, and timelines throughout the process, and if applicable, during the up to five (5) year forgivable loan period.
13. I/We have read, understand, and agree to the terms and conditions listed above.
14. I/We will provide proof of tenancy once the unit is rented.

HAVE YOU INCLUDED THE FOLLOWING?

- ✓ Proof that your property taxes are paid up to date
- ✓ Copy of ID from all homeowners on the deed (Driver's License is preferred)
- ✓ If applicable, a copy of your Permanent Residency card
- ✓ Verification that you have financing in place to fund the construction of the suite (for example, a bank statement, investment statement, loan document etc.)
- ✓ Copy of the ID of the tenant if a family member under the supportive housing stream

Applicant:

Print name

Signature

Date

Co-Applicant (if applicable):

Print name

Signature

Date