

SECTION 1: INSTRUCTIONS

Complete all sections in full. Incomplete applications will not be considered. For full eligibility requirements please see the Home Repair Program Application Guide.

This document is available with communication support upon request.

APPLICATION CHECKLIST

Please attach only **copies** of the supporting documents with your application, as they will not be returned.

Proof of home ownership and property value – see [Section 4 – Information about your home](#)

A copy of the most recent Property Assessment Notice for your home from the Municipal Property Assessment Corporation (MPAC), or a copy of your most recent property tax bill if it states the assessed value of your home.

If you do not have your MPAC Property Assessment Notice, contact MPAC at 1-866-296-6722 or go to mpac.ca to request a copy.

Proof of household income – see [Section 6 – Information about your household income and assets](#)

Copies of the Canada Revenue Agency Income Tax Notice of Assessment for the previous tax year for you, all of the other homeowners registered on title and everyone else living in the home 18 years of age and older. If you do not have your Notice of Assessment, contact Canada Revenue Agency at 1-800-959-8281 or go to cra.gc.ca to request a copy.

If you receive income assistance from Ontario Works or the Ontario Disability Support Program you must also submit a copy of a recent statement of assistance.

Cost estimates of the work required – see [Section 7 – Estimated cost of critical repairs/accessibility accommodations needed](#)

You must describe in detail the requested critical repair/accessibility accommodation. Printed photographs showing the area requiring critical repairs must be included with your application.

To confirm the cost you must obtain itemized written quotations from **two different qualified professional contractors**. Sample Contractor Quotation Form can be found in Appendix A.

Contractor's quotations **must** include:

- Your name and address
- Details of the proposed work and cost
- The Contractor's company name, company address, contact name, phone number and HST number

If you have questions about completing this application or require assistance, contact Access York at 1-877-464-9675 or TTY 1-866-512-6228, or email homerepairs@york.ca.

Submit your completed application form by **e-mail, mail or fax to:**

Mail: Home Repair Program Coordinator
The Regional Municipality of York
Community and Health Services Department
Housing Services Branch
17250 Yonge Street, 3rd floor
Newmarket, ON L3Y 6Z1

Fax: (905) 895-2189

Email: homerepairs@york.ca

NOTICE WITH RESPECT TO THE COLLECTION OF PERSONAL INFORMATION

(Municipal Freedom of Information and Protection of Privacy Act)

Personal information contained on this form is collected by The Regional Municipality of York under the legal authority of the Municipal Act, 2001, for the purposes of determining eligibility for the Home Repair Program and evaluating program participation, administration and performance outcomes. Personal information will be retained, used, disclosed and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information.

For more information about the collection of personal information, contact:

The Regional Municipality of York
17250 Yonge Street
Newmarket, Ontario
L3Y 6Z1
1-877-464-9675, ext. 72062
Program Manager, Housing Programs

SECTION 2 – HOMEOWNER DECLARATION

I/We, _____ do solemnly declare that I/We am/are the applicant (or the person on behalf of the applicant) and the homeowner(s) named in this application. I/We acknowledge and understand that the following terms and conditions apply to this application and, if approved, to any grant provided by The Regional Municipality of York to complete repairs and/or modifications.

- A. I/We permit The Regional Municipality of York to verify any of the information that I/We have provided in this application.
- B. The Regional Municipality of York reserves the right to approve or disallow repairs and/or modifications funded through the program at its sole discretion.
- C. I/We will obtain any necessary permits for the repairs and/or modifications as required by local municipalities.
- D. Any repairs completed before written approval is provided by The Regional Municipality of York are not eligible for grant assistance.
- E. The amount of assistance may only be used to cover the cost of repairs and/or modifications approved in writing by The Regional Municipality of York.
- F. Any repair or modification costs that exceed the amount approved by the Regional Municipality of York are the sole responsibility of the homeowner(s).
- G. In the event that any of the program terms and conditions are not met, or that a false declaration is knowingly made, The Regional Municipality of York may cancel the approval and recover any funds paid from the homeowner.

I/We hereby:

Authorize the inspection of this property as required by The Regional Municipality of York for audit and compliance purposes, and acknowledge that inspections provide no assurance that work complies with applicable law, building codes or standards, or municipal by-laws.

I/We understand the eligibility criteria. I/We have supplied the information in this application to the best of my/our knowledge and belief. All statements are correct and no information required to be given has been withheld or omitted.

Homeowner 1

Signature

Date

Homeowner 2

Signature

Date

SECTION 3 – INFORMATION ABOUT THE HOMEOWNER(S)

Homeowner 1

First name _____ Last name _____
 Street number _____ Street address _____
 Unit number _____ City / Town _____ Postal code _____
 Primary Phone number _____ Email _____

Homeowner 2

First name _____ Last name _____
 Street number _____ Street address _____
 Unit number _____ City / Town _____ Postal code _____
 Primary Phone number _____ Email _____

SECTION 4 – INFORMATION ABOUT YOUR HOME

Single-detached home/
townhouse Semi-detached/duplex Condominium unit

Other – specify _____

Based on your most recent property assessment (MPAC, property tax bill) what is the current value of the property? \$ _____

How long have you lived in the home (Years)? _____

What is the approximate age of the home (Years)? _____

How did you hear about this program?

York Region website Returning applicant Newspaper Word of mouth
 Social media (Facebook, Twitter, etc.) Other – specify: _____

Have you received Home Repair funding from York Region before? Yes No

If yes, when? (Year) _____

Have you applied for financial assistance from any other program or insurance policy to complete the requested work? Yes No

If you answered yes, what program did you apply to? _____

Has your funding request been approved? Yes No

If you answered yes, how much funding are you receiving? \$

Note: Funds from other sources may be combined with any funding you receive from York Region if the total cost of the work required exceeds the grant amount approved by York Region. You may not apply for work being fully funded through another program or income source. If applicable, you may need to supply York Region with proof of additional funds from other sources to demonstrate funds are not being recovered twice for the same work.

SECTION 5 – INFORMATION ABOUT YOUR HOUSEHOLD

List the names of all the homeowners registered on title, including yourself, and all other occupants in the home, along with their date of birth and relationship to you. Attach a separate sheet if needed.

Name of Household Member (Include all members)	Relationship to homeowner (e.g., spouse, daughter, etc.)	Date of Birth (mm/dd/yyyy)

SECTION 6 – INFORMATION ABOUT YOUR HOUSEHOLD INCOME

List the gross annual income for each of the homeowners registered on title, including yourself, and everyone else living in the home aged each 18 years or older. Attach a separate sheet if needed.

Gross annual income is the most current year’s income before taxes and other deductions. Refer to line 150 of your Canada Revenue Agency Notice of Assessment for the most recent tax year.

You must submit supporting documents as proof of income; see the Application Checklist (page 1) for a list of acceptable supporting documents. If a false declaration is knowingly made, York Region has the right to cancel the approval and/or recover any paid funds.

Name of Household Member (Include all members)	Income Source (e.g., employment, Ontario Works, Ontario Disability Support Program, Canada Pension Plan, other income)	Gross Annual Income (\$) Line 150 of Canada Revenue Agency Notice of Assessment	Verification Document attached
Total Household income:			

Other than your home, what is the total value of assets for you, all other homeowners registered on title, and everyone else living in the home? \$

SECTION 7 – ESTIMATED COST OF CRITICAL REPAIRS/ACCESSIBILITY MODIFICATIONS NEEDED

List the specific repairs and/or modifications you are requesting and their estimated cost, including materials, labour and HST, based on the lowest and/or most comprehensive quotation you have received. Attach a separate sheet if necessary.

Repair/Modification	Estimated Cost (\$)
Total estimated costs:	

Printed photographs showing the area needing critical repairs must be included with your application.

In order to confirm the cost you must get itemized written quotations from **two different qualified professional contractors**.

Any repairs or modifications started or completed before receiving written approval from York Region are not eligible for assistance.

SECTION 8 – INFORMATION ABOUT THE REPAIRS OR MODIFICATIONS NEEDED

Are you applying for: (check one or both):

Accessibility modifications – complete Section A below

Critical home repairs – complete Section on next page

Section A: Accessibility Modifications

Accessibility modifications are permanent modifications that will increase accessibility of the home for a senior or a person with disability and support their ability to live independently in the home.

Examples of accessibility modifications include ramps, handrails, bathtub conversions to shower, raised toilets, and height adjustments to counter tops.

A member of my household has a physical disability or a medical need that requires an accessibility modification (check if applicable)

In the space below, please tell us how your proposed accessibility modification(s) will help you or a member of your household. For example, installation of a ramp could allow someone who requires the use of a wheelchair to enter the home.

Section B: Critical Repairs

Critical repairs are repairs that are required to make a house safe and suitable for living. Please tell us about the area of your home that needs repair and explain why it is considered critical.

Building exterior (examples – repair or replacement of leaking roof, repair of leaking foundation)

Heating (example – repair or replacement of a gas furnace that has failed or likely to fail in the current season)

Electrical (example – repair related to electrical safety issue)

Plumbing (example – repair related to significant plumbing failure that has or will result in water damage to interior of home)

Other – specify:

APPENDIX A – SAMPLE CONTRACTOR QUOTATION FORM

First name Last name

Street number Street address

Apartment number City / Town Postal code

Primary phone number Email

To be completed by Contractor

Company name Contact name

Date of Quotation Contractor HST Registration Number

Street number Street address

Apartment number City / Town Postal code

Primary phone number Email

Does any of the work require a building permit? Yes No

Repair/Modification	Materials (\$)	Labour (\$)	Total (\$)

Subtotal

HST:

TOTAL