

Household Income Information

List ALL sources of currently monthly income for ALL HOUSEHOLD RESIDENTS, including but not limited to employment compensation, CPP, OAP, ODSP, WSIB, OW, EI, RRSP, pension, child or spousal support.

Name	Income Source	Gross Amount, monthly

Assets

Do you, or any member of your household, own any property (land or structures) other than you primary residence?

If yes, please provide the address(es) below.

Address

Do you, or any member(s) of your household, currently own or have any of the following:

House	Value	Savings Account #1	Value
Vehicle #1	Value	Savings Account #2	Value
Vehicle #2	Value	Recreational Vehicle	Value
Chequing Account #1	Value	Other	Value
Chequing Account #2	Value	Other	Value
Cash on Hand	Value	Other	Value

Monthly Financial Obligations

Monthly Bill	Amount	Monthly Bill	Amount
Mortgage		Groceries	
Hydro		Clothing/Shoes	
Natural Gas		Home Insurance	
Water		Auto Insurance	
Transportation		Other Insurance	
Internet		Car Loan(s)	
Phone		Cable/Satellite, etc	
Medical/Prescriptions		Child Care	
Other		Other	

Total Monthly Expenses

Information about your home

Name(s) listed on house deed

Year of house purchase	Year house built
Mortgage Y / N	If yes, list monthly payment, including taxes
Home insurance Y / N	Insurance Company & Policy Number

Have you received insurance claim funds for any of the repairs for which you are requesting assistance? Y / N If yes, please explain:

Does your home have working smoke and carbon monoxide detectors? Y / N
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Do you have current, unresolved property by-law enforcement citations? Y / N
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Are you up to date with property taxes and mortgage payments? Y / N

Please explain the repair work needed in your home. You may attach a second page if necessary.
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Please include copies of the following with this application

- Proof of insurance
- Proof of current and paid property taxes
- Photographs of needed repair(s)
- Copy of your mortgage agreement
- Proof of income (including previous year's tax assessment(s))

Willingness to Partner

If your application is approved, Habitat for Humanity Seaway Valley (o/a Cornwall & The Counties) performs repair work on your home. An affordable monthly loan repayment will be required with terms to be determined at a later date. Based on your monthly budget, how much do you feel you can afford, monthly, for this repayment.

\$ _____

This does not mean that this will be your payment. When repairs are finalized, our finance department will calculate affordable repayment terms.

Do you agree to ensure that any exterior or interior areas of your home that need to be repairs will be clean of refuse and/or objects that may interfere with our teams ability to complete the repairs?

Y / N

Do you agree that you will be present for your home repair?

Y / N

Do you agree that any and all pets will be contained while repair work is being performed?

Y / N

Do you agree to keep your home and yard in as best condition as you are able after the repair work is completed?

Y / N

Do you agree to be respectful of all staff and ensure communication is effective and honest?

Y / N

Willingness to Partner, continued

Do you agree that if you or any applicant presents false information at any time during the Critical Repairs Program process, it will result in the immediate dismissal of the application?

Y / N

Do you agree to Habitat for Humanity Seaway Valley generating a credit report for the property owners on title to the aforementioned property?

Y / N

Authorization, Release of Information & Signature

I/We, the undersigned, understand and authorize Habitat for Humanity Seaway Valley (o/a Cornwall & The Counties) to perform an in-depth study to determine our need, ability to pay and willingness to partner in relation to the Critical Repairs Program. The selection process will include a home visit and verification of above information including but not limited to income, living conditions and more.

I/We, the undersigned, understand that by submitting this application, I/we are authorizing Habitat for Humanity Seaway Valley (o/a Cornwall & The Counties) to evaluate my/our need for critical home repairs. I/ we understand that this application can be denied if determined it cannot perform the needed repair work for any reason.

I/We further certify that the information contained in this application is true and complete to the best of my/our knowledge. I/We understand that if I/we give false information or withhold information or do not notify staff immediately of any changes in the information set forth in this application, my/our application will be denied and/or terminated.

Applicant's Signature	Date
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Co-applicant's Signature	Date
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Completed application can be returned:

In person, in a sealed envelope:

ReStore - 1400 Vincent Massey Drive, Cornwall, ON

By mail:

9-1400 Vincent Massey Drive, Cornwall, ON K6J 5N4, ATTN: Family Services

By email:

familyservices@habitatcornwall.org