

## Appendix A: Homeownership Assistance Program, Request for Consideration

### First Nation, Inuit, Métis Urban and Rural Housing Program (FIMUR)

This application is the first of two stages of approval for program funds. The purpose of this Preliminary Request Form is to assess if the applicant(s) is eligible for consideration to proceed to the final stage of approval for funds under the program. Applicants are not approved for any program funds solely on the basis of this request.

Habitat for Humanity applicants may apply for the maximum forgivable loan, for which they which would be eligible, upon final approval from Habitat.

<http://habitat.ca/index.php>

For the purpose of this preliminary request, the following definitions apply when completing the answers:

*Combined Gross Household Income* is the total gross income of the Aboriginal Family/Household (p.6) excluding children and non-occupant guarantor(s). Total gross income of the household cannot exceed 2008 60th income percentile (Appendix D). The following are included in the calculations:

- Gross salaries, wages, overtime payments, commissions, bonuses, tips, gratuities;
- The greater of the net income from the business or the total withdrawals from the business as personal salary of purchaser(s) household that is self-employed
- The gross amount of Employment Insurance benefits;
- The gross amount of WSIB payments or other industrial accident insurance payments made because of illness or disability;
- The gross amount of any Old Age Security, federal Guaranteed Income Supplement and spouse's allowance and financial assistance under the Ontario Guaranteed Annual Income System (GAINS);
- The gross amount of every kind of pension, allowance, benefit, and annuity whether from a federal, provincial, or municipal government of Canada or any other country or state or from any other source;
- The gross amount of alimony, separation, maintenance, or support payments;
- The gross amount of gains from investments including RRSP's as well as interest or dividends, stocks, shares, and other securities and where the actual income cannot be determined, an imputed rate of return set by the land;
- The gross interest income from savings or chequing accounts in a bank, trust company or a credit union;
- The gross amount of interest earned or payable from bonds, debentures, term deposits or investments, certificates, mortgages, capital gains, or lump sum payments or other assets;

#### *Household*

For the purpose of calculating the combined Total Gross Household Income, the amount of and proof of income will be required for every person of the "Household" where "Household" is defined as:

- a) an Aboriginal (First Nations, Métis, Inuit) individual, the individual's spouse or partner and all of the children of both or either of them who are living with them,
- b) an Aboriginal individual and the individual's spouse or partner living with him or her, if neither has any children,

- c) an Aboriginal individual and the individual's children living with him or her, if the Individual has no spouse or partner, or
- d) an Aboriginal individual, if the individual has no spouse or partner and no children
- e) extended family

**Applicant and Household Member Information:**

Name(s)	Address(es)

Item	Y	N
Are you 18 years of age or older?		
Are you a First Nations, Inuit or Métis person?		
Have you signed or will you be signing an offer to purchase a home?		
Do you currently own a home or have interest in any real estate?		
Are you unable or not entitled to live in a home that you own?		
Does your spouse currently own a home or an interest in a home?		
Are you currently renting?		
Are you currently in Rent Geared to Income, Subsidized, or Affordable Housing?		
Are you currently in an arrears situation at your current rental property or with a former social housing provider?		
Are moving from Transitional Housing, a crisis shelter, or emerging from a violent partnership/relationship?		
Is your Total Gross Household Annual income less than the 2008 60th income percentile (Appendix D)?		

Please submit (copies) proof of income with this request. Some examples of proof of income include: a copy of original 2008 Canadian income tax Notice of Assessment; 2008 T4 slip(s), 2008 T5 slip(s); current stubs from source of income.

For this application, self-employment income will be reduced by all deductions allowed by the Canada Revenue Agency, except for the following:

1. Capital Cost allowances for the depreciation of assets;
2. Rent paid by the individual, where the individual operates the business from the unit;
3. Childcare expenses.

The undersigned hereby understands, agrees, and declares that:

- 1) the information supplied in this preliminary request is true and accurate;
- 2) this preliminary application is the first of two stages of approval;
- 3) the purpose of this preliminary request is to assess if the applicant(s) is eligible for consideration to proceed to the next stage of approval;
- 4) a final written confirmation of eligibility for program funds will be required after all other program requirements are met and prior to any forgivable loan being made;
- 5) the personal information is collected under the provisions of PIPEDA; and
- 6) the information provided on this request will be used for the purpose of determining preliminary eligibility for the FIMUR Assisted Homeownership Program.

The undersigned consents to the release of information in this preliminary application form and the attachments to it if required by law. Any questions regarding the collection or release of this information should be directed to:

FIMUR Homeownership Program  
Ontario Aboriginal Housing Support Services Corporation  
500 Bay Street, 2nd Floor  
Sault Ste Marie, ON P6A 1X5  
Ph: (705) 256-1876  
Fx: (705) 256-2671  
E-mail: [kreynolds@oahssc.ca](mailto:kreynolds@oahssc.ca)

Signatures are required from all persons who will be registered on title.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix B: Homeownership Application

### FIMUR Homeownership Assistance Program APPLICATION FORM

#### 1. Applicant(s) Information

<b>Applicant Name:</b> <i>(Last, First, M.I.)</i>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Birth Date:</b> <i>(dd/mm/yyyy)</i>
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Common-Law/partnership <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Do you identify as an Aboriginal Person of Canada?</b> <i>Type of evidence supplied (i.e. copy of passport, birth certificate, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
<b>Co-Applicant Name:</b> <i>(Last, First, M.I.)</i>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Birth Date:</b> <i>(dd/mm/yyyy)</i>
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Do you identify as an Aboriginal Person of Canada?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
<b>What is your combined annual household income: \$</b> <i>Please provide most recent tax year Notice of Assessment or Re-assessment.</i>		

#### 2. Applicant Contact Information

<b>Address:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Mailing Address:</b> <i>(if different from above)</i>			
<b>Phone: (h)</b>	<b>(w)</b>	<b>(c)</b>	
<b>E-mail:</b>			

#### 3. Household Information

Name <i>(Last, First)</i>	Relationship <i>(To Applicant)</i>	Birth Date <i>(dd/mm/yyyy)</i>	Aboriginal <i>(First Nation/Métis/Inuit)</i>
1.			
2.			
3.			
4.			
5.			
6.			

If more room is needed, please attach additional sheet.

3a. Do all of the people listed currently live with you full time?  Yes  No

If **No**, please provide the name of the person(s) and number of days per week they live with you.

Name <i>(Last, First)</i>	# days per week	Reason for not living with you full time?
1.		
2.		
3.		

#### 4. Rental Reference

Please provide information on your current and/or most recent places of rental, name of landlord and contact information for rental reference.

<b>Address:</b>	<b>City:</b>	<b>Province:</b>	<b>Code:</b>
<b>Name of Contact Person:</b>		<b>Contact Number:</b>	
<b>Date of Residency:</b>	<b>From:</b>	<b>To:</b>	
	<i>(dd/mm/yyyy)</i>	<i>(dd/mm/yyyy)</i>	
<b>Address:</b>		<b>Province:</b>	<b>Code:</b>
<b>Name of Contact Person:</b>		<b>Contact Number:</b>	
<b>Date of Residency:</b>	<b>From:</b>	<b>To:</b>	
	<i>(dd/mm/yyyy)</i>	<i>(dd/mm/yyyy)</i>	

## 5. Additional Information

Please answer the following questions.

<b>5a.</b> Do you or your spouse currently own a home or have interest in any real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5b.</b> Do you have a signed Agreement of Purchase and Sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5c.</b> Do you have a pre-approved mortgage? Please attach documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5d.</b> What is the name of your solicitor and their contact information?  What is the name of the Purchaser's solicitor and their contact information?	<b>Name:</b> <b>Phone:</b> <b>Name:</b> <b>Phone:</b>
<b>5e.</b> Are you employed by OAHSSC or an associated provincial territorial organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please indicate your current employer: How many years with current employer?</i>	<i>If yes, please check your employer.</i> <input type="checkbox"/> OFIFC <input type="checkbox"/> ONWA <input type="checkbox"/> MNO <input type="checkbox"/> OAHSSC
<b>5f.</b> Are you currently on a social/affordable housing waitlist or currently in social housing? <input type="checkbox"/> Yes <input type="checkbox"/> No  Please provide name of the housing provider.	<i>If yes, how long have you been on list?</i>  <i>If yes, how long have you been in your current housing?</i>
<b>5g.</b> Are you currently in an arrears situation at a current rental property or with a social housing provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5h.</b> Are you moving from transitional housing, a crisis shelter, or emerging from a violent partnership/relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5i.</b> Are you unable to live in a home that you own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5j.</b> Is your Total Gross Household Annual income less than the 2008 60th income percentile (Appendix D)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>The OAHSSC will enter into an agreement with each successful Aboriginal Household prior to advancing funds and will ensure that the terms of the agreement include a covenant by the Aboriginal Household to repay all or part of the advanced funds to the OAHSSC if the property is sold by the Aboriginal Household with five (5) years following the date of purchase.</i></p> <p><i>If successful, funds will be advanced to the solicitor acting for the purchaser to be held in trust pending completion of the sale. No funds will be advanced to any other party. The funds advanced are subject to the trust condition that the funds will be returned to OAHSSC if the transaction is not completed for any reason. If funds are returned to OAHSSC, and the applicant wants to re-apply for the funding, the applicant must re-submit their application and meet the eligibility requirements.</i></p> <p><i>All applicants who give personal information to OAHSSC shall be required to consent to the release of that information to MMAH in order to comply with the Personal Information Protection and Electronic Documents Act (PIPEDA) and Freedom of Information and Protection of Privacy Act (FIPPA). The information provided on this application will be used for the purpose of determining eligibility and potential successful selection for the FIMUR Assisted Homeownership program.</i></p> <p><i>Please be advised that completion and submission of the FIMUR Homeownership Assistance Program Application Form does not guarantee application approval.</i></p>	

### Applicant(s) Declaration

I/we, \_\_\_\_\_, verify that the information I/we have provided in this application is true and accurate to the best of my/our knowledge. I/we acknowledge that knowingly making a false or fraudulent application shall be considered sufficient cause for refusal of my/our application for the FIMUR Homeownership Assistance Program. I/we also understand the conditions outlined above.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date