

APPLICATION CHECKLIST

NOTE: We cannot process your Assisted Homeownership Application if required documentation is missing.

YOU MUST ATTACH PROOF OF ALL SOURCES OF INCOME TO THIS APPLICATION.

The following information must be attached to your completed Assisted Homeownership Application:

Mortgage Pre-qualification	<p>Note: If you do not qualify for a mortgage, you cannot apply for homeownership assistance.</p> <p>Attach verification from a financial institution or lender that you qualify for a mortgage. If you require a mortgage, your bank or mortgage lender can assist you with the mortgage pre-qualification process.</p>
Photo Identification	<p>For applicant(s) to be registered on title attach a photocopy of two pieces of photo ID; front and back. (e.g. Ontario Driver’s License, Status Card, Canadian Passport, Ontario Photo Card, Métis Card, Valid Firearm’s Licence, Military ID)</p>
Income	<p>For each Aboriginal Family/Household member over age 18(excluding children in school full time and non-occupant guarantors), attach copies of 2017 documentation verifying sources and amount of all income (T4’s, T5’s, and most recent pay stubs, etc.).</p>
Notice of Assessment	<p>Attach a copy of your Tax Year 2017 Notice of Assessment from Canada Revenue Agency for each applicant and person over the age of 18 in the household (excluding children attending school full time and non-occupant guarantors). If you do not have your Assessment, visit your local office or to go www.cra.gc.ca for more information.</p>
Signatures (Applicants and a witness)	<p>Application must be signed by all applicants and <u>must</u> also include a witness signature. Witness can be any person over age 18 who is not party to this application process</p>

Please attach the following if applicable:

Letter from Social Housing Provider	<p>Attach copy of letter from Social Housing provider showing that your rent is paid to date, with no arrears owing.</p>
Canada Child Tax Benefit Notice (including Ontario Child Benefit, National Child Benefit Supplement)	<p>To show payment period of 2017, please attach your Base Year 2015 and <u>and</u> Base Year 2016 Canada Child Tax Benefit Notice. If you do not have copies please call Canada Revenue Agency at 1-800-387-1193 and request they be sent to you. (If applicable)</p>



Appendix A: Assisted Homeownership Application, FIMUR 2014/20 (confidential)

This program was developed in concert with the Ontario Native Woman's Association, the Métis Nation of Ontario, and the Ontario Federation of Indian Friendship Centres. Thank you for applying to the First Nation, Inuit, Métis Urban and Rural 2014/20 Housing Program's Assisted Homeownership Program (FIMUR). All applicants must complete this application for evaluation. Guidelines and FAQ's can be viewed on our website at <http://www.ontarioaboriginalhousing.ca/>

Process:

- Step 1: Complete application
- Step 2: Include required attachments
- Step 3: Mail it in

The following definitions apply when completing the application:

Combined Gross Household Income is the total gross income of the Aboriginal Family/Household, excluding children (under age of 18) and non-occupant guarantor(s). Total gross income of the household cannot exceed 2017 60th income percentile. Further information on the 60th income percentile is available in the Guidelines.

The following sources of income 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 living allowance portion or grant portion of any education assistance fund;
- 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, (land claim settlements excluded);
- 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, Inuit, Métis,) individual, the individual's spouse or partner and all of the children (age 18 and over) of both or either of them who are living with them and not attending school full time,
- b) an Aboriginal individual and the individual's spouse or partner living with them, if neither has any children,
- c) an Aboriginal individual and the individual's children (age 18 and over) living with them and not attending school full time, 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

1. Applicant Information

Primary Applicant:

_____/_____/_____
 First Name Initial Surname Date of Birth (Day/Month/Year)

 Street Address City Postal Code

 Mailing address if different than above (R.R. #, Box # etc.)

H phone: () _____ - _____ W phone: () _____ - _____ C phone: () _____ - _____

Email address: _____ Add to OAHS email list? Yes No

Marital Status: Single Married Common Law Separated Divorced Widowed Other

Indigenous Status (self-identification only. Proof not required)
(check one): First Nations Métis Inuit Non-Indigenous

Sex: Male Female Prefer to self-describe: _____ Prefer not to say

Secondary Contact # - Name: _____ Primary Phone: () _____
 (other than those listed on this application)

Co-Applicant (if any):

_____/_____/_____
 First Name Initial Surname Date of Birth (Day/Month/Year)

 Street Address City Postal Code

 Mailing address if different than above (R.R. #, Box # etc.)

H phone: () _____ - _____ W phone: () _____ - _____ C phone: () _____ - _____

Email address: _____ Add to OAHS email list? Yes No

Marital Status: Single Married Common Law Separated Divorced Widowed Other

Indigenous Status (self-identification only. Proof not required)
(check one): First Nations Métis Inuit Non-Indigenous

Sex: Male Female Prefer to self-describe: _____ Prefer not to say

2. Household composition, excluding applicant(s)							
Name	DOB D/M/Y	Male/Female	Relationship to Applicant (daughter, son, partner, spouse etc.)	For each household member, please check the appropriate column			
				First Nations	Métis	Inuit	Non- Indigenous
1							
2							
3							
4							
Do all of the people listed live with you full time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide the name of the person(s) & number of days per week they live with you.							
Name		# of days/week	Reason for not living with you full time				
1							
2							
3. Combined Gross Household Income							
What is your combined Gross Household Income (definition on page 1)? \$ _____ Is it less than the 2017 60th income percentile (please refer to Appendix C)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Please submit the following proof of income (copies) with this request: Tax Year 2017 Notice of Assessment and Notice of Reassessment (if applicable), 2017 T4 slip(s), 2017 T5 slip(s), and two current stubs from source(s) of income.							
For self-employed applicants , 2017 Notice of Assessments will be required if applying after August 15, 2018.							
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 their residence; 3. Childcare expenses.							
4. Program Priorities							
Please identify which of the following Program Priorities apply (check all that apply):							
<input type="checkbox"/> Residing in social housing <input type="checkbox"/> Escaping situations of violence							
Briefly explain:							
<hr/> <hr/> <hr/> <hr/>							

If you are a current tenant, please provide name and phone number of the Social Housing provider:

Name: _____ Phone #: _____

5. Other Concerns

Will homeownership address any of the following concerns? (check all that apply):

- Homeless/risk of homelessness Overcrowding Health and Safety Accessibility need
 Family reunification

Briefly explain:

6. Present Accommodations (If without accommodation select N/A)

At present, do you:

- Rent or Own N/A

Amount of monthly rent (if any) \$ _____ Are utilities included? Yes No

Do you or your spouse/partner currently own a home, or have ownership in any home or any real estate?

- Yes No If yes, provide reason(s) below

If homeowner, are you unable to reside in the home you currently own?

- Yes No If yes, provide reason(s) below

7. Additional Information

Have you signed an Agreement of Purchase and Sale? Yes No

If you require FIMUR funds for a home purchase, please **do not make an offer on a home unless you have received written confirmation that your FIMUR 2014/20 Assisted Homeownership Application has been approved.**

Are you employed by OAHS or an associated provincial territorial organization?

- Yes No

If yes, please check your employer:

- OFIC ONWA MNO OAHS

Please indicate applicant and co-applicant employer(s) name, address and/or other sources of income. This information must be supplied.

- 1.
- 2.
- 3.

8. Residence History

Please provide your residence history (addresses) for the last three (3) years. Period of residency (dd/mm/yyyy) to (dd/mm/yyyy)

1.	Period of residency (dd/mm/yyyy) to (dd/mm/yyyy)
2.	
3.	

9. How did you hear about FIMUR 2014/20 Assisted Homeownership Program?

Please choose all that apply:
 Indigenous media Friendship Centre ONWA local MNO local Information Session
 Word of mouth OAHS website Other _____

10. OAHS Terms

*OAHS 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 OAHS if the property is sold/transferred/rented by the Aboriginal Household within ten (10) years following the date of purchase. **This agreement will be registered as a Charge/Mortgage against the title to your property until such time as your commitment under the agreement has been fulfilled. This represents our mutual security in the case of default in the terms of the loan.***

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 OAHS if the transaction is not completed for any reason. If funds are returned to OAHS, and the applicant wants to re-apply for the funding, the applicant must re-submit their application and meet the eligibility requirements.

All applicants who give personal information to OAHS 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 2014/20 Assisted Homeownership program.

The undersigned consents to the release of information in this application form and the attached documents 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
 Sault Ste. Marie, ON P6A 1X5

Phone: (866)-391-1061
 Fax: (705) 256-2671
 Email: info@oahssc.ca

Please view our Privacy Policy on the OAHS website:
http://www.ontarioaboriginalhousing.ca/index.php?option=com_content&view=article&id=133&Itemid=359

Please be advised that completion and submission of the FIMUR 2014/20 Homeownership Assistance Program Application Form does not guarantee application approval.

11. Applicant Declaration

The undersigned hereby understands, agrees, and declares that:

- the information provided on this request will be used for the purpose of determining preliminary eligibility for the FIMUR 2014/20 Assisted Homeownership Program.
- a final written confirmation of eligibility for program funds will be issued after all other program requirements are met and prior to any forgivable loan agreement being signed;

I/we consent to the sharing of my/our information with your partners.

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. **It is also understood that OAHS reserves the right to reject this application at their sole discretion.** I/we have read, and understand these conditions.

Before submitting this application, the signature (s) MUST be witnessed & dated using the space provided below:

Primary Applicant Name (required) (please print)	Primary Applicant Signature	Date
Co-Applicant Name (if applicable) (please print)	Primary Applicant Signature	Date
Witness Name (required) (please print)	Witness Signature	Date

For assistance with this application or questions regarding your submission, please contact:

Karen Benford
 Program Coordinator
 FIMUR Homeownership Program
 Ontario Aboriginal Housing Services
 500 Bay Street,
 Sault Ste. Marie, ON
 P6A 1X5
 Phone (866) 391-1061 ext. 318
 Fax: (705) 256-1664
 Email: kbenford@oahssc.ca

Appendix B: Average Market Value Table

Service Manager Area	Average MLS® Resale Price (2018 – Source: CMHC)
City of Brantford (Brantford Region)	\$420,000
City of Cornwall	\$227,000
City of Greater Sudbury	\$272,000
City of Hamilton (Metro Hamilton)	\$558,000
City of Kawartha Lakes	\$409,000
City of Kingston (Kingston and area)	\$360,000
City of London	\$371,000
City of Ottawa	\$419,000
City of Peterborough	\$442,000
City of St. Thomas	\$295,000
City of Stratford	\$350,000
City of Windsor (Windsor-Essex)	\$301,000
County of Bruce	\$342,000
County of Dufferin	\$559,000
County of Grey	\$342,000
County of Hastings	\$329,000
County of Huron	\$350,000
County of Lambton (Sarnia-Lambton)	\$312,000
County of Lanark	\$335,000
County of Lennox & Addington	\$360,000
County of Norfolk	\$373,000
County of Northumberland	\$459,000
County of Oxford	\$380,000
County of Renfrew	\$251,000
County of Simcoe	\$485,000
County of Wellington (Guelph and District)	\$521,000
District Municipality of Muskoka	\$577,000
Municipality of Chatham Kent	\$210,000
Regional Municipality of Waterloo	\$482,000
Regional Municipality of Niagara	\$405,000
United Counties of Leeds & Grenville	\$339,000
United Counties of Prescott & Russell	\$296,000
Algoma DSSAB	\$190,000
Cochrane DSSAB	\$169,000
Kenora DSSAB (Kenora/Lake of the Woods)	\$292,000
Kenora DSSAB (Dryden/Sioux Lookout)	\$177,000
Kenora DSSAB (Ear Falls/Red Lake)	\$175,000
Manitoulin-Sudbury DSSAB	\$272,000
Nipissing DSSAB	\$261,000
Parry Sound DSSAB	\$419,000
Rainy River DSSAB (Fort Frances/Rainy River/Emo)	\$190,000
Rainy River DSSAB (Atikokan District)	\$104,000
Sault Ste. Marie DSSAB	\$190,000
Thunder Bay DSSAB (City of Thunder Bay)	\$255,000
Thunder Bay DSSAB (Greenstone/Hwy 11 District)	\$89,000

Thunder Bay DSSAB (Superior North Shore)	\$84,000
Timiskaming DSSAB	\$169,000



Ontario Aboriginal Housing Services

500 Bay Street, Sault Ste. Marie, Ontario P6A 1X5

Tel: (705) 256-1876

Fax: (705) 256-2671

Toll Free: 1-866-391-1061

www.OntarioAboriginalHousing.ca

Appendix C: Maximum Household Income Level, 2017*

CMSMs	Income at 60th Percentile*
City of Brantford	\$81,700
City of Cornwall	\$74,700
City of Greater Sudbury	\$86,600
City of Hamilton	\$84,500
City of Kawartha Lakes	\$77,300
City of Kingston	\$86,200
City of London	\$81,200
City of Ottawa	\$109,100
City of Peterborough	\$79,600
City of St. Thomas	\$81,200
City of Stratford	\$87,500
City of Windsor	\$81,500
County of Bruce	\$91,700
County of Dufferin	\$103,100
County of Grey	\$77,600
County of Hastings	\$74,000
County of Huron	\$78,900
County of Lambton	\$85,500
County of Lanark	\$89,200
County of Lennox & Addington	\$83,400
County of Norfolk	\$84,200
County of Northumberland	\$84,100
County of Oxford	\$87,400
County of Renfrew	\$81,700
County of Simcoe**	\$92,000
County of Wellington**	\$98,500
District Municipality of Muskoka	\$82,400
Municipality of Chatham Kent	\$71,300
Regional Municipality of Waterloo**	\$94,900
Regional Municipality of Niagara	\$80,300
United Counties of Leeds & Grenville	\$85,400
United Counties of Prescott & Russell	\$98,900
Algoma DSSAB	\$74,400
Cochrane DSSAB	\$83,500
Kenora DSSAB	\$82,400
Manitoulin-Sudbury DSSAB	\$74,200
Nipissing DSSAB	\$78,300
Parry Sound DSSAB	\$74,500
Rainy River DSSAB	\$74,700
Sault Ste. Marie DSSAB	\$79,400
Thunder Bay DSSAB	\$81,900
Timiskaming DSSAB	\$67,900

* Based on Statistics Canada 2011 National Household Survey, indexed to 2017, rounded to the nearest hundred.

** In areas where 60th income percentile is greater than the provincial level, the provincial level 60th income percentile is used.