



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

Application, OPHI Ontario Renovates Homeowner Repair Program (confidential)

Primary Applicant Information:

(must self identify as an Indigenous person and be on Title of Property)

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

Marital Status: Single Married Common Law Separated Divorced Widowed Other

Please select one): Indigenous Status Indigenous Non-Status Métis Inuit Non-Indigenous

Gender: Man Woman Prefer to self-describe: _____ Prefer not to say

Home phone: () _____ - _____ Work phone: () _____ - _____ Cell phone: () _____ - _____

Email address: _____

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

Property Address (include street, municipality and postal code. Repair property must be off reserve to be eligible)

Mailing Address (if different from above i.e. box #, fire # etc) :

Co-applicant or Spouse (second Title Holder; if any):

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

Marital Status: Single Married Common Law Separated Divorced Widowed Other

Please select one: Indigenous Status Indigenous Non-Status Métis Inuit Non-Indigenous

Gender: Man Woman Prefer to self-describe: _____ Prefer not to say

Home Phone: () _____ - _____ Work Phone: () _____ - _____ Cell Phone: () _____ - _____

Email address: _____

Is the Primary applicant or Co-applicant employed by OAHS or an associated provincial territorial organization?
Applications for employees of these organizations will also be reviewed by an independent agency.
 Yes No

If yes, please check your employer
 OFIFC MNO
 ONWA OAHS

Question #1 Household composition (attach additional sheet if required)

Name List all Household members (excluding applicants) below	D.O.B D/M/Y	Relationship to homeowner(s) (daughter, son, partner etc.)	Gross Income/month	Dependant (Y, N)	please check the appropriate column			
					Non-Status	Indigenous Status or	Métis	Inuit
1			\$					
2			\$					
3			\$					
4			\$					

Question #2 Household Employment Income Information (include any spousal or child support received)

Household Member: Applicant #		Spousal or child support \$		/mo.
Name & Address of Employer/Sources of Income:			How long:	
Job Title:				
Phone #: () -		Rate of Pay:		Total Hours/Week:
Household Member: Applicant #		Spousal or child support \$		/mo.
Name & Address of Employer/Sources of Income:			How long:	
Job Title:				
Phone #: () -		Rate of Pay:		Total Hours/Week:
Household Member: Applicant #		Spousal or child support \$		/mo.
Name & Address of Employer/Sources of Income:			How long:	
Job Title:				
Phone #: () -		Rate of Pay:		Total Hours/Week:

Question #3 Other Household Income: If a Social Support, select all that apply (if not applicable, go to Question#4)

ODSP OW EI CPP Old Age Security Guaranteed Income Supplement Child Tax Benefit (CTB)

Monthly Total, except for CTB: \$ _____ Name of Income Maintenance Officer: _____

Canada Child Tax Benefit monthly amount (excluding Child Tax Disability amount): \$ _____

Spousal or Child Support monthly amount: \$ _____

Education living allowance (i.e. OSAP, First Nation Education Living Allowance): \$ _____

Other: \$ _____

Question #4 Liens (please include all Liens on property excluding your mortgage. Example: Family Responsibility Lien, Legal Aid, Lines of Credit, MorEnergy, Reliance, etc)

Lien 1: \$ _____
 Lien 2: \$ _____
 Lien 3: \$ _____

Question #5 Bankruptcy and Consumer Proposal

Have you declared Bankruptcy or filed a Consumer Proposal in the last 7 years?
 Yes No

If yes, what is the proposed date of Discharge?
 ____/____/____

Please provide documentation showing proof of discharge

Question #6 Residence Information			
Age of House: _____ (found on MPAC Statement)	Type of House: <input type="checkbox"/> Single <input type="checkbox"/> Semi <input type="checkbox"/> Duplex <input type="checkbox"/> Row <input type="checkbox"/> Mobile Home _____ (serial no.) <input type="checkbox"/> Other _____ (you must have title to the property which mobile home is situated on to be eligible)		
Value of House: \$ _____ (found on MPAC Statement)	Are you receiving any other subsidy or assistance for your home, as described in the eligibility criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what agency? _____ Name of Agency Date Name of Agency Date		
Who are the registered owners of the off reserve property? (INCLUDE ALL NAMES LISTED ON TITLE. If separated or divorced and spouses name is still on title, please provide legal agreement or order with your supporting documents) <i>*if not legally separated or divorced, the non-resident owner must consent and sign all paperwork for this funding program</i>			
Please identify which of the following Program Priorities apply (check all that apply): <input type="checkbox"/> Emergency need <input type="checkbox"/> Accessibility need <input type="checkbox"/> Health and safety concern <input type="checkbox"/> Energy efficiency update Briefly describe and prioritize the repairs and/or modifications required to your home (Attach additional sheets if required):			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
(refer to guidelines for eligible repairs at http://www.ontarioaboriginalhousing.ca/programs/)			

Please initial each section below once you have read the provided information regarding OAHS Programs Terms:

The OPHI Ontario Renovates Homeowner Repair Program will assist low to moderate income Indigenous off reserve homeowners in repairing their homes, to bring them to an acceptable Health and Safety standard. Applicants that have appointed a Power of Attorney or have been appointed a Guardian/Trustee of their personal finances and assets in accordance with the Substitute Decisions Act, 1992, may be eligible if all other eligibility criteria are met. Appropriate documentation may be requested, along with witness signature.

Loan Forgiveness:

Forgiveness of the loan will be earned by the homeowner(s) over a period of 10 years. To earn forgiveness, Applicants must maintain continued ownership and occupancy of the dwelling and adhere to all other terms and conditions of the program.

Eligibility Criteria:

- Primary Applicant Homeowner must be an Indigenous person who is First Nations (Status or Non-Status), Métis, or Inuit (eligible through self-declaration)
- The market value of your home must be at or below the average market selling price for your community as determined annually by CMHC (see attached chart)
- Repair assistance must be applied to the sole and principal residence of the Applicant(s).
- The home must be off-reserve
- Your total household income is below the program's (60th percentile) established guideline for your family (see attached income chart)
- **You must have no outstanding property tax, municipal water, or mortgage arrears on the property. If in arrears, OAHS will request proof of a payment plan that is up to date. Program Funding is conditional upon there being only one mortgage on title. Funding may not be approved if a title search reveals more than one acceptable mortgage or lien. Other encumbrances on title or on a credit bureau search may not qualify the applicant.**
- You must have insurance coverage for the full replacement value of the building. If approved for funding, you must add OAHS to your home insurance coverage policy as loss payee

OAHS will enter into an agreement with each successful Indigenous household prior to advancing funds and will ensure that the terms of the agreement include a covenant by the Indigenous household to repay all of the advanced funds to OAHS if the terms of the agreement are not met by the Indigenous household within ten (10) years of the date of repair completion. 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 of the terms of the loan.**

If successful, OAHS is responsible for project selection, monitoring progress, and for the advancement of funds. All applicants who give personal information to OAHS shall be required to consent to the release of that information to Ministry of Municipal Affairs and Housing (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 OPHI Homeowner Repair 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:

OPHI Ontario Renovates Home Repair Program
 Ontario Aboriginal Housing Services 500 Bay St.
 Sault Ste. Marie, ON P6A 1X5
 Phone: (866)-391-1061
 Fax: (249)-493-7351

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 OPHI Homeowner Repair Program application form **does not** guarantee application approval in whole or in part.*

Applicant(s) Declaration (please read and sign the following):

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 OPHI Ontario Renovates Homeowner Repair Program. I/we also understand the conditions outlined above.

I/we agree that if my/our application is accepted, I/we consent to OAHS verifying employment history and income amount(s). I/we agree to have a credit check completed prior to funding approval.

The undersigned agree(s) that all information given is to be legal and true and that I/we have not withheld any information relevant to this application. **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.

 Applicant Signature (required) Please print name Date

 Co- Applicant Signature (if required) Please print name Date

Witness Signature (required) Please print name Date
**must be over age 18, and not reside in household*

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

OPHI Ontario Renovates Home Repair Program
Ontario Aboriginal Housing Services
500 Bay St.
Sault Ste. Marie, ON
P6A 1X5
Phone (866) 391-1061 ext.334 or ext. 332
Fax: (249)-493-7351
Email: ophi@oahssc.ca

Document Checklist:

Ensure all documentation is submitted to our office to avoid any delay in processing your application. Please send copies of these original documents. ***All applicants and consenting spouses must submit 2 pieces of picture ID*.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Year 2021 Notice of Assessment from Canada Revenue Agency for all household members 18 years of age or older (to obtain a copy call Revenue Canada: 1-800-959-8281)
<input type="checkbox"/> Yes <input type="checkbox"/> No	2021 T4's and/or T5's for all household members 18 years of age or older
<input type="checkbox"/> Yes <input type="checkbox"/> No	Application is signed by ALL registered property owners (including non-occupant property owners) You must have a witness sign as well
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy (front and back) of 2 pieces of picture ID (e.g. Ontario Driver's License, Status Card, Canadian Passport, Ontario Photo Card, Métis Card, Valid Firearm's License, Military ID) for each Applicant and/or Consenting Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current MPAC (Municipal Property Assessment). If you cannot find your MPAC notice, please contact 1-866-296-MPAC (6722). (This document differs from your City Tax Bill)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of current City tax statement showing taxes are paid to date. If in arrears, please provide proof of an up to date payment plan arrangement.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current House Insurance Policy (must show value of dwelling coverage, period of coverage and verification of payment)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current water, heating, and electricity invoices. Invoices must be current and show no arrears
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Letter/statement from bank or creditor(s) indicating amount and status of 1 st mortgage/loans against the property; include statements from 2nd mortgages or lines of credit
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Letter from medical practitioner certifying disability and necessary home accommodations if applying for accessibility repairs
<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Bureau Consent Form signed by Applicant and Co-Applicant (All Title Holders living at the residence)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash flow Worksheet
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assets/Liabilities Worksheet
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	OPHI Authorization and Consent Form must be completed if you would like to have another party speak to OAHs on your behalf, regarding your application.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	In the case of Separation or Divorce (non-resident owner on title), a copy of Separation Agreement or Divorce Order which must specify who has the interest in the property
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	In the case of a deceased person on title, original Death Certificate or Funeral Director's Statement of Death
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Proof of Bankruptcy Discharge or Consumer Proposal documents showing terms of proposal

Appendix B: Average Market Value Table

Service Manager Area	Average MLS® Resale Price (2022– Source: CMHC)
City of Brantford (Brantford Region)	\$563,574
City of Cornwall	\$318,945
City of Greater Sudbury	\$357,535
City of Hamilton (Metro Hamilton)	\$684,711
City of Kawartha Lakes	\$564,751
City of Kingston (Kingston and area)	\$498,317
City of London	\$517,387
City of Ottawa	\$586,614
City of Peterborough	\$570,612
City of St. Thomas	\$446,510
City of Stratford	\$512,450
City of Windsor (Windsor-Essex)	\$424,712
County of Bruce	\$478,820
County of Dufferin	\$772,085
County of Grey	\$575,381
County of Hastings	\$407,408
County of Huron	\$472,253
County of Lambton (Sarnia-Lambton)	\$441,001
County of Lanark	\$431,580
County of Lennox & Addington	\$543,696
County of Norfolk	\$519,140
County of Northumberland	\$562,591
County of Oxford	\$525,898
County of Renfrew	\$331,412
County of Simcoe	\$659,866
County of Wellington (Guelph and District)	\$702,319
District Municipality of Muskoka	\$771,159
Municipality of Chatham Kent	\$342,252
Regional Municipality of Waterloo	\$640,386
Regional Municipality of Niagara	\$557,399
United Counties of Leeds & Grenville	\$392,129
United Counties of Prescott & Russell	\$387,594
Algoma DSSAB	\$222,154
Cochrane DSSAB	\$225,228
Kenora DSSAB	\$323,110
Manitoulin-Sudbury DSSAB	\$282,039
Nipissing DSSAB	\$334,534
Parry Sound DSSAB	\$580,915
Rainy River DSSAB	\$231,677
Sault Ste. Marie DSSAB	\$271,408
Thunder Bay DSSAB (City of Thunder Bay)	\$289,111

Timiskaming DSSAB	\$220,907
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Source: Real Property Solutions House Price Index, 2020



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Appendix C: Maximum Household Income Level, 2022*

CMSMs	Income at 60th Percentile*
City of Brantford	\$93,800
City of Cornwall	\$81,800
City of Greater Sudbury	\$99,500
City of Hamilton	\$95,800
City of Kawartha Lakes	\$87,000
City of Kingston	\$94,600
City of London	\$89,600
City of Ottawa	\$116,500
City of Peterborough	\$87,900
City of St. Thomas	\$88,700
City of Stratford	\$93,800
City of Windsor	\$91,900
County of Bruce	\$98,800
County of Dufferin	\$119,200
County of Grey	\$85,100
County of Hastings	\$82,000
County of Huron	\$89,300
County of Lambton	\$97,100
County of Lanark	\$96,900
County of Lennox & Addington	\$92,700
County of Norfolk	\$94,900
County of Northumberland	\$94,100
County of Oxford	\$96,600
County of Renfrew	\$90,400
County of Simcoe**	\$103,200
County of Wellington**	\$109,400
District Municipality of Muskoka	\$91,900
Municipality of Chatham Kent	\$80,100
Regional Municipality of Waterloo**	\$104,800
Regional Municipality of Niagara	\$88,900
United Counties of Leeds & Grenville	\$92,000
United Counties of Prescott & Russell	\$105,900
Algoma DSSAB	\$77,200
Cochrane DSSAB	\$96,600
Kenora DSSAB	\$104,500
Manitoulin-Sudbury DSSAB	\$86,800
Nipissing DSSAB	\$84,000
Parry Sound DSSAB	\$82,500
Rainy River DSSAB	\$90,900
Sault Ste. Marie DSSAB	\$85,800
Thunder Bay DSSAB	\$94,600
Timiskaming DSSAB	\$83,400

* Based on Statistics Canada 2016 Census of Population, indexed to 2021 rounded to nearest hundred



CREDIT BUREAU CONSENT FORM

I/We _____ agree to and give permission to Ontario Aboriginal Housing Support Services Corporation (OAHS) to run a credit check (including checking and exchanging information with credit references where appropriate) for the purposes of determining suitability for programs (e.g. OPHI Home Repair Program) with OAHS for which I/We have applied. OAHS may run another credit check at a future date at their sole discretion while I/We have a loan with an outstanding balance. I have read, understand and agree to the OAHS Privacy Policy attached and acknowledge this Privacy Policy will be amended from time-to-time as posted at www.OntarioAboriginalHousing.ca.

Applicant 1

Name _____

Signed _____

Date _____

SIN (optional- not required) _____

Applicant 2

Name _____

Signed _____

Date _____

SIN (optional- not required) _____

Applicant 3

Name _____

Signed _____

Date _____

SIN (optional- not required) _____



3rd PARTY AUTHORIZATION

Please complete this portion of the application **only if you wish to authorize a 3rd party to communicate with OAHS regarding your application.** If you do not require the assistance of a 3rd party to speak on your behalf, you do not need to complete this form.

TO: ONTARIO ABORIGINAL HOUSING SERVICES (OAHS) of Sault Ste. Marie, ON

FROM: _____

I/we, _____, authorize
_____, to speak to

OAHS on my behalf and allow OAHS to release application information to them.

DATED AT _____ this _____ day of _____, 2022

Applicant Signature

Co-applicant Signature

Witness Signature

****This authorization is only for information directly related to this application. If applicant is approved for funding, a new authorization may be required***

PERSONAL CASH FLOW WORKSHEET

Name: _____

Date: _____



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Please use at your own risk. This is one tool only.

Instructions: In the yellow boxes with blue font, fill in or select info

INCOME (NET INCOME)		Monthly		
Work Income 1	Annual	-		
	Monthly	-		
Select Income Type	Monthly	-		
Select Income Type	Monthly	-		
Select Income Type	Monthly	-		
Select Income Type	Select Income Frequency	-		
Select Income Type	Select Income Frequency	-		
Select Income Type	Select Income Frequency	-		
TOTAL INCOME		\$	-	
EXPENSES (MONTHLY PAYMENTS)				
<i>Basic Housing Expenses</i>				
Mortgage				
Property Taxes				
Electricity				
Heating				
Water and Sewer				
Insurance				
		\$	-	0.0%
<i>Food/Household Supplies</i>				
Groceries				
Eating Out				
Household Supplies				
		\$	-	0.0%
<i>Transportation</i>				
Auto payment				
Insurance				
Bus and/or Taxi				
Fuel				
Maintenance				
		\$	-	0.0%
<i>Loans</i>				
Personal		-		
Student		-		
Credit Card		-		
Line of Credit		-		
		\$	-	0.0%
<i>Savings & Investments</i>				
Education (RESPs)		-		
Retirement (RRSPs)		-		
Other		-		
		\$	-	0.0%
<i>Other</i>				
Cable/Internet/Phone				
Cell Phone				
Child Care (if applicable)				
Child Support/Spousal Payment (if applicable)				
Clothing/Extras				
		\$	-	0.0%
<i>Pets</i>				
Food				
Medical		-		
Other		-		
		\$	-	0.0%
TOTAL EXPENSES (PAYMENTS)		\$	-	0.0%
POSITIVE CASHFLOW / (NEGATIVE CASHFLOW)		\$0.00		

STATEMENT OF ASSETS AND LIABILITIES

Name:

Date:



**Ontario
Aboriginal**
Housing Services

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Instructions: In the yellow boxes with blue font, fill in or select info

ASSETS	VALUE
HOUSE	
VEHICLE	
CHEQUING ACCOUNT	-
SAVINGS ACCOUNT	-
RETIREMENT ACCOUNT	-
EDUCATION ACCOUNT	-
OTHER VEHICLES	-
OTHER 1	-
OTHER 2	-
TOTAL ASSETS	\$ -

EXPENSES/LIABILITIES (BALANCES ON LOAN)

MORTGAGE			
VEHICLE LOAN			
LINE OF CREDIT			
CREDIT CARDS			
STUDENT LOANS			
OTHER1			
OTHER 2	-		
		\$ -	0.0%

ASSETS -LIABILITIES= NET EQUITY \$ - 0.0%

AN ELECTRONIC VERSION OF THIS SPREADSHEET IS AVAILABLE ON OUR WEBSITE

www.ontarioaboriginalhousing.ca