



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, FIMUR 2014/20 Homeowner Repair Program (confidential)

Primary Applicant Information:

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

Marital Status: ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed ☐ Other

Aboriginal Status (check one): ☐ First Nations ☐ Métis ☐ Inuit ☐ Non-Status ☐ Non-Aboriginal

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

Email address: _____

Add to OAHS email list? ☐ Yes ☐ No

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

Property Address (include street, municipality and postal code)

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

Co-applicant (if any):

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

Marital Status: ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed ☐ Other

Aboriginal Status (check one): ☐ First Nations ☐ Métis ☐ Inuit ☐ Non-Status ☐ Non-Aboriginal

Home Phone #: () ____-____ Work Phone #: () ____-____ Cell Phone #: () ____-____

Email address: _____

Add to OAHS email list? ☐ Yes ☐ No

Is the Primary applicant or Co-applicant employed by OAHS
or an associated provincial territorial organization?

☐ Yes ☐ No

If yes, please check your employer

- ☐ OFIFC
- ☐ ONWA
- ☐ MNO
- ☐ OAHS

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

Name List all Household members (excluding applicants) below	D.O.B D/M/Y	M/F	Relationship to homeowner(s) (daughter, son, partner etc.)	Gross Income/month	Dependant (Y, N)	please check the appropriate column				
						FN	Metis	Inuit	Non-Status	Non-Aboriginal
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, FN 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, 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?

____/____/____

Question #6 Residence Information

Age of House: _____

Value of House: \$ _____

Type of House:

☐ Single ☐ Semi ☐ Duplex ☐ Row☐ Mobile Home _____ (serial no.) ☐ Other _____**(you must have title to the property which mobile home is situated on to be eligible)**

Are you receiving any other subsidy or assistance for your home, as described in the eligibility criteria?

☐ Yes ☐ No

If yes, from what agency?

Name of Agency_____
Date_____
Name of Agency_____
DateWho are the registered owners of the property? **(INCLUDE ALL NAMES LISTED ON TITLE)****if not legally separated or divorced, the non-resident owner must consent and sign all paperwork for this funding program*Please identify which of the following Program Priorities apply **(check all that apply)**:Emergency need ☐ Accessibility ☐ Health and safety ☐ Energy efficiency ☐

Briefly describe repairs and/or modifications required (Attach additional sheets if required):

(refer to guidelines for eligible repairs)

Does the applicant or co-applicant own or have title to any other property?

☐ Yes ☐ No

If yes, please provide details regarding this additional property:

Question #7 How did you hear about the FIMUR 2014/20 Homeowner Repair program?**Question #8 Are there special circumstances that should be considered by OAHS? If yes, please describe:**

Please fill out, provide signatures where indicated, and mail the original to OAHS, to the attention of **FIMUR 2014/20 Home Repair Program**. Once you have mailed the signed original, additional material in support of your application may be faxed. The fax number is 705-256-1664. The mailing address is 500 Bay Street, Sault Ste Marie, ON, P6A 1X5. If you require further information, or assistance with this application, please call toll-free 1-866-391-1061 and ask for the FIMUR Home Repair

Program.

The Homeowner Repair program will assist low to moderate income Aboriginal 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 guarantor signature.

Loan Forgiveness:

Forgiveness of the loan will be earned by the homeowner(s) at a rate of 10% per year 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:

- Homeowner(s) must be Aboriginal people who are 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)
- Projects eligible for repair assistance must apply to the sole and principal residence of the Applicant(s).
- 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. 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.
- No funds can be provided to Applicant(s) for homes in receipt of
 - ◊ Affordable Housing Programs funding under any capital component (Homeownership, Northern),
 - ◊ FIMUR Assisted Homeownership Funds,
 - ◊ RRAP funding, for which the forgivable period has not been reached, and
 - ◊ RNH homeowner(s) assistance, where the mortgage has not been paid out.

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 terms of the agreement are not met by the Aboriginal 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 in 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 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 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:

FIMUR Home Repair 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 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 FIMUR 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).

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

Guarantor Signature (if required)

Please print name

Date

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

Karen Benford; Program Delivery Assistant
FIMUR Home Repair Program
Ontario Aboriginal Housing Services
500 Bay Street,
Sault Ste. Marie, ON
Phone (866) 391-1061 ext. 216
Fax: (705) 256-1664
Email: kbenford@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 2015 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	2015 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)
<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 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
<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 <input type="checkbox"/> N/A	Any outstanding rental arrears: Attach copy of repayment plan if you owe money to a community housing landlord
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2015 Canada or National Child Tax Benefit Entitlement Notices, with all relevant documents for the whole period (Base Year 2013 and Base Year 2014)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Bureau Consent Form signed by Applicant and Co-Applicant
<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	FIMUR Authorization and Consent Form
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Working Income Tax Benefit (WITB), Ontario Child Care Supplement for Working Families: Please provide a copy of your 2014 Entitlement Notice (if applicable)
<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

Appendix B: Average Market Value Table

Service Manager Area	Average MLS® Resale Price (2016 – Source: CMHC)
City of Brantford (Brantford Region)	\$300,000
City of Cornwall	\$197,000
City of Greater Sudbury	\$238,000
City of Hamilton (Metro Hamilton)	\$458,000
City of Kawartha Lakes	\$298,000
City of Kingston (Kingston and area)	\$290,000
City of London	\$271,000
City of Ottawa	\$362,000
City of Peterborough	\$293,000
City of St. Thomas	\$216,000
City of Stratford	\$258,000
City of Windsor (Windsor-Essex)	\$206,000
County of Bruce	\$246,000
County of Dufferin	\$415,000
County of Grey	\$246,000
County of Hastings	\$235,000
County of Huron	\$258,000
County of Lambton	\$217,000
County of Lanark	\$276,000
County of Lennox & Addington	\$290,000
County of Norfolk	\$272,000
County of Northumberland	\$315,000
County of Oxford	\$261,000
County of Renfrew	\$218,000
County of Simcoe	\$361,000
County of Wellington	\$394,000
District Municipality of Muskoka	\$355,000
Municipality of Chatham Kent	\$153,000
Regional Municipality of Waterloo	\$360,000
Regional Municipality of Niagara	\$283,000
United Counties of Leeds & Grenville	\$278,000
United Counties of Prescott & Russell	\$267,000
Algoma DSSAB	\$157,000
Cochrane DSSAB	\$150,000
Kenora DSSAB	\$200,000
Manitoulin-Sudbury DSSAB	\$238,000
Nipissing DSSAB	\$216,000
Parry Sound DSSAB	\$302,000
Rainy River DSSAB	\$139,000
Sault Ste. Marie DSSAB	\$157,000
Thunder Bay DSSAB	\$219,000
Timiskaming DSSAB	\$150,000



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Appendix C: Maximum Household Income Level, 2016*

CMSMs	Income at 60th Percentile*
City of Brantford	\$78,900
City of Cornwall	\$72,200
City of Greater Sudbury	\$83,700
City of Hamilton	\$81,700
City of Kawartha Lakes	\$74,700
City of Kingston	\$83,300
City of London	\$78,500
City of Ottawa	\$88,900
City of Peterborough	\$77,000
City of St. Thomas	\$78,500
City of Stratford	\$84,600
City of Windsor	\$78,800
County of Bruce	\$88,600
County of Dufferin	\$88,900
County of Grey	\$75,000
County of Hastings	\$71,500
County of Huron	\$76,200
County of Lambton	\$86,200
County of Lanark	\$85,200
County of Lennox & Addington	\$78,400
County of Norfolk	\$81,300
County of Northumberland	\$81,300
County of Oxford	\$84,400
County of Renfrew	\$78,900
County of Simcoe**	\$88,900
County of Wellington**	\$88,900
District Municipality of Muskoka	\$79,700
Municipality of Chatham Kent	\$68,900
Regional Municipality of Waterloo**	\$88,900
Regional Municipality of Niagara	\$77,600
United Counties of Leeds & Grenville	\$82,500
United Counties of Prescott & Russell	\$88,900
Algoma DSSAB	\$62,500
Cochrane DSSAB	\$80,700
Kenora DSSAB	\$79,600
Manitoulin-Sudbury DSSAB	\$71,800
Nipissing DSSAB	\$75,700
Parry Sound DSSAB	\$72,000
Rainy River DSSAB	\$72,200
Sault Ste. Marie DSSAB	\$76,700
Thunder Bay DSSAB	\$79,100
Timiskaming DSSAB	\$66,600
ONTARIO**	\$88,900

* Based on Statistics Canada 2011 National Household Survey, indexed to 2015, 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.



Ontario Aboriginal Housing Services

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 _____, 2016

Print name:

Print name:

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



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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. FIMUR 14-20 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) _____

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	Monthly	-
Select Income Type	Select Income Frequency	-
Select Income Type	Select Income Frequency	-
Select Income Type	Select Income Frequency	-
TOTAL INCOME		\$ -

EXPENSES (MONTHLY PAYMENTS)

Basic Housing Expenses

Mortgage				
Property Taxes				
Electricity				
Heating				
Water and Sewer				
Insurance				
		\$	-	0.0%

Food/Household Supplies

Groceries				
Eating Out				
Household Supplies				
		\$	-	0.0%

Transportation

Auto payment				
Insurance				
Bus and/or Taxi				
Fuel				
Maintenance				
		\$	-	0.0%

Loans

Personal	-			
Student	-			
Credit Card	-			
Line of Credit	-			
		\$	-	0.0%

Savings & Investments

Education (RESPs)	-			
Retirement (RRSPs)	-			
Other	-			
		\$	-	0.0%

Other

Cable/Internet/Phone				
Cell Phone				
Child Care (if applicable)				
Child Support/Spousal Payment (if applicable)				
Clothing/Extras				
		\$	-	0.0%

Pets

Food				
Medical	-			
Other	-			
		\$	-	0.0%

TOTAL EXPENSES (PAYMENTS)	\$	-	0.0%
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POSITIVE CASHFLOW / (NEGATIVE CASHFLOW)	<u>\$0.00</u>
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STATEMENT OF ASSETS AND LIABILITIES

Name:

Date:



**Ontario
Aboriginal**
Housing Services

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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

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

TOTAL ASSETS		\$	-
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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%
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AN ELECTRONIC VERSION OF THIS SPREADSHEET IS AVAILABLE ON OUR WEBSITE

www.ontarioaboriginalhousing.ca