



County of Hastings 2019 Home Ownership Down Payment Assistance

Application Package

A green rectangular graphic with a white border. On the left side, the words "Hastings", "County", "Affordable", "Home", "Ownership", and "Program" are stacked vertically in a blue, serif font. To the right of this text, there is a light blue rectangular box containing the year "2019" in a large, blue, serif font. Below the "2019" box is a small image showing two hands, one from the left and one from the right, cupping a small, dark blue house icon with a white roof.

Home Ownership Down Payment Assistance
APPLICATION FORM

Applicant(s)/Purchaser(s)

Last Name	First Name	
Social Insurance Number		Date of Birth (DD/MM/YYYY)
Status in Canada (Circle): <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <i>Immigration/refugee documentation required</i>		
Last Name	First Name	
Social Insurance Number		Date of Birth (DD/MM/YYYY)
Status in Canada (Circle): <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant <i>Immigration/refugee documentation required</i>		
How many children are currently residing with you? _____		

Current Address

Unit/Apt No.	Street Address		
City	Postal Code	# of bedrooms	
Home Phone:	Work Phone:	Email:	

Address of Property to be Purchased

Unit/Apt No.	Street Address		
City	Postal Code	# of bedrooms	
Circle the type of home (Circle): Semi-detached Single Condo Duplex			

PLEASE FOLLOW THE CHECKLIST PROVIDED BELOW AND WHERE APPLICABLE ATTACH THE REQUIRED INFORMATION TO YOUR COMPLETED APPLICATION.

	Eligibility Requirements	Documents REQUIRED	✓
1.	The applicant/purchaser(s) is aged 18 years or older.	Copy of birth certificate, photo ID (i.e. Passport, Photo Driver's License)	<input type="checkbox"/> <input type="checkbox"/>
2.	Proof of Household income. Income must be at or below \$77,400.	Copies of applicant/purchaser(s) 2017 Canada Revenue Agency "Notice of Assessment"	<input type="checkbox"/> <input type="checkbox"/>
3.	Applicant/purchaser(s) does not currently own a home in whole or in part, or have any vested interest in a residence including recreation or cottage property.	Self-declared. Attach copy of latest, dated rent receipt for rental unit in Hastings County including Belleville or Quinte West.	<input type="checkbox"/> <input type="checkbox"/>
4.	The home purchased will be the applicant/purchaser(s)' sole and principal residence valued at \$329,875.00 or less and must be located in Hastings County including Belleville or Quinte West.	Offer of Purchase and Sale	<input type="checkbox"/> <input type="checkbox"/>
5.	<i>Applicant/purchaser(s) does not have outstanding rental arrears with any Ontario social housing provider.</i>	<i>Office use only</i>	<input type="checkbox"/> <input type="checkbox"/>
6.	Applicant/purchaser(s) is eligible for a pre-approved mortgage appropriate to the value of the home to be purchased.	Mortgage approval documents from a certified lender MUST be attached to this application.	<input type="checkbox"/> <input type="checkbox"/>

DECLARATION & ACKNOWLEDGEMENT

I/WE HEREBY DECLARE AND CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I/WE UNDERSTAND THAT THIS IS AN APPLICATION FOR A FORGIVABLE LOAN UNDER THE HOME OWNERSHIP DOWN PAYMENT ASSISTANCE PROGRAM, THE PURPOSE OF WHICH IS TO ALLOW HASTINGS COUNTY'S HOUSING SERVICES TO DETERMINE IF THE PURCHASER AND THE HOME ARE ELIGIBLE. FINAL CONFIRMATION OF ELIGIBILITY WILL BE REQUIRED AFTER COMPLETION OF THE HOME, IF APPLICABLE, AND PRIOR TO ANY FORGIVABLE LOAN BEING MADE.

PERSONAL INFORMATION CONTAINED IN THIS FORM OR ANY ATTACHMENTS HERETO IS COLLECTED BY HASTINGS COUNTY'S HOUSING SERVICES FOR THE PURPOSE OF THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, R.S.O. 1990, C. M. 56 (MFIPPA) AND WILL BE USED TO DETERMINE ELIGIBILITY FOR HOME OWNERSHIP FUNDING. THE APPLICANT ACKNOWLEDGES THAT THE INFORMATION IN THE APPLICATION FORM AND THE ATTACHMENTS TO IT MAY BECOME AVAILABLE TO THE PUBLIC AND CONSENTS TO THE RELEASE OF THAT INFORMATION. ANY QUESTIONS REGARDING THE COLLECTION OR RELEASE OF THIS INFORMATION SHOULD BE DIRECTED TO THE CHIEF ADMINISTRATIVE OFFICER.

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

NOTE: ALL APPLICATIONS MUST BE SUPPORTED BY IDENTIFICATION AND EVIDENCE OF INCOME AND PRICE SATISFACTORY TO THE COUNTY OF HASTINGS.

FOR OFFICE USE ONLY

THIS APPLICATION IS **ELIGIBLE** FOR A CONDITIONAL COMMITMENT

PRINTED NAME

SIGNATURE

DATE

THIS APPLICATION IS **NOT ELIGIBLE** FOR A CONDITIONAL COMMITMENT

PRINTED NAME

SIGNATURE

DATE

FOR ENQUIRIES: PLEASE CALL 613.966.1311

SUBMIT COMPLETED APPLICATIONS WITH REQUIRED DOCUMENTS TO:

**COUNTY OF HASTINGS, HOUSING SERVICES
228 CHURCH STREET, P.O. BAG 6300
BELLEVILLE, ON K8N 5E2
FAX #: 613-966-4598**