

APPLICATION FOR LANDLORDS

2020 ONTARIO RENOVATES MULTI-RESIDENTIAL RENTAL UNIT REHABILITATION ONTARIO PRIORITIES HOUSING INITIATIVE (OPHI)

Applications are accepted on a first come basis and subject to funding availability.

Any repairs or modifications started or completed on the property prior to approval are NOT eligible for Ontario Renovates Funding.

Where to Submit Completed Application:

Completed application **with all required information, documentation and verification attachments** must be returned to:

The County of Hastings: 228 Church Street, Postal Bag 6300, Belleville, ON K8N 5E2

Attention: Ontario Renovates Program Coordinator

Hours: 8:30 a.m. – 4:30 p.m. Monday through Friday – excluding holidays

Program Coordinator (PC) 613-966-1311 EXT: 4325

Very Important Information:

✦ *The Ontario Renovates Multi-Residential Rental Unit Rehabilitation for Landlord program expires December 11, 2020, or when program funds are depleted, whichever occurs first.*

✦ *Final approval for funding is based on submitting the required information, documentation and verifications. The Ontario Renovates Multi-Residential Rental Unit Rehabilitation for Landlord Loan Application cannot be processed and you may lose your application ranking if any required information, documentation, verification and attachments are missing, or incomplete.*

**2020 ONTARIO RENOVATES
 MULTI-RESIDENTIAL RENTAL UNIT REHABILITATION APPLICATION
 ONTARIO PRIORITIES HOUSING INITIATIVE (OPHI)**

Please Clearly PRINT All Information In Non Erasable Ink

Section 1 Applicant/Property Owner Information		
Applicant (State full proper legal name of the property owner (s))		Full mailing address of Legal Property Owner(s)
Authorized Contact Person Full Name	Authorized Contact Person Full Mailing Address	Authorized Contact Person Relationship to Owner
Authorized Contact Person Business Phone	Authorized Contact Person Cell Phone	Authorized Contact Person Email Address
Please list the name of every owner of the Property. If the Property is owned by a company list all principal owners of the Company		

Section 2 Information about the Property/Existing/Units					
State the full address of the Property for which Ontario Renovates funds are being requested:					
State the total number of units in the building:	State the year the building was built or estimate the age of the building:	What is the assessed /appraised market value of your property? \$			
List all Mortgages/Charges, Financing on the property:	Lender's Name	Balance Owing: \$			
	Lender's Name	Balance Owing: \$			
	Lender's Name	Balance Owing: \$			
	Lender's Name	Balance Owing: \$			
Use this space to provide additional mortgage/charge, financing on the property information if required.					
Is the building at least five years old? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<i>The total amount of the balances of all mortgages, charges, financing on the property plus the amount of an Ontario Renovates loan cannot exceed the assessed market value of the property.</i>					
<i>Rental Unit Information – Please list carefully:</i>					
Unit Size	Bachelor	One Bedroom	Two Bedroom	Other: Specify	Other: Specify
No. of Units					
Current Monthly Rent \$					
Proposed Monthly Rent \$					
Rent includes Utilities Yes/No					
Are Units Habitable? Yes/No					

Please indicate if you have previously received any government funding from the following:
Canada Mortgage and Housing Corporation's Rental Construction Financing Program? Yes No
If Yes Year _____
Ontario Renovates? Yes No
Other: (Please list funding source, date and repair)

Section 3 Description of Project Work

Section 4 Estimated Cost Worksheet

Note: Applicants are required to estimate the cost of the project work. This section requires estimates only and it is recognized the estimates may change after actual quotes for the work are obtained.

Project Work		Estimated Cost \$
1	Cost of repair(s) and/or replacements	
2	Legal fees (if any incurred)	
3	Cost of Inspections/Reports	
4	Planning Approvals	
5	Initial Ontario Renovates Inspections	
6	Building Permit Fees	
7	Consultants – Specify:	
8	Other – Specify:	
9	Sub-Total (add lines 1 to 8)	
10	HST Costs - 13% of line 9	
11	Sub-Total (add lines 9 and 10)	
12	Rebates/Refundable deposits generated from the work	
13	Total Estimate (line 11 minus line 12)	

Section 5 Financial Viability – Projected Operating Budget

Note: Applicants must demonstrate the on-going financial viability of both the project and the applicant(s) to the satisfaction of the Program Coordinator. In addition to completing the Projected Operating Budget information below, applicant(s) is / are required to submit a copy of the financial statements for the project for at least the last 24 months of operation. The Program Coordinator in its sole discretion may consider an alternative submission to assess financial viability if requested.

Projected Operating Budget for the next 12 months

Annual Revenue		
1	Rental Income	
2	Laundry/Parking Revenue	
3	Other Income (Specify)	
4	Sub-Total Revenue (Add Lines 1,2,3)	
5	Less: estimated Vacancy Loss/Bad Debt calculate at %	
6	Net Annual Revenue (Line 4 minus Line 5)	

Annual Operating Costs		
7	Insurance	
8	Water and Sewer	
9	Electricity	
10	Heat (hydro,gas,other)	
11	Municipal Taxes	
12	Maintenance and Repairs	
13	Superintendent	
14	Management	
15	General Administration	
16	Other: Specify	
17	Replacement Reserve	
18	Total Annual Operating Costs (Add Lines 7 to Line 17)	
19	Net Operating Income (Line 6 minus Line 18)	
20	Mortgage/Charge/Financing Payments if any Specify source:	
21	Annual Projected Surplus or (Shortfall) (Line 19 minus Line 20)	

I/We have attached and submitted a copy of statements demonstrating the on-going financial viability of both the project and applicants as well as financial statements for the project.

- Yes
- No

Section 6 Checklist

Not sure you have provided the required attachments? Use the following checklist to help ensure all required documentation is attached:

1	Photocopy of 2 pieces of government issued photo identification of every owner of the property.	Yes	No
2	Verification that the applicant(s) is/are the registered owner(s) of the building and property for which program funds are requested.	Yes	No
3	Attached/submitted a copy of statement(s) demonstrating the on-going financial viability of both the project and from every owner of the property.	Yes	No
4	A copy of the MPAC Notice of Assessment or other qualified appraisal to verify market value of the property.	Yes	No
5	A copy of statement(s) to verify all payments on all mortgages/charges and other financing on the property are up-to-date and to verify the balance on all existing mortgages, charges and other financing on the property.	Yes	No
6	A copy of the insurance policy certificate to verify coverage is in place for the full value of the building and confirmation the premium is paid up-to-date and not in arrears.	Yes	No
7	A copy of the property tax account statement to verify payments are paid up-to-date and not in arrears.	Yes	No

Section 7 Declaration and Consent

The undersigned applicant(s), acknowledge, understand, agree and declare that:

1. The program expires December 11 2020, or when program funds are depleted, whichever occurs first.
2. **Final approval for funding is based on submitting the required information, documentation and verifications. The Multi-Residential Rental Unit Rehabilitation Ontario Renovates Application cannot be processed and you may lose your application ranking if any required information, documentation, verification and attachments are missing, or incomplete.**
3.
 - a. I/We are the owners or authorized representative of the owners of the property.
 - b. I/We have read and understand the Multi-Residential Rental Unit Rehabilitation Ontario Renovates Information Sheet attached to this application and that in order to be eligible for consideration for funds under this program I/We agree to adhere to all program eligibility criteria and timelines throughout the entire process;
 - c. Any work started prior to registration of the Loan Agreement on title is not eligible for program funding.
 - d. I/We will **not** rely on program funds unless and until I/We receive a Letter of Final Approval advising that I/We are approved to receive program funds;
 - e. The property is located in the County of Hastings and the Cities of Belleville and Quinte West;
 - f. The building is more than 5 years old;
 - g. The existing balance of all mortgages/charges and other financing on the property plus the estimated program loan amount does not exceed 100% of the market value of the property verified by MPAC or a qualified appraisal;
 - h. All payments on all mortgages/charges, financing on the property are up-to-date and not in arrears;
 - i. Proper insurance coverage is in place for the full value of the building/property and the premium is paid up-to-date and not in arrears;
 - j. Property tax account is paid up-to-date and not in arrears;
 - k. There are no liens registered against the property;

And if approved for program funds, the undersigned applicant(s) further acknowledge, understand, agree and declare that:

 - l. I/We must sign a forgivable Loan Agreement and have a registered Collateral Charge on title;
 - m. Work must commence within 45 days of the date the Loan Agreement is registered on the title and be completed within 120 days of commencement;
 - n. The intended work must be eligible for program funds;
 - o. The need for, and a description of, the intended work must be confirmed by the local Building Department. Where confirmation by the local Building Department is not possible, a qualified professional must confirm the work. Qualified professional includes an inspector from the Electrical Safety Authority, gas company, utility company, engineer, and in some cases a qualified home inspector, a qualified contractor. Confirmation of the need and work descriptions must be in a form and content and from a source acceptable to the Program Coordinator;

- p. I/We may be required to obtain a Phase 1 Environmental Assessment;
 - q. Quotes and estimates for the work must be from a qualified contractor and the relationship with the contractor must be at arms-length. "Arms length" means a transaction in which the buyers and sellers of a product or service act independently and have no relationship to each other. The concept of an arm's length transaction is intended to facilitate a prudent use of public funds and ensure that the parties in the transaction are acting in their own self interest and are not subject to any pressure or undue influence from the other party;
 - r. I/We must retain and submit copies of all financial invoices for payment, reporting and audit purposes;
 - s. I/We must maintain rents at or below the Hastings County CMHC average market rents provided by Ministry Municipal Affairs and Housing each year and adhere to all other program requirements, rules and timelines throughout the process and during the 15 year forgivable loan period;
 - t. I/We are required, and hereby represent and warrant that we shall use and pay any funds received for the purpose it was intended and not for any other or improper purpose.
4. The undersigned consents to the use, disclosure, transfer and exchange of information in this form and associated documents and verifications for the purpose of: verifying the validity and accuracy of the information provided; determining the eligibility of the applicant(s) to receive program funds; to provide information to the municipal, provincial or federal governments to satisfy program reporting requests and requirements; to determine eligibility for the Ontario Renovates Program in Hastings County; to determine continuation of eligibility during the program period and may be used for other purposes allowed by law.
 5. The personal information collected on this form is being collected pursuant to the authority under the **Municipal Act, 2001, S.O.2001, c.25, as amended**. Inquires relating to the collection of information should be directed to the Program Coordinator at 613-966-1311 Ext 4325 or by mail to Hastings County Ontario Renovates 228 Church St, Belleville, Ontario K8N 5E2
 6. I/We understand that work previously funded by government program(s) is **NOT** eligible for Ontario Renovates funding.
 7. I/ We give consent and authorization to The County of Hastings or its authorized representatives
 - a) to disclose and make inquiries to verify the information given in this form and I/We authorize any person, corporation or any organization having knowledge of any such required information to release the information to The County of Hastings or their authorized representatives. I/We agree to provide any supporting material required to process the information for the purposes the information is collected.
 - b) To disclose the information given on this form to municipal, provincial and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me/us and persons listed on this form.
 8. I/We hereby release The County of Hastings, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected pursuant to this form.
 9. I/We hereby certify and declare that the information contained on this form is true and accurate.

- 10.** I/We acknowledge and understand the FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY OF MY/OUR INFORMATION will be cause for ineligibility under the program and/or repayment of any and all program funds and/or charges of fraud and other legal remedies and consequences.
- 11.** The undersigned consents that we may contact the municipality in which the property is located and obtain information regarding the value of the property according to the MPAC Property Assessment Notice, verification that the property tax account is paid to date and obtain information from the building department.

APPLICANT(S)

DATE	PRINT NAME	SIGNATURE