



Housing Services Department
162 Lochiel Street, Suite 100
Sarnia, ON N7T 7W5

Telephone: 519-344-2062
Toll-free: 1-800-387-2882
Fax: 519-344-2023

AFFORDABLE HOUSING SEED FUNDING APPLICATION FORM

Section 1 – Contact Information

Name of Organization

Name of Contact

Address

City/Town

Province

Postal Code

Telephone Number

E-mail Address

Section 2 – Property Description

Address of Subject Property

Legal Description of Subject Property

Does your organization own the property? Yes No

If yes, include a copy of the deed showing registered ownership. If no, include a copy of the unconditional signed letter or agreement confirming the property will be conveyed to your organization.

Section 3 – Proponent Background

Description of Proponent: Include information on the proponent organization such as services offered, housing development experience, etc.

Section 4 – Project Description

Description of Project: Include as much details as possible regarding the concept of the affordable housing project i.e., total number of units, unit type (affordable, market), unit size, target group if applicable, description of non-residential space, programming/supports if applicable, partnerships if applicable, accessibility features, energy efficiency features, etc.

Section 5 – Project Status

Work completed on project: Include items such as land purchase, rezoning, feasibility studies, environmental studies, etc.

Work to be completed on project: Include items such as land purchase, rezoning, feasibility studies, environmental studies, etc.

Section 6 – Budget & Funding Request

Submit a copy of the following:

Capital Budget Anticipated Funding Sources Operating Budget, if available

Amount of Funding Requested (maximum \$200,000):

What will the requested funding be used for? Please provide a list including estimated cost for each item.

Section 7 - Declaration, Release and Consent of Information

I declare that all information given in this application is correct and complete. I understand that an incomplete application or falsifying information may result in the cancellation of my application or grant funding.

I acknowledge that my personal information may be shared with various program participants as contemplated by s. 14(1)(a) of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, CHAPTER m.56 (“**MFIPPA**”). I further acknowledge that the treatment, storage and handling of my personal information contained on this form or in attachments hereto is governed by and may be disclosed to third parties pursuant to MFIPPA. Inquiries relating to this should be directed to the Corporation of the County of Lambton, Housing Services Department, 162 Lochiel Street – Suite 100, Sarnia, ON N7T 7W5, 519-344-2062.

I give my consent and authorization to The Corporation of the County of Lambton, Housing Services Department, to make enquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release information to The Corporation of the County of Lambton, Housing Services Department. I also give my consent and authorization to The Corporation of the County of Lambton, Housing Services Department, to disclose the information given on this form to any person, corporation, social agency and other municipal, provincial and federal department agencies providing assistance to me and persons listed on this application.

Print Name: _____ Signature: _____ Date: _____

Section 8 - Supporting Documentation Checklist

Submit the following required documents with this application:

Completed Application Form Proof of Non-Profit Status Anticipated Funding Sources
 Financial Statements for most recent fiscal year Capital Budget
 Deed / Letter of Agreement to purchase land, if applicable Operating Budget, if available

This document is available in an alternative format upon request, to accommodate individuals with a disability.