



2025 ADDITIONAL DWELLING UNIT INCENTIVE APPLICATION FORM

HOMEOWNER INFORMATION			
First Name	Last Name	Preferred Name	
Date of Birth (dd/mm/yyyy)	Gender: Male Female Other Prefer Not to Say		
Do you live in the home/unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Telephone Number (incl. Area code)	Cell Number (incl. Area code)		
E-mail Address	I prefer correspondence: <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed		
Do you own any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Unit Number	Street Number	Street Name	
City/Town	Province	Postal Code	
Annual Gross Household Income \$		Household's Total Assets \$	

OTHER HOUSEHOLD MEMBERS: Please list all members who live in the home				
First Name	Last Name	Birthdate mmm/dd/yyyy	Relationship to Applicant	Gender (male, female, other)
<i>e.g. Sally</i>	<i>Smith</i>	<i>Oct. 1, 1995</i>	<i>Spouse</i>	<i>female</i>
1.				
2.				
3.				
4.				
5.				
Please provide proof of Canadian Citizenship for all household members. Examples include Passport, Birth Certificate, or Permanent Resident Card				

PROPERTY INFORMATION			
<input type="checkbox"/> Apartment <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Detached <input type="checkbox"/> Townhouse/Row <input type="checkbox"/> Other:			
Age of House:		Approx. Value of House:	
Unit Size (sq. ft.):		Number of Bedrooms:	
Insurance Payments up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property Taxes up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Payments up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property Roll Number:	
Has anyone co-signed or guaranteed the mortgage but does not live in the home and is not named on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the name(s) of the co-signor(s), guarantor(s) and/or other owner(s):			
Is there anyone that owns the home that does not live in the home and is not named on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

INCOME INFORMATION: Please list all monthly income for ALL household members

Examples include, but is not limited to, things such as:

<input type="checkbox"/> Alimony or Spousal Support Payments	<input type="checkbox"/> (GAINS) Guaranteed Annual Income Supplement	<input type="checkbox"/> (OSAP) Ontario Student Assistance Program
<input type="checkbox"/> Business that gives you income	<input type="checkbox"/> (GIS) Guaranteed Income Supplement	<input type="checkbox"/> (OW) Ontario Works
<input type="checkbox"/> (CPP) Canada Pension Plan	<input type="checkbox"/> Income from foreign countries	<input type="checkbox"/> (OAS) Old Age Security
<input type="checkbox"/> Child Support Payments	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Other Pensions company, private, foreign, military)
<input type="checkbox"/> Employment Income (E.I.) Employment Insurance	<input type="checkbox"/> (ODSP) Ontario Disability Support Plan	<input type="checkbox"/> (WSIB) Workplace Safety Insurance Board

Documentation to verify all your income must be attached to your application. Examples include but not limited to OW/ODSP statements, last 8 weeks of paystubs & CPP statements

A copy of the most recent Notice of Assessment for all household members over 18 is required.

If you do not have a copy of this assessment, you can request one by calling the Canada Revenue Agency at 1-800-959-8281 or online through your Canada Revenue account.

Name of Household Member	Type of Income	Gross Monthly Income (\$)
<i>e.g. Sally Smith</i>	<i>Employment Earnings</i>	<i>\$3,000</i>

ADDITIONAL DWELLING WORK TO BE COMPLETED

I/We acknowledge and agree that it is my/our responsibility to obtain all approvals/permits related to the creation of an additional dwelling unit, including Municipal Building Permits, Municipal Building Department approval of drawings, Electrical Safety Authority (ESA) permits and inspections, plumbing permits, and all other related approvals/permits. I/We also acknowledge and agree to comply with all relevant Fire Code requirements and provisions under the Construction Lien Act.

Yes

Total cost of the Project? \$

Funding amount requested (maximum \$25,000 or 75% of the total project costs)? \$

Total square footage of the Additional Dwelling Unit?

Number of bedrooms in the Additional Dwelling Unit?

Attached appropriate building permit(s) Yes No

Attached Drawings and approval from the municipal Building Department for the Additional Dwelling Unit Yes No

Attached quote from chosen contractor or itemized list of materials and costs associated with the project Yes No

Attached detailed project plan with timelines and associated cost projections toward completed of the additional unit Yes No

Please indicate if you have previously received any government funding from the following:

1. **Lambton Renovates** Yes No

2. **Homeownership Down Payment Assistance Program** Yes No

MAXIMUM RENT & TENANT INCOME

*As adjusted by the Ministry of Municipal Affairs and Housing annually and updated by the County of Lambton.

I/We agree to charge rent at or below 80% of the Average Market Rents as set annually by Canada Mortgage and Housing Corporation and to rent the unit to an eligible household only as determined by the County of Lambton. The maximum rent that can be charged is:

Bachelor	1 Bedroom	2 Bedroom	3 Bedroom
\$774	\$881	\$1045	\$1,236

I/We agree that the incoming tenant(s) of the rental unit shall have a maximum gross household income of **not** more than **\$99,000** at the time of initial rental as provided in the Ontario Renovates Component of the COCHI-OPHI Program Guidelines

Yes

APPLICANT DECLARATION

I/we hereby confirm that I/we are the owners of the house and property and that no other person is an owner.

I/we hereby acknowledge that if my/our funding application is accepted I/we cannot claim the repairs for any Provincial tax rebate program.

I/ we declare and certify that all information given in this application is correct and complete. I / we understand that falsifying information may result in the cancellation of my application. This application and any requested supporting documents become the property of the Corporation of the County of Lambton, Housing Services Department.

Personal information contained on this form or in attachments hereto is collected by the Corporation of the County of Lambton pursuant to the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c.M.56)* for the purpose of determining eligibility for Additional Dwelling Unit Incentive Funding under the COCHI/OPHI Program Guidelines. Inquiries relating to this collection 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.

Pursuant to the *Municipal/Provincial Freedom of Information and Protection of Privacy Act*, 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.

I/We have read, understood and agree to the terms and conditions listed above.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Section 8 - Supporting Documentation Checklist

Please submit the following required documents with this application:

- Government Issued Identification (ex. Driver's License, Ontario Photo Card, Birth Certificate, Passport) for every member of the household.
- Copies of Canadian Citizenship for all household members
- Copies of most recent Notice of Assessment for all household members
- Recent House Value Assessment (MPAC, property tax notice or appraisal)
- Proof Property Tax Payments are up-to-date (Receipt, Tax Summary or Bank Letter)
- Proof Mortgage Payments are up-to-date and Mortgage Balance (Statement or Bank Letter)
- Certificate or copy of insurance showing coverage is in place for the full value of the home
- Copy of drawings and approval from Municipal Building Departments, if available
- Copy of Building Permit, if available
- Quote from chosen contractor qualified contractor or itemized list of materials and costs associated, if available
- Detailed project plan with timelines and associated cost projections toward completion of the Additional Dwelling Unit, if available
- Written confirmation of the lawyer (name, address, and phone) you have chosen to oversee the registration of the loan agreement on title, if available

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