



2025 LAMBTON RENOVATES APPLICATION FORM

HOMEOWNER INFORMATION				
First Name		Last Name		Preferred Named
Date of Birth (dd/mm/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> 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)	
Unit Number	Street Number	Street Name		
City/Town		Province		Postal Code
E-mail Address			I prefer correspondence to be <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed	
Gross Household Income \$			Household's Total Assets \$	

OTHER HOUSEHOLD MEMBERS: Please list all other members who live in the home				
First Name	Last Name	Date of Birth (mmm/dd/yyyy)	Relationship to Applicant	Gender (male, female, other)
<i>e.g. Sally</i>	<i>Smith</i>	<i>Oct. 1, 1970</i>	<i>Spouse</i>	<i>Female</i>
<i>Please provide proof of Canadian Citizenship for all household members. Examples include Passport, Birth Certificate, or Permanent Resident Card</i>				

PROPERTY INFORMATION				
<input type="checkbox"/> Apartment <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Detached <input type="checkbox"/> Townhouse/Row <input type="checkbox"/> Other:				
Approx. Value of House:			Age of House:	
Number of Bedrooms:			Unit Size (sq. ft.):	
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:	
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				
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 applicable, please provide the name(s) of the co-signor(s), guarantor(s) and/or other owner(s):				

SCOPE OF WORK TO BE COMPLETED: Check all that apply

- | | | | |
|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Doors | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Safety |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Heating/Furnace | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Septic/Well Water | <input type="checkbox"/> Structural | <input type="checkbox"/> Windows | |
| <input type="checkbox"/> Other (Please specify): | | | |

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

- | | | |
|---|------------------------------|-----------------------------|
| 1. Lambton Renovates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Homeownership Down Payment Assistance Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RRAP (Residential Rehabilitation Assistance Program)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, Year _____ and CMHC account number (if known) _____

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 | <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 (\$)
e.g. Sally Smith	Employment Earnings	\$3,000

ASSET INFORMATION: Please list all Assets owned by you and all other people listed on this application

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Assets in foreign countries | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Rent money from real estate you own |
| <input type="checkbox"/> Bank Accounts | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Savings Bonds |
| <input type="checkbox"/> Business that gives you income | <input type="checkbox"/> Registered Education Savings Plans (RESP) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Guaranteed Investment Certificates (GIC) | <input type="checkbox"/> Registered Retirement Savings Plans (RRSP) | <input type="checkbox"/> Tax free savings account (TFSA) |

Documentation to verify all assets must be attached to the application. Examples include but not limited to 30 days of bank activity, & current statements for any investments.

Name of Household Member	Details of Asset (type, account number, name of financial institution)	Value / Account Balance (\$)
<i>e.g. Sally Smith</i>	<i>CIBC checking account 5456</i>	<i>\$1,500</i>

ADDITIONAL ASSET INFORMATION

Does any household member on this application own property, in addition to principal home? Yes No

Type of Property	Location	Assessed Value (\$)
		Mortgage Owing (\$)
Type of Property	Location	Assessed Value (\$)
		Mortgage Owing (\$)

Does any household member on this application own additional assets such as vehicles, trailers, boats, etc.? Yes No

Type of Asset	Model & Year	Fair Market Value (\$)
Type of Asset	Model & Year	Fair Market Value (\$)
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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 Lambton Renovates Funding under the Investment in Affordable Housing Program. 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.

Name (Please Print Name)	Signature	Date Signed

SUPPORTING DOCUMENT CHECKLIST: Please submit the following documents with this application

- Proof of Canadian Citizenship (ex. Birth Certificate, Passport, Status Card) for every member of the household.
- Income Verification (Notice of Assessment, Paystubs, Pension Statements)
- Asset Verification Documentation (30 days of bank activity, investment statements, account summaries)
- 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

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