



**Ontario Renovates 2019-2020
Request for Accessibility Modification Assistance**

HOME OWNER(S)

Circle: Mr. Mrs. Miss Ms.	Last Name:	First Name:	
Social Insurance Number:		Date of Birth: (DD/MM/YYYY)	
Status in Canada: (Circle) Canadian Citizen Refugee Refugee Claimant Indigenous Ancestry			
<i>Immigration/Refugee Documentation Required</i>			
Circle: Mr. Mrs. Miss Ms.	Last Name:	First Name:	
Social Insurance Number:		Date of Birth: (DD/MM/YYYY)	
Status in Canada: (Circle) Canadian Citizen Refugee Refugee Claimant Indigenous Ancestry			
<i>Immigration/Refugee Documentation Required</i>			
Unit/Apt. No.:	Street Address:		
City:	Postal Code:	Home Phone No.:	Cell Phone No.:

PLEASE FOLLOW THE CHECKLIST BELOW AND ATTACH THE REQUIRED INFORMATION

	Eligibility Requirements	Documents Required	X
1.	Proof of Identity	Copy of Birth Certificate or Photo ID (i.e. Passport, Driver's License)	
2.	Proof of Household Income	Copies of Home Owners 2018 "Notice of Assessment" from Canada Revenue Agency	
3.	The Home is the Homeowner's Sole and Principal Residence	Self-Declared	
4.	Proof of Home Value	Copy of Municipal Property Assessment Notice (MPAC)	
5.	Proof that Property Taxes are Up to Date	Property Tax Statement	
6.	Proof that Mortgage is in Good Standing	Copy of Mortgage Statement	
7.	Proof of Home Owner's Property Insurance	Copy of Current Home Owner's Insurance Certificate	
8.	Quotes from Certified Contractors (HST # Req'd)	2 Quotes from Certified Contractors (HST # Req'd)	
9.	Declaration of Need	Attach written explanation of need that will be addressed by modifications requested	

ACKNOWLEDGEMENT AND DECLARATION

I/WE HEREBY DECLARE AND CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I/WE UNDERSTAND THAT THIS IS AN APPLICATION FOR EMERGENCY MINOR HOME REPAIR ASSISTANCE, THE PURPOSE OF WHICH IS TO ALLOW HASTING'S COUNTY COMMUNITY AND HUMAN SERVICES TO DETERMINE IF THE HOME OWNER(S) AND THE HOME ARE ELIGIBLE FOR EMERGENCY MINOR HOME REPAIR ASSISTANCE.

PERSONAL INFORMATION CONTAINED IN THIS FORM OR ANY ATTACHMENTS HERETO IS COLLECTED BY HASTING'S COUNTY COMMUNITY AND HUMAN SERVICES FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR EMERGENCY MINOR HOME REPAIR ASSISTANCE 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:

Hastings County Administration Building
235 Pinnacle Street, Postal Bag 4400,
Belleville, ON K8N 3A9
Ph. (613) 966-1319

PRINT NAME

SIGNATURE

DATE

PRINT NAME

SIGNATURE

DATE