



REGION OF WATERLOO ONTARIO RENOVATES

Canada-Ontario Investment in Affordable Housing Program



Application Form

Ontario Renovates (O.R.) is a component of the Investment in Affordable Housing for Ontario program and is being delivered by the Region of Waterloo on behalf of the Federal and Provincial governments.

The program has limited funding available to assist qualified low to moderate-income households by providing funds to do home repairs and home modifications for persons with disabilities. To qualify for this program, the applicants must own the existing home and meet specific income and home value criteria.

Funding for 2018 will be available starting April 1, 2018. Households must apply before December 1, 2018 to participate in the 2018 O.R. program and, if eligible, will be placed on the O.R. List on a first come first serve basis. Eligible households will be contacted by phone to set up a home inspection.

Recipients of the loan can have approved repairs to a maximum of \$25,000 and/or accessibility modifications to their home to a maximum of \$25,000 (please note the maximum funding limits may be subject to change).

Households that are interested in participating in the O.R. Program must meet the qualification criteria listed in the eligibility section below.

The loan is interest-free and forgivable after 10 years, provided there has been no default under the terms of the loan. If the home is sold before 10 years, the applicant will have to pay back the outstanding amount of the loan you received. The loan decreases in value 10 percent per year for the 10 years.

To be eligible to apply, you must:

- Have a household income at or below the maximums determined by the Region of Waterloo (See Ontario Renovates Program Fact Sheet);
- Have a home value at or below the assessed value of \$403,635;
- Not own any other property including cottage or partial ownership of a property;
- Reside in Waterloo Region;
- Have up-to-date property taxes and mortgage payments;
- Have home insurance coverage in place for the full value of the home;
- Have not received funding under the Region's Affordable Home Ownership Program; and
- Not be in the process of applying for bankruptcy or have an active bankruptcy file.

Attached, you will find an O.R. Application, a Bank Verification of Income and Assets form, an Employment Verification form, Declaration of No Income Form and Medical form. Please read the forms very carefully.

You **must** complete and submit **all** forms, along with the required documentation as stated in the Application Checklist to:

Region of Waterloo, Housing Services,
Attn: Ontario Renovates Program
20 Weber St. E., 4th Floor,
Kitchener, ON, N2H 1C3
Fax: 519-575-4026

[Ontario Renovates E-mail](mailto:OntarioRenovates@regionofwaterloo.ca) (OntarioRenovates@regionofwaterloo.ca)

Please read the Ontario Renovates Fact Sheet for detailed information about this program.

NOTE: We cannot process your O.R. Application if required documentation is missing.

Application Checklist

The following must be attached to your completed O.R. application including proof of all sources of income and assets to the application

____ **Photo Identification:** For the main applicant, attach a photocopy of one piece of photo ID (e.g. driver's licence, passport).

____ **Status in Canada:** For each household member, attach copies of birth certificate, citizenship document, Native Status card, permanent resident card, record of landing, convention refugee documentation, refugee claimant form, and/or valid Canadian Passport.

____ **Proof of Age:** For each household member, attach copies of proof of birth date (if birth date is not listed on the documentation provided as proof of your status in Canada)

____ **Bank Verification of Income and Assets Form:** For each household member 16 years of age or older (excluding dependent full-time students living at home) attach a Bank Verification form completed and signed by any bank, trust company or credit union where you have an account.

____ **Employment Verification Form:** For each employed household member 16 years of age or older (excluding dependent full-time students living at home), attach an Employment Verification Form completed and signed by your employer. Any household member currently enrolled full-time in school should provide proof of enrollment (i.e. letter from school, timetable, etc). Household members who are currently not employed and do not have any other source of income, must complete the attached "Declaration of No Income."

____ **Income and Assets:** For each household member 16 years of age or older (excluding dependent full-time students living at home) attach copies verifying sources and amount of all income (see page 5 of application), as well as information about your assets.

____ **Notice of Assessment:** For each household member 16 years of age or older (excluding dependent full-time students living at home) attach a copy of your 2017 Notice of Assessment from Canada Revenue Agency (if you do not have your Assessment, visit your local office at 166 Frederick St., Kitchener, or go to [Canada Revenue website](http://www.cra.gc.ca) (www.cra.gc.ca) for more information).

____ **Property Assessment Notice or Tax Bill:** A copy of your latest Tax Bill from the Municipality or Property Assessment Notice from the Municipal Property Assessment Corporation (MPAC).

____ **Insurance, Property Tax and Mortgage Payments:** You **MUST** provide written confirmation from the institution that your mortgage, property taxes and home insurance are with indicating that payments are paid up-to date.



Application Form

This application **must** be completed by **all** property owners

PART A: About The Owner of the Property

Client Type (check all that apply):

Senior Citizen (65+) _____ Single (Under 65yrs) _____ Family _____ Person with Disability _____

Mr. _____ Miss. _____ Mrs. _____ Ms. _____

Last Name: _____ First Name: _____

Mr. _____ Miss. _____ Mrs. _____ Ms. _____

Last Name: _____ First Name: _____

Street Number Street Name: _____ Unit Number: _____

City/ Province: _____ Postal Code: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Number: _____ Email Address: _____

PART B: About the Property Where the Work is Required

Street Number Street Name/ RR Number (incl. Lot, Concession or Township if applicable):
_____ Unit Number: _____

City/ Province: _____ Postal Code: _____

Has this property previously received renovation/modification grant assistance or Government Funding (i.e. OR/RRAP/AHO/HASI)?

Don't Know _____ Yes _____ No _____ If yes, please specify the program, date, reference number and funding amount: _____

What is the age of the house? _____ Years

Based on your most recent property tax assessment, what is the value of your property? (Please attach most recent property tax bill or property tax assessment) \$ _____

Indicate the number of bedrooms: _____

Type of home you live in: _____ Detached _____ Townhouse/Row house _____ Semi-detached
_____ Duplex _____ Other (please specify) _____

Insurance Payments up to date? Yes____No____Property Tax up to date? Yes____No____

Mortgage Payments up to date? Yes____No____No Mortgage_____

Do you own other property? Yes____No____

Do you have an active bankruptcy file or are you in the process of applying for bankruptcy?

Yes____No____

PART C: About Problems with the Dwelling

Homeowner:

From the list below, identify and describe the problem areas that exist in the home:

Building Exterior i.e. Roof, foundation, doors, windows, etc. (describe)_____

Heating (describe)_____

Plumbing (describe)_____

Electrical (describe)_____

Fire Safety (describe)_____

Other (describe)_____

Ontario Renovates for Person with Disabilities:

If you or a member of your household has a disability, describe the disability and special modifications required to your home to enable this person to live independently in the home.

Note: Please have the attached medical form completed by a medical professional and submit with your application.

PART D: About Completing this Application

Did anyone provide assistance filling out this application form or the worksheets? Yes____No____

If yes, please check the box that describes the person who primarily provided assistance:

____Medical Professional____Social Worker____Volunteer____Family, friend or neighbour

____Other (describe)_____

Contact information for person who provided assistance (in case clarification is needed):

Name:_____

Phone Number:_____Email Address:_____

PART E: Funding From Other Sources and How You Became Aware of the Program

Funding from other sources, in any form (e.g. grants, consumer rebates, etc.) received or expected to be received (including any funding applied for), for work that may be covered through a Region of Waterloo forgivable loan, must be disclosed.

I will be seeking or have received funding from other sources for repairs/ renovations (e.g. grants, consumer rebates, etc.) Please identify source: _____

How did you hear about the Region's Affordable Home Ownership Program?

- Real estate agent, Bank, Mortgage Broker
- Region's website
- Region's social media
- Radio or Newspaper
- Friend or Family
- Other: _____

PART F: Total Gross Household Income Worksheet

Total household income is the current year's gross income (before taxes and other deductions) of all people living at the residence (as mentioned in this application) including the homeowner, the spouse or partner, child/dependents that are not enrolled full-time in school and over the age of 16, and any other persons who live in the same home over the age of 16.

EXAMPLES OF INCOME AND ASSETS

Definition of Income: 'Income' means all income (i.e. gross income), benefits and gains of every kind and from every source.

EMPLOYMENT INCOME

- Full-time, part-time, irregular, casual, seasonal, odd jobs
- Overtime earnings, separation/vacation pay
- Commissions and bonuses
- Tips and gratuities
- Disability / sickness pay
- Long term income protection payments
- Workplace Safety & Insurance Board (WSIB)

SELF-EMPLOYMENT INCOME

- Tutoring, music teaching, child care, babysitting, taxi, business, etc.

SOCIAL ASSISTANCE INCOME

- Ontario Works (OW)
- Ontario Disability Support (ODSP)

PENSIONS AND ALLOWANCE INCOME

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Canada Pension Plan (CPP)
- Quebec Pension Plan (QPP)
- Social Security (other countries)
- Widow's Pension

PENSIONS AND ALLOWANCE INCOME (CONTINUED)

- Company Pension, Private Pension
- Public Service Plan, Civilian War Pensions
- Disability Pension
- War Veterans Allowance (D.V.A.)
- War Veterans Allowance (other countries)
- Military or Militia or Civil Defense Allowance
- Training / Retraining Allowances

OTHER INCOME

- Employment Insurance payments (EI)
- Insurance payments
- Student grants/bursaries, OSAP
- Provincial or municipal payments
- Payments under compensation for Victims of Crime Act
- Mortgage income
- Payments from Public Guardian and Trustee
- Payments from Children's Aid Society or Catholic Children's Aid
- Separation payments
- Alimony payments
- Support payments (for spouse or child)
- Support from relatives or other sources/Sponsorship
- One-time lump sum payments (inheritances, court and out-of-court settlements)

INCOME PRODUCING ASSETS

- Farm property which produces income
- Real estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
- Savings account (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits
- License which produces income (e.g. Taxi License)
- Business interest which produces income

NON-INCOME PRODUCING ASSETS

- Life insurance (with cash surrender value)
- Registered Retirement Savings Plan
- Real estate (house, condominium, summer cottages, farmland, commercial or vacant land) in any country
- Business interest which does not produce income

List ALL income and assets for members of the household 16 years of age and older

MAIN APPLICANT Name: _____
(Gross Monthly Amount)

SOURCES OF INCOME

- Pensions and Allowances (attach most recent copy or stub or copy of bank book):
Old Age Security (OAS) / Supplement \$ _____ GAINS "A" \$ _____
Canada Pension Plan (CPP) \$ _____ Other Country Pension \$ _____
Other Pension(s), RRSP, RIF, etc \$ _____
- Employment Income (attach Employment Verification Form):
Employment \$ _____ Other Employment (e.g. self-employment) \$ _____
Employment Insurance (EI) \$ _____ Workers Safety Insurance Board (WSIB) \$ _____
- Social Assistance (attach cheques stub and drug card):
Ontario Works (OW) \$ _____ Ontario Disability Support (ODSP) \$ _____
- Other Income:
Support Payments: Received \$ _____ Paid \$ _____
Interest/Property/Assets \$ _____
Other Income (Specify): _____ \$ _____
- Assets that give you income or interest:
Bank Account: Balance \$ _____ Interest Earned (past year) \$ _____ Interest Rate _____ %
Bank Account: Balance \$ _____ Interest Earned (past year) \$ _____ Interest Rate _____ %
Bank Account: Balance \$ _____ Interest Earned (past year) \$ _____ Interest Rate _____ %
Bank Account: Balance \$ _____ Interest Earned (past year) \$ _____ Interest Rate _____ %
RRSP Registration Number: _____ Value \$ _____
Interest (past year) \$ _____ Interest Rate _____ %
GIC, Term Deposits:
Maturity Date: _____ Value \$ _____ Interest (past year) \$ _____ Interest Rate _____
Canada Savings Bonds: Value \$ _____ Interest (past year) \$ _____ Interest Rate _____
Other: _____ \$ _____
- Other income or assets that do NOT earn interest:
Complete Property Address _____
Assessed Value \$ _____
Other: _____ Assessed Value \$ _____

You must attach proof of all sources of income and assets

CO-APPLICANT Name: _____
(Gross Monthly Amount)

SOURCES OF INCOME

- Pensions and Allowances (attach most recent copy or stub or copy of bank book):
Old Age Security (OAS) / Supplement \$ _____ GAINS "A" \$ _____
Canada Pension Plan (CPP) \$ _____ Other Country Pension \$ _____
Other Pension(s), RRSP, RIF, etc \$ _____
- Employment Income (attach Employment Verification Form):
Employment \$ _____ Other Employment (e.g. self-employment) \$ _____
Employment Insurance (EI) \$ _____ Workers Safety Insurance Board (WSIB) \$ _____
- Social Assistance (attach cheques stub and drug card):
Ontario Works (OW) \$ _____ Ontario Disability Support (ODSP) \$ _____
- Other Income:
Support Payments: Received \$ _____ Paid \$ _____
Interest/Property/Assets \$ _____
Other Income (Specify): _____ \$ _____
- Assets that give you income or interest:
Bank Account: Balance \$ _____ Interest Earned (past year) \$ _____ Interest Rate _____ %
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Bank Account: Balance \$ _____ Interest Earned (past year) \$ _____ Interest Rate _____ %
RRSP Registration Number: _____ Value \$ _____
Interest (past year) \$ _____ Interest Rate _____ %
GIC, Term Deposits:
Maturity Date: _____ Value \$ _____ Interest (past year) \$ _____ Interest Rate _____
Canada Savings Bonds: Value \$ _____ Interest (past year) \$ _____ Interest Rate _____
Other: _____ \$ _____
- Other income or assets that do NOT earn interest:
Complete Property Address _____
Assessed Value \$ _____
Other: _____ Assessed Value \$ _____

You must attach proof of all sources of income and assets

OTHER HOUSEHOLD MEMBER Name: _____
(Gross Monthly Amount)

SOURCES OF INCOME

- Pensions and Allowances (attach most recent copy or stub or copy of bank book):
Old Age Security (OAS) / Supplement \$ _____ GAINS "A" \$ _____
Canada Pension Plan (CPP) \$ _____ Other Country Pension \$ _____
Other Pension(s), RRSP, RIF, etc \$ _____
- Employment Income (attach Employment Verification Form):
Employment \$ _____ Other Employment (e.g. self-employment) \$ _____
Employment Insurance (EI) \$ _____ Workers Safety Insurance Board (WSIB) \$ _____
- Social Assistance (attach cheques stub and drug card):
Ontario Works (OW) \$ _____ Ontario Disability Support (ODSP) \$ _____
- Other Income:
Support Payments: Received \$ _____ Paid \$ _____
Interest/Property/Assets \$ _____
Other Income (Specify): _____ \$ _____
- Assets that give you income or interest:
Bank Account: Balance \$ _____ Interest Earned (past year) \$ _____ Interest Rate _____ %
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Bank Account: Balance \$ _____ Interest Earned (past year) \$ _____ Interest Rate _____ %
Bank Account: Balance \$ _____ Interest Earned (past year) \$ _____ Interest Rate _____ %
RRSP Registration Number: _____ Value \$ _____
Interest (past year) \$ _____ Interest Rate _____ %
GIC, Term Deposits:
Maturity Date: _____ Value \$ _____ Interest (past year) \$ _____ Interest Rate _____
Canada Savings Bonds: Value \$ _____ Interest (past year) \$ _____ Interest Rate _____
Other: _____ \$ _____
- Other income or assets that do NOT earn interest:
Complete Property Address _____
Assessed Value \$ _____
Other: _____ Assessed Value \$ _____

You must attach proof of all sources of income and assets

A. Total gross household income (Main Applicant, Co-Applicant & Other Household Member(s) from Worksheet = \$_____

B. If applicable, for households with disabled members, deduct the applicable Canada Revenue Agency (C.R.A.) tax credit for Persons with Disabilities, for the previous year (line 316 or 318) = \$_____

C. Total gross household income [(A-B)] = _____

NOTE: Proof of all income sources is required with this application. As noted in the Terms and Conditions, if a false declaration is knowingly made, the Region of Waterloo shall have the right to cancel the approval and recover any paid funds (plus interest).

PART G: Household Composition Worksheet

In the appropriate boxes below, please list all the people who live in your house permanently. (Do NOT include boarders and do not list anyone more than once).

STEP 1: Total number of people living in your home: _____

STEP 2: List the Owner(s) of the home as shown on the Agreement of Purchase and Sale of the home and registered on title:

STEP 3: List the names of all other occupants in the home along with their age, relationship to the homeowner(s) and if they are enrolled full time in school.

1. Name: _____ Age: _____ Relationship to You: _____

Enrolled Full-time in School? Yes _____ No _____

2. Name: _____ Age: _____ Relationship to You: _____

Enrolled Full-time in School? Yes _____ No _____

3. Name: _____ Age: _____ Relationship to You: _____

Enrolled Full-time in School? Yes _____ No _____

4. Name: _____ Age: _____ Relationship to You: _____

Enrolled Full-time in School? Yes _____ No _____

5. Name: _____ Age: _____ Relationship to You: _____

Enrolled Full-time in School? Yes _____ No _____

6. Name: _____ Age: _____ Relationship to You: _____

Enrolled Full-time in School? Yes _____ No _____

7. Name: _____ Age: _____ Relationship to You: _____

Enrolled Full-time in School? Yes _____ No _____

Signature: _____ Date: _____

PART H: Terms and Conditions

I/We acknowledge and understand that the following terms and conditions shall apply to this application and, if assistance is approved, to any subsequent forgivable loan:

1. The Region of Waterloo and/or its authorized representatives or agents may carry out the necessary enquiries for the purpose of confirming the information provided in this application form.
2. Any work carried out before written confirmation of approval from the Region of Waterloo is not eligible for assistance.
3. The amount of the forgivable loan is based on the cost of the approved repairs/modifications as approved by the Region of Waterloo.
4. The entire amount of the forgivable loan, if approved, may only be used to finance the Region of Waterloo's approved home repairs/modifications for the property identified on Page 3 of this application form.
5. The forgivable loan will be subject to the terms and conditions set out in the final Loan Agreement and any related documentation (e.g. mortgage, promissory note, etc.).
6. In the event that any terms and conditions of the forgivable loan are not met, or that a false declaration is knowingly made, the Region of Waterloo shall have the right to cancel the approval and recover any paid funds (plus interest).

PART I: Declaration

I/We herby confirm that, to the best of my/our knowledge, the information provided is complete and accurate in every respect.

I/We herby confirm that I am/we are the owner(s) of the dwelling and no other person is an owner.

I/We herby authorize the inspection of this property, as required, on the understanding that any inspections conducted by the Region of Waterloo and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building code or standards.

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

Name (please print): _____

Signature: _____ Date: _____

Name (please print): _____

Signature: _____

Date: _____

This application form will be considered valid for six months as of the last date indicated above.

Consent of applicant(s) for Region of Waterloo to contact person who provided assistance with application.

I/We, the applicant(s), herby authorize the Region of Waterloo and/or its authorized representatives to contact the person (identified in Part D) who provided assistance in completing this form should clarification be necessary.

Applicant Initial _____ Co-applicant Initial _____



REGION OF WATERLOO ONTARIO RENOVATES

Bank Verification of Income and Assets

It is the responsibility of the applicant to have this form completed by a bank, trust company or credit union and to ensure it is returned to the Region of Waterloo. Each financial institution must complete one form. If more than one form is required, please photocopy this blank form or contact the Region of Waterloo.

This form is for verification of income producing assets listed below. If you have other types of income producing or non-income producing assets, please contact the Region of Waterloo regarding proper verification.

I _____ (and I) _____
residing at _____ hereby
authorize that the information requested below be given to the Region of Waterloo as required under
the terms of my Ontario Renovates application.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

To Whom It May Concern:

Eligibility for the Region of Waterloo's Ontario Renovates Program is based on the applicant's gross household income. Please provide all available information as requested for the applicant(s) named above. All information will remain confidential.

Saving/Chequing Accounts

Account Number	Balance \$	Current Interest Rate %	Interest Earned in the Past 12 Months (\$)

Direct Deposits (i.e. Pension Cheques) Made to Above Account(s)

Source	Amount \$	Monthly/Weekly

Term Deposits, Investment Certificates, Canada Savings Bonds, etc.

Security	Value \$	Current Interest Rate %	Interest Earned in the Past 12 Months (\$)	Maturity Date mm/dd/yyyy

Registered Retirement Savings Plans (RRSP's)

Registration Number	Value \$	Interest Rate %	Type of R.R.S.P.	Valuation Date mm/dd/yyyy

Financial Institution Seal or Stamp:

Name of Financial

Institution: _____

Address: _____

Authorized

Signature: _____

_____ Position: _____

_____ Phone Number: _____

_____ Date: _____



REGION OF WATERLOO ONTARIO RENOVATES

Employment Verification Form

Please complete a separate form for all household members with employment income.
All information will remain confidential.

TO BE COMPLETED BY EMPLOYEE

Mr. ___ Miss. ___ Mrs. ___ Ms. ___
Please print FULL legal name (First, Middle, Last): _____

_____ Street

Number Street Name: _____ Unit Number: _____

City/ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

_____ Cell Phone: _____

_____ Email: _____

S.I.N.: _____ Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER

Eligibility for the Region of Waterloo's Ontario Renovates Program is based on the applicant's **gross household income**. By signing above, the employee has authorized you to release any and all information regarding their employment and income from your organization. Please provide and/or verify the information requested below.

Employer's Company Name: _____

_____ Business Phone: _____

_____ Employer's Address: _____

_____ City/ Province: _____

_____ Postal Code: _____ Employee's Position: _____

_____ Frequency of Employee Pay: _____

Rate of Employee Pay: _____ per Seasonal? Average Hours per Week: _____

Employee Start Date: _____ Date Employee's most recent pay increase: _____

INCOME BREAKDOWN (Past 8 weeks) Start Date: _____ End Date: _____

Basic Salary:	\$	\$
Overtime, Premium, Shift Bonus:	\$	\$
Cost of Living Allowance:	\$	\$
Commissions, Gratuities, Tips:	\$	\$
Yearly Bonus:	\$	\$
Other Benefits:	\$	\$
Total Gross Earnings:	\$	\$

INCOME BREAKDOWN (Past Year) Start Date: _____ End Date: _____

Basic Salary:	\$	\$
Overtime, Premium, Shift Bonus:	\$	\$
Cost of Living Allowance:	\$	\$
Commissions, Gratuities, Tips:	\$	\$
Yearly Bonus:	\$	\$
Other Benefits:	\$	\$
Total Gross Earnings:	\$	\$

Form Completed By:

Print Name: _____ Position: _____

Signature: _____ Date: _____



REGION OF WATERLOO ONTARIO RENOVATES

Declaration of No Income

I _____ hereby declare that I have had no income for the period of _____ to _____ 20_____.

I acknowledge that the information provided on this form is true and accurate and may be shared with any part involved in determining my eligibility for the Region of Waterloo's Ontario Renovates Program.

Printed Name: _____

Signature: _____

Date: _____

Witness
Printed Name: _____

_____ Signature: _____

_____ Date: _____

Note: Witness signature is attesting to the fact that the signature is actually that of the individual declaring the information.

Information provided on this form will be handled with confidentiality.



REGION OF WATERLOO ONTARIO RENOVATES

Medical Form For Persons with Disabilities

To: Medical Professional (Physician, Physiotherapist, Occupational Therapist):

The information requested on the person with a disability will be used in connection with the homeowner or landlord applying for funding under the Ontario Renovates Program for Persons with Disabilities to carry out remedial modifications to their dwelling.

Name of Patient: _____

How long as the patient been under your care? _____

Please describe the nature of the condition: _____

Is the patient's condition disabling? Yes _____ No _____

Explain: _____

Please confirm what modification(s) to the patient's dwelling is required to accommodate his/her disability. (Please attach further details if necessary): _____

Medical Professional's Signature: _____

Date: _____ Specialization: _____

Address and Telephone Number (please use stamp if available):

Region of Waterloo, Housing Services,
Attn: Ontario Renovates Program
20 Weber St. E., 4th Floor,
Kitchener, ON, N2H 1C3
Fax: 519-575-4026

[Ontario Renovates E-mail](mailto:OntarioRenovates@regionofwaterloo.ca) (OntarioRenovates@regionofwaterloo.ca)