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 2022 will be available starting April 1, 2022. Households must apply before December 1, 2022 to participate in the 2022 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 determine by the Region of Waterloo (See Ontario Renovates Program Fact Sheet);
- Have a home value at or below MPAC assessed value of $505,469;
- 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,
Attention: Ontario Renovates Program
99 Regina Street South, 4th Floor, Waterloo, ON, N2J 4V6
Fax: 519-575-4026

[Ontario Renovates E-mail]: 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 the most recent tax year 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 (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.
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_____

Applicant:
Last Name:_________________________ First Name:_________________________

Co-Applicant:
Last Name:_________________________ First Name:_________________________

Street Number Street Name:______________________________ Unit Number:_____

City and 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:_____________________________________________
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 $________ Gain $"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
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 _____ %
  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
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 hereby confirm that, to the best of my/our knowledge, the information provided is complete and accurate in every respect.

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

I/We hereby 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), hereby 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___________
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.

<table>
<thead>
<tr>
<th>Saving/Chequing Accounts</th>
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<tbody>
<tr>
<td><strong>Account Number</strong></td>
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<tr>
<td>----------------------</td>
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<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Deposits (e.g. Pension Cheques, Payroll, Regular Deposits) Made to Above Account(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Term Deposits, Investment Certificates, Canada Savings Bonds, etc.

<table>
<thead>
<tr>
<th>Security</th>
<th>Value $</th>
<th>Current Interest Rate %</th>
<th>Interest Earned in the Past 12 Months ($)</th>
<th>Maturity Date month/day/year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Registered Retirement Savings Plans (RRSP’s)

<table>
<thead>
<tr>
<th>Registration Number</th>
<th>Value $</th>
<th>Interest Rate %</th>
<th>Type of R.R.S.P.</th>
<th>Valuation Date month/day/year</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**Financial Institution Seal or Stamp:**

Financial Institution Name: ________________________________

Address: ________________________________

Authorized Signature: ________________________________

Position: ________________________________

Phone Number: _________________ Date: _______________
Please complete a separate form for all household members with employment income. All information will remain confidential.

TO BE COMPLETED BY EMPLOYEE

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: ________________________________

Social Insurance Number: __________ 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 and 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: ________________
<table>
<thead>
<tr>
<th></th>
<th>Past 8 weeks</th>
<th>Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Salary:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Overtime, Premium, Shift Bonus:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Cost of Living Allowance:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Commissions, Gratuities, Tips:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Yearly Bonus:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Other Benefits:</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Gross Earnings:</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**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.
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):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________