

**REGION OF WATERLOO**  
**Ontario Renovates Program**  
**Application Form for Secondary Suites**

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 eligible households to create or legalize an existing secondary suite. To be eligible for this program, the applicants must reside in the home and meet specific eligibility requirements.

Please note that annual funding is limited. All applicants will be contacted and those who are eligible will be contacted to arrange a home inspection. If current year funding has been depleted, eligible households will be placed on the O.R. waitlist on a first come first serve basis for the following year.

Recipients of the loan can receive up to a maximum of \$25,000 per property. The loan amount includes a grant portion for accessibility modifications, if required, of up to \$5,000 that does not need to be repaid. Please note the maximum funding limits may be subject to change.

The loan is interest-free and forgivable after 15 years, provided there has been no default under the terms of the loan. If the home is sold before 15 years, the applicant will have to pay back the outstanding amount of the loan they received. The loan decreases in amount at an equal value over the 15 years.

### **What is a secondary suite?**

A secondary suite is defined as a self contained, separate unit with sleeping area, full kitchen, and full bathroom with a separate entrance. The unit (new or to be legalized) must meet applicable zoning, building, fire, and property standards and codes.

### **Are you eligible to apply?**

Please read the O.R. Program Fact Sheet for Secondary Suites for detailed information about this program.

### **How to submit your application**

Please drop off, mail, fax, or email your completed application to:

**Region of Waterloo, Housing Services,**

Attention: Ontario Renovates Program

99 Regina Street South, 4<sup>th</sup> Floor

Waterloo, ON, N2J 4V6

Fax: 519-575-4026

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

## Application Checklist

**NOTE:** We cannot process your O.R. Application if required documentation is missing. The following must be attached to your completed O.R. Application

\_\_\_\_\_ **Proper Zoning:** The applicant is required to obtain written confirmation from their municipal planning department that their property is zoned to allow for secondary suites.

\_\_\_\_\_ **Photo Identification:** For each home owner, attach a photocopy of one piece of photo ID (e.g. driver's licence, passport).

\_\_\_\_\_ **Status in Canada:** For each home owner, attach copies of birth certificate, citizenship document, Native Status card, permanent resident card, record of landing, convention refugee documentation, and/or refugee claimant form.

\_\_\_\_\_ **Proof of Age:** For each home owner, attach copies of proof of birth date (if birth date is not listed on the documentation provided as proof of your status in Canada).

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

\_\_\_\_\_ **Insurance, Property Tax and Mortgage Payments:** Provide written confirmation from the institution that your mortgage, property taxes and home insurance are with indicating that payments are paid up-to date and in good standing.

\_\_\_\_\_ **Mortgage Approval:** Provide written confirmation from the institution your mortgage is with that they do not have any restrictions on secondary financing and that they would permit a second mortgage to be registered on the property, in favour of the Region of Waterloo if the approved project will exceed \$ 25,000.



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Prior to completing this Secondary Suite Application, you must contact your municipal planning department to confirm that your property is zoned for Secondary Suites.

**1. OWNER(S) OF THE PROPERTY (must be completed by all property owners)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**2. MAIN CONTACT**

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**3. PROPERTY ADDRESS (for Secondary Suite)**

Street Number Street Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City/ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Secondary Suite will be: Bachelor \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3 Bedroom \_\_\_\_\_

Is this an existing secondary suite to be legalized with the Area Municipality? \_\_\_\_\_ Yes \_\_\_\_\_ No

Total Size (area) of secondary suite: \_\_\_\_\_

Does the owner reside at this address? \_\_\_\_\_ Yes \_\_\_\_\_ No

**4. MAILING ADDRESS (if different from above)**

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

City/ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**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: \_\_\_\_\_

## 5. ABOUT THE PROPERTY WHERE THE WORK IS REQUIRED

Has this property previously received renovation/modification grant assistance or Government Funding (i.e. OR/RRAP/AHP/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) \$ \_\_\_\_\_

Type of home you live in:

Is your home: \_\_\_ single detached \_\_\_ semi-detached \_\_\_ townhouse \_\_\_ Other: \_\_\_\_\_

Indicate the number of bedrooms: \_\_\_\_\_

Insurance Payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please provide proof)

Property Tax up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please provide proof)

Mortgage Payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ No Mortgage \_\_\_\_\_ (Please provide proof)

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 \_\_\_\_\_

## 6. 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: \_\_\_\_\_

## 7. MAXIMUM RENT AND TENANT HOUSEHOLD INCOME

Maximum Rent: The rent on the secondary suite cannot exceed the established maximum rents (issued annually). For 2026, the maximum rents (including utilities) are as follows:

**Bachelor: \$1,002      1 Bedroom: \$1,198      2 Bedroom: \$1,413      3 Bedroom: \$1,545**

Proposed Rent: \_\_\_\_\_ (a reduction in the proposed rent maybe required if the tenant is to pay some, or all, utilities.)

Which utilities **will be** included in the rent: \_\_\_\_\_ Hydro \_\_\_\_\_ Gas \_\_\_\_\_ Water

Household Income Limits: The Household Income Limits are issued annually. For 2026, the maximum income for the in coming secondary suite tenant(s) cannot exceed the following:

Wellesley and Wilmot Township:

**Bachelor: \$34,500      1 Bedroom: \$44,000      2 Bedroom: \$56,000      3 Bedroom: \$42,000**

Remainder of Waterloo Region:

**Bachelor \$41,500      1 Bedroom: \$56,000      2 Bedroom: \$65,500      3 Bedroom: \$71,000**

## 8. OWNER RESPONSIBILITIES

As the Owner(s) of the property, I/we acknowledge and agree that it is my/our responsibility to obtain all approvals/permits related to the creation of the secondary suite, 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.

I/We agree to the following:

1. Prior to completing a Region of Waterloo O.R. - Secondary Suite application, I/we will contact the Municipal Building Department to obtain written confirmation that my/our property is properly zoned for secondary suites.
2. I/We have attached all required supporting documentation to my/our application.
3. When Conditional Approval is received from Housing Services, I/We will:
  - a) Obtain drawings for the secondary suite, obtain approval from the Municipal Building Department, and forward all documents to Housing Services for review;
  - b) Obtain 3 quotes for the construction of the secondary suite, including contractor WSIB and insurance coverage, and forward to Housing Services for review;
4. When Final Approval is received from Housing Services, I/we am/are required to sign an O.R. Loan Agreement and related documentation (mortgage/charge), outlining the scope of work, funding amount, roles and responsibilities.
5. I/We agree to start work within 90 days of receiving final approval.
6. I/We agree that program funds cannot be used for deposit to contractor.
7. I/We agree to pay for any additional costs not funded under the O.R. Loan.
8. I/We agree to allow inspections by Housing Services and/or its authorized representatives and agents at any time during the work.

I/We agree to keep the rent within the maximum rents for the program as updated from time to time by Housing Services.

## 9. ABOUT FUNDING FROM OTHER SOURCES

Funding from other sources, in any form (e.g. grants, consumer rebates, etc.) received or expected to be received (including any funding applied for) must be disclosed.

I will be seeking or have received funding from other sources for repairs/ renovations (e.g. grants, consumer rebates, etc.) Describe: \_\_\_\_\_

## 10. SECONDARY SUITE TENANT REQUIREMENTS

- a) Prior to move-in and lease signing, the tenant is required to complete an Income Verification Form with supporting income documentation, (i.e.: photocopies of the last 8 weeks of pay stubs and/or current bank books showing last two months of direct deposits, plus the latest Notice of Assessment from the Canada Revenue Agency), and provide it to Housing Services to assess initial eligibility.
- b) The tenant must be determined eligible by Housing Services before signing the lease and a copy of the signed lease must be provided to Housing Services.
- c) If the tenant fails to provide the required income verification, the Owner will not be able to rent the unit to the tenant.
- d) If the Owner rents the unit to a tenant that has not provided Housing Services with their income verification, the Owner will be in default of their O.R. Loan Agreement and the forgivable loan will be due and payable to Housing Services.
- e) On an annual basis, Housing Services will confirm the market rent of the secondary suite unit.

I/We acknowledge that if the tenant fails to provide initial income verification to Housing Services, I/We will be in default of my/our Loan Agreement and the forgivable loan will be due and payable to Housing Services.

## 11. 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 work for the creation of the secondary suite 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).

## 12. 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 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 agree to adhere to all Program requirements, rules, and timelines throughout the process, and if applicable, during the 15-year forgivable loan period.

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

1. Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. 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 Section 6) who provided assistance in completing this form should clarification be necessary.

Please Initial \_\_\_\_\_ Please Initial \_\_\_\_\_ Please Initial \_\_\_\_\_