

Applications are to be returned to:

Lanark County Social Housing
99 Christie Lake Road
Perth, ON K7H 3C6

Contact Information:

Phone: 613-267-4200 x. 2404
Toll Free: 1-888-952-6275 x. 2404
Fax: 613-267-3620
Email: housingapplications@lanarkcounty.ca

Criteria for CHPI Minor Home Repair Program

- Repair must be considered necessary for health and safety of the household (i.e. furnace repair/replacement, minor roof repairs or plumbing, septic tank pumping, home insurance deductibles, well water system repairs, necessary accessibility improvements, etc.)
- Request for assistance must be for only one repair
- Total repair costs must be less than \$5000
- Total household assets must be less than \$1000
- Household income must be below the HILS:

1 Person	\$30,000
2 Person	\$36,500
3-4 Person	\$41,500
5+ Person	\$48,500

Applicant Information

Owner's Name(s): _____	Phone : _____								
Owner's DOB: _____	# people in household: _____								
Address: _____	Income Source: <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="padding: 0 10px;">OW</td> <td style="padding: 0 10px;">ODSP</td> <td style="padding: 0 10px;">EI</td> <td style="padding: 0 10px;">OAS/CPP</td> </tr> <tr> <td></td> <td style="text-align: center;">Employment</td> <td></td> <td style="text-align: center;">Other</td> </tr> </table>	OW	ODSP	EI	OAS/CPP		Employment		Other
OW	ODSP	EI	OAS/CPP						
	Employment		Other						
Total Assets: \$ _____	Annual Income: \$ _____								

Property Description and Costs

Monthly Mortgage: \$ _____	Property Taxes: \$ _____						
Hydro: \$ _____	Heat: \$ _____						
Water: \$ _____	Insurance: \$ _____						
Approx. Value of House: \$ _____	# of Bedrooms: _____						
Description: <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="padding: 0 10px;">Condo</td> <td style="padding: 0 10px;">Detached</td> <td style="padding: 0 10px;">Row House</td> </tr> <tr> <td style="padding: 0 10px;">Mobile</td> <td style="padding: 0 10px;">Semi-Detached</td> <td style="padding: 0 10px;">Other</td> </tr> </table>	Condo	Detached	Row House	Mobile	Semi-Detached	Other	Age of House: _____
Condo	Detached	Row House					
Mobile	Semi-Detached	Other					

Minor Home Repair Request

Description of the work that needs to be done:

Quotes/Estimates

Please provide 2 price quotes from 2 different qualified contractors, including a detailed description of the work to be done and the materials to be supplied. ***Attach both quotes***

1.	Contractor: _____	Contractor Phone: _____
	Cost: _____	Description of Work: _____
2.	Contractor: _____	Contractor Phone: _____
	Cost: _____	Description of Work: _____

Applicant Declaration and Consent

I/we _____ hereby confirm that we are the owners of the house and the property located at:

Address: _____

I/we hereby grant permission to Lanark County Social Services to contact any person, agency, business or organization and exchange information regarding this request. I am aware that information will be collected and provided in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the administration of this program.

I/we hereby grant permission to Lanark County to enter and store my personal information in the HIFIS database; I understand that this information will be provided to HRSDC for the purposes of policy analysis, research and evaluation of policies and programs respecting homelessness in Canada.

I/we hereby acknowledge that if my/our funding application is accepted it will not apply to work completed prior to issuance of a confirmation letter.

I/we hereby certify that all information contained in this application is true and complete in every respect.

I/we acknowledge that in the event a false declaration is knowingly made Lanark County shall have the right to cancel the approval and recover paid funds.

Applicant Name	Applicant Signature	Date
Applicant Name	Applicant Signature	Date

Documentation to Attach

- Verification of Income (pay stub, ODSP/OW stub) 2 quotes (from 2 different contractors)
- Verification of Assets (i.e. bank statement) Property Tax Bill (verification payments are up-to-date)

FOR OFFICE USE ONLY

Caseworker Approval	Date
Manager Approval	Date
Director Approval	Date

Finance

Payable To: _____

Address: _____

Amount: _____

Client Name: _____

Invoice #: _____

Account #: 600-690-6520 Housing Related Supports CHPI