

## Investment in Affordable Housing Home Ownership

### Application Form

#### Section 1: Personal Information

Applicant				Co-Applicant			
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Last Name:				Last Name:			
First Name:				First Name:			
Date of Birth: <small>Attach copy of photo ID for each household member over 18 years of age</small>				Date of Birth: <small>Attach copy of photo ID for each household member over 18 years of age</small>			
Address:				Address:			
Unit/Apt.				Unit/Apt.			
City:				City:			
Postal Code:				Postal Code:			
Home Phone:				Home Phone:			
Cell Phone:				Cell Phone:			
Work Phone:				Work Phone:			
Email:				Email:			

#### Section 2: Program Eligibility

*Your answers to the following questions will help determine your eligibility to participate in the program.*

	Applicant	Co-applicant
1. Do you currently rent? <small>Copy of rent receipt(s) must be attached</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you own or have an interest in a property (in Canada or in another country)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you owe rental, housing charge arrears or damages to any other housing program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Section 3: Gross Household Income/Assets

*Please include all income (before taxes and deductions) from all members of your household who are eighteen years of age and over, who are residing at home. Please see **Appendix A** for the types of income to include and acceptable supporting documentation.*

	Gross Monthly Income	Type(s) of income (please use additional pages if necessary)
Applicant	\$	
Co-applicant	\$	
Child 1	\$	
Child 2	\$	
Child 3*	\$	
<b>Total Monthly Income</b>	<b>\$</b>	

*\*Please attach a list if more than three adults 18 years of age are working, and living at home.*

## Section 4: About the Household Applicants

Please check which Client Type applies to your household:

- Family (with dependents)
- Single/Couple (with no dependents)
- Senior Citizen
- Aboriginal (i.e. Metis, Inuit, Status Indian or Non-status Indian)
- Disabled

**HOUSEHOLD ASSETS:** List all assets you own as well as all persons who will be living in the home. Please see **Appendix A** for the types of income to include and acceptable supporting documentation. Please use additional pages if necessary.

Name	Type of Asset (please use additional pages if necessary)	Value (\$)

## Section 5: Declaration and Release

I/we hereby declare and certify that the above information is complete, accurate, and true. I/we understand that this is an application for a down payment loan under the Investment in Affordable Housing (IAH) Program: Home Ownership Component, the purpose of which is to allow the County to determine if the undersigned is/are eligible for this loan. Final confirmation of eligibility may be required prior to the loan being made.

This application and all schedules and attachments are subject to the Municipal Freedom of Information and Protection of Privacy Act (referred to as "MFIPPA"). Any information collected by the County pursuant to this application is subject to the rights and safeguards provided for in MFIPPA. Personal information contained in this form is collected by the County for the purpose of determining eligibility for assistance under the Investment in Affordable Housing Program: Home Ownership Component.

In the event of false or misleading information, the County of Oxford has the right to disqualify the applicant(s) at any time throughout the application process.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**Please make sure that you have the following attached to your application:**

- Photo identification with proof of age for the applicant and co-applicant
- Proof of total household income (\$63,630 or less)
- Proof of household assets (\$20,000 or less)
- Rent receipts

**Please return to:** Oxford County – Human Services Dept.  
21 Reeve Street, P.O. Box 1614  
Woodstock, Ontario N4S 7Y3

**Inquiries to:** Telephone (519) 539-9800, ext.3302  
e-mail: [jstephens@oxfordcounty.ca](mailto:jstephens@oxfordcounty.ca)



**BANK VERIFICATION FORM**

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

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 County of Oxford regarding proper verification.

I \_\_\_\_\_ (and) \_\_\_\_\_

residing at \_\_\_\_\_ hereby authorize that the information requested below be given to the County of Oxford as required under the terms of my homeownership application.

Applicant Signature	Date	Applicant Signature	Date
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**To Whom It May Concern:**

Eligibility for the County of Oxford's Affordable Home Ownership 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: